

Particle Beam Radiation Therapy Referral Fax Form (1)

Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

Patient Medical Information Form

● Information about Your Hospital/Clinic

Fax Remittance Date _____ MM/DD/YYYY

Name of the Hospital/Clinic _____

Address: _____

Department _____ Tel.: _____ Fax: _____

Name of Physician _____ Name of Nurse in Charge _____

e-mail: _____

● Information about the Patient

Requesting second opinion only Yes No _____

Name: (First) _____ (Middle) _____ (Last) _____ [Male Female]

Date of Birth _____ MM/DD/YYYY Age _____

Address _____

Tel.: _____ Fax: _____

Main Complaint: _____

Diagnosis: _____

Pathological Diagnosis: _____

TNM Category T _____ N _____ M _____ Stage _____ Unknown

Date of Recent Blood Test (MM/DD) WBC _____ Plt _____ Hb _____ Creatinine Level _____

Complications Present Not present Details (_____)

Past Cancer Treatment No Yes (Surgery Chemotherapy Radiation Therapy IVR Other)

Details of Explanations Made to the Patient

(_____)

History of Present Illness:

Contact:

Hyogo Ion Beam Medical Center
<http://www.hibmc.shingu.hyogo.jp/>

Tel.: Japan 0791-58-0100 (Main)
Fax: Japan 0791-58-2600

Particle Beam Radiation Therapy Referral Fax Form (2)

Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

Chest Wall Invasion Lung Cancer/ Pancoast Type Lung Cancer Check Items/Test Items

1. Eligibility Criteria (Answer the questions by circling Yes or No.)

- 1) It is primary non-small cell lung cancer diagnosed pathologically including cytological malignancy. Yes No
- 2) It is a peripheral lung cancer with chest wall invasion or Pancoast type lung cancer. Yes No
- 2) The maximum diameter of the tumor is 10cm or less, and the case is stage N0M0. Yes No
- 4) There is a measurable lesion at the start of particle radiation therapy. Yes No
- 5) The chemotherapy, if administered, must be finished before the particle beam therapy starts. Yes No
- 6) Performance Status (PS) is 0, 1, or 2. Yes No
- 7) The patient is able to maintain the posture required at the time of irradiation (in supine position for approximately 30 minutes). Yes No
- 8) The functions of the major organs are maintained. Yes No
- 9) The location that receives particle beam radiation therapy has not been treated with radiation therapy in the past. Yes No
- 10) There is no complication of severe interstitial pneumonia. Yes No
- 11) There is no active infection in the location that receives particle beam radiation therapy. Yes No
- 12) There are no active double cancers or severe complications. Yes No

2. Tests Required to Start Particle Beam Radiation Therapy

List of Required Tests	Date Performed	Status
Biopsy (prepared slide)	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Pathological diagnostic report	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Hematological test and biochemical test	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Tumor marker	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Brain MRI	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Chest to upper abdominal region contrast-enhanced CT	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Whole body FDG-PET	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Spirometry	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned

* Scans and blood test should be performed within 8 weeks prior to particle beam radiation therapy.

3. Confirmation Please mark X in the box for the description that best applies.

- A. Eligibility criteria are all Yes and all of the required tests have been performed.
- B. Eligibility criteria are all Yes and some of the required tests have been performed.
- C. Neither of the above.

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