Breast Cancer Radiation Therapy Treatment Plan Checklist

NIA Magellan has provided this checklist to assist you in gathering the clinical and treatment plan information needed to request a medical necessity review. The most efficient way to submit a review request is via www.RadMD.com or call the NIA Magellan Call Center toll free number.

Please **do not fax** the checklist to NIA Magellan.

General Information

Patient Name :	DOB:	Health Plan ID :
Radiation Oncologist :	Breast Surgeon :	
Radiation Therapy Facility :		
Treatment Planning Start Date (i.e. Initial Simulation):	Anticipated Treatment Start Date:	

Patient Clinical Information

✓ **Treatment Intent :** ☐ Curative ☐ Palliative

✓ **Treatment Timing :** ☐ Post-Lumpectomy ☐ Post-Mastectomy ☐ Other

T Stage:
☐ TX
☐ Tis (DCIS)
☐ Tis (LCIS)
☐ T1
☐ T2
☐ T3
☐ T4

N Stage:
☐ NX
☐ N0 ☐ N2
☐ N1 ☐ N3

Does patient have distant metastasis (M1)?
☐ Yes ☐ No

✓ **Breast Being Treating:** ☐ Right Breast ☐ Left Breast

✓ **Area Being Treated:** ☐ Whole Breast ☐ Partial Breast ☐ Chest Wall

✓ **Is this a recurrent tumor?** ☐ Yes ☐ No

✓ **Lymph Node Involvement:** ☐ None ☐ Regional ☐ Sentinel ☐ Both Regional/Sentinel

✓ **Margin Status:** ☐ Negative ☐ Close ☐ Positive

✓ **Is nodal radiation planned?** ☐ Yes ☐ No

✓ **Has patient received pre-operative chemotherapy:** ☐ Yes ☐ No

For APBI Only

✓ **Tumor Size (cm):**

✓ **Clinically Unifocal Tumor:** ☐ Yes ☐ No

✓ **BRCA 1 or 2 Mutation:** ☐ Yes ☐ No ☐ NA

Treatment Planning Information

✓ **What is the prescription radiation dose for the ENTIRE course of external beam treatment?** **Gy**

Initial Treatment Phase – Select Therapy

☐ **2-Dimension** ☐ **3D Conformal** ☐ **IMRT** ☐ **SRS/SBRT** ☐ **Proton**

☐ **HDR Brachytherapy** ☐ **LDR Brachytherapy** ☐ **Other** _____

Fractions: _____

IMRT ONLY:

Which technique will be used? ☐ Linac Multi-Angle ☐ Compensator-Based ☐ Helical ☐ Arc Therapy ☐ Other

Note: IMRT treatment requests may be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a comparison 3D-CRT plan, tissue constraints and target goals of the plan and evidence of inverse planning. Field in field or forward planning is not considered IMRT.

SRS/SBRT ONLY:

Which technique will be used?

☐ Robotic Linac Multi-Angle ☐ Robotic - Tomotherapy ☐ Robotic - CyberKnife

☐ Non-Robotic - Linac Multi-Angle ☐ Non-Robotic - Tomotherapy ☐ Non-Robotic - Gamma Knife

☐ Unknown ☐ Other _____

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Boost Phase 1 – Select Therapy

☐ 2-Dimension ☐ 3D Conformal ☐ IMRT ☐ SRS/SBRT ☐ Proton
☐ Electron ☐ HDR Brachy ☐ LDR Brachy ☐ Other _____

Fractions: _____

IMRT ONLY:

Which technique will be used? ☐Linac Multi-Angle ☐Compensator-Based ☐Helical ☐Arc Therapy ☐Other

Note: IMRT treatment requests may be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a comparison 3D-CRT plan, tissue constraints and target goals of the plan and evidence of inverse planning. Field in field or forward planning is not considered IMRT.

SRS/SBRT ONLY:

Which technique will be used?

☐Robotic Linac Multi-Angle ☐ Robotic - Tomotherapy ☐ Robotic - CyberKnife
☐ Non-Robotic - Linac Multi-Angle ☐ Non-Robotic - Tomotherapy ☐ Non-Robotic - Gamma Knife
☐Unknown ☐Other _____

LDR ONLY:

If any portion of the patient's radiation oncology treatment will be performed in a facility or hospital other than the facility previously stated, what is the name of that facility? _____

Which portion of the treatment will be performed at the additional facility? ☐NA ☐Initial Phase ☐Boost Phase

Boost Phase 2 – Select Therapy

☐ 2-Dimension ☐ 3D Conformal ☐ IMRT ☐ SRS/SBRT ☐ Proton
☐ Electron ☐ HDR Brachy ☐ LDR Brachy ☐ Other _____

Fractions: _____

IMRT ONLY:

Which technique will be used? ☐Linac Multi-Angle ☐Compensator-Based ☐Helical ☐Arc Therapy ☐Other

Note: IMRT treatment requests may be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a comparison 3D-CRT plan, tissue constraints and target goals of the plan and evidence of inverse planning. Field in field or forward planning is not considered IMRT.

SRS/SBRT ONLY:

Which technique will be used?

☐Robotic Linac Multi-Angle ☐ Robotic - Tomotherapy ☐ Robotic - CyberKnife
☐ Non-Robotic - Linac Multi-Angle ☐ Non-Robotic - Tomotherapy ☐ Non-Robotic - Gamma
☐Unknown ☐Other _____

LDR ONLY:

If any portion of the patient's radiation oncology treatment will be performed in a facility or hospital other than the facility previously stated, what is the name of that facility? _____

Which portion of the treatment will be performed at the additional facility? ☐NA ☐Initial Phase ☐Boost Phase