

# 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)

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To: Hyogo Ion Beam Medical Center

### Pancreatic Cancer Check Items/Test Items

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

- |  |     |    |
|--|-----|----|
| 1) It is pathologically or clinically confirmed that it is a pancreatic cancer.  | Yes | No |
| 2) The maximum diameter of the tumor is 10cm or less and it is in M0 stage.  | Yes | No |
| 3) Intraperitoneal lymph node metastasis, if any, is able to receive particle beam radiation therapy with the same target volume setting as the one for the primary pancreatic lesion. | Yes | No |
| 4) Performance status (PS) is 0, 1, or 2.  | Yes | No |
| 5) It is possible for the patient to maintain the posture required at the time of irradiation (in supine position for approximately 30 minutes).                                       | Yes | No |
| 6) The functions of the major organs are maintained.   | Yes | No |
| 7) The location that receives particle beam radiation therapy has not been treated with radiation therapy before.  | Yes | No |
| 8) There is no active infection in the location that receives particle beam radiation therapy.   | Yes | No |
| 9) There are no active double cancers or severe complications  | Yes | No |
| 10) The patient understands that the anticancer agent (Gemzar) will be used at the same time.  | Yes | No |

#### 2. Tests Required to Start Particle Beam Radiation Therapy

List of Required Tests	Date Performed	Status
Hematological and biochemical tests	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
Chest CT scan	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Abdominal contrast-enhanced CT	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Liver contrast-enhanced MRI	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Whole Body PET-CT	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Endoscopic exam for the upper digestive tract	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 of the Information Please mark X in the box next to the applicable description.

- 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.

Contact:

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