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 You	ır Hospital/Clinic	Fax Remittance Date_	MM/DD/YYYY
Name of the Hospital/Cl	inic		
Address:			
		Fax:	
Name of Physician		Name of Nurse in Charge	
e-mail:			
• Information about the	Patient	Requesting second opinion or	nly Yes No
Name <u>: (First)</u>	(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 Unknow	n
Date of Recent Blood Te	est (MM/DD) <u>WBC</u>	Plt Hb	Creatinine Level
Complications Pres	sent Not present D	Oetails ()
Past Cancer Treatment	No □ Yes (□ Surgery □ Cl	hemotherapy Radiation Therapy	\Box IVR \Box Other)
Details of Explanations I	Made to the Patient ()
History of Present Illno	ess.		
Thistory of thesent time	.		
Contact:			

Hyogo Ion Beam Medical Centerhttp://www.hibmc.shingu.hyogo.jp/
Fax: Japan 0791-58-0100 (Main)

Particle Beam Radiation Therapy Referral Fax Form (2) Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

Locally Advanced Liver Cancer Check Items/Test Items

1. Enginity Criteria (Answer the questions	by circling Yes or N	10.)			
1) Pathologically or clinically, it is diagno	sed as locally advanc	ed primary liv	ver cancer or intrah	nepatic	bile
duct carcinoma, and there is no other effective treatment.				Yes	No
2) The maximum diameter of the tumor is 13cm and is in N0M0 stage.				Yes	No
3) The tumor is solitary, and if the patient has had the tumor in the liver before, the previous leads to the solitary and if the patient has had the tumor in the liver before, the previous leads to the solitary and if the patient has had the tumor in the liver before, the previous leads to the solitary and if the patient has had the tumor in the liver before, the previous leads to the solitary and if the patient has had the tumor in the liver before, the previous leads to the solitary and if the patient has had the tumor in the liver before, the previous leads to the solitary and if the patient has had the tumor in the liver before, the previous leads to the solitary and the s					
controlled by other treatments.				Yes	No
4) The tumor is at least 2cm apart from the digestive tract.				Yes Yes	No
5) There is a measurable lesion at the start of particle beam radiation therapy 6) Performance status (PS) is 0.1 or 2.					No No
6) Performance status (PS) is 0, 1, or 2.7) It is possible for the patient to maintain the posture required t the time of irradiation (in su					
for approximately 30 minutes).					No
8) The functions of the major organs are maintained.					No
9) Child-Pugh classification is A (5 to 6 points) or B (7 to 9 points).					No
10) The location that receives particle bean			ated with radiation	therap	y
before.				Yes	No
11) There is no RC-sign positive gastroesop				Yes	No
12) There is no active infection other than h	nepatitis in the location	on that receive	•		
therapy.				Yes	No
13) There are no active double cancers or s	evere complications			Yes	No
2. Tests Required to Start Particle Beam R List of Required Tests	adiation Therapy Date Performed		Status		
*	MM/DD/YYYY	□ Performed		□ Pla	nnad
Hematological and biochemical tests (including PT activation and ICG 15-minute value)	MINI/DD/1111	- Performed	□ Not Feriorined	⊔ FIa	iiiieu
Tumor marker (AFP, PIVKA-II, CEA)	MM/DD/YYYY	□ Performed	□ Not Performed	□ Pla	nned
Chest CT	MM/DD/YYYY	□ Performed	□ Not Performed	□ Pla	nned
Abdominal dynamic contrast-enhanced CT	MM/DD/YYYY	□ Performed	□ Not Performed	□ Pla	
Bone scintigram	MM/DD/YYYY	□ Performed	□ Not Performed	□ Pla	
Endoscopy for the esophagus and upper	MM/DD/YYYY	□ Performed	□ Not Performed	□ Pla	ınned
digestive tract					
	ned within 8 weeks pr			erapy.	
digestive tract	ned within 8 weeks pr			erapy.	
* Scans and blood test should be perform	•	rior to particle	beam radiation the		n
* Scans and blood test should be perform Confirmation of the Information Ple	ase mark X in the bo	ior to particle	beam radiation the	criptio	n.
* Scans and blood test should be perform	ase mark X in the bo	ior to particle	beam radiation the		n.
* Scans and blood test should be perform Confirmation of the Information Ple	ase mark X in the bo	cior to particle ox ox ox ox ox ox ox ox ox ox	beam radiation the	criptio	n.
* Scans and blood test should be perform Confirmation of the Information Ple A. Eligibility criteria are all Yes and all	ase mark X in the bo	cior to particle ox ox ox ox ox ox ox ox ox ox	beam radiation the he applicable desc performed. n performed.	criptio	n.

Contact:			
Hyogo Ion Beam Medical Center	Tel.: Japan 0791-58-0100 (Main)		
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