

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

Rectal Cancer Postoperative Local Recurrence Check Items/Test Items

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

- 1) It is confirmed pathologically or by diagnostic imaging as a postoperative recurrence of a rectal cancer. Yes No
- 2) The maximum diameter of the tumor is 10cm and it is in M0 stage. Yes No
- 3) Pelvic lymph node metastasis is able to receive particle beam radiation therapy with the same target volume setting as the one for the locally recurrent lesion. Yes No
- 4) There is a measurable lesion at the start of particle beam radiation therapy. Yes No
- 5) Performance status (PS) is 0, 1, or 2. Yes No
- 6) 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
- 7) The functions of the major organs are maintained. Yes No
- 8) The location that receives particle beam radiation therapy has not been treated with radiation therapy before. Yes No
- 9) There is no active infection in the location that receives particle beam radiation therapy. Yes No
- 10) 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 diagnosis report	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
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 to pelvis contrast-enhanced CT	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Liver SPIO contrast-enhanced MRI	MM/DD/YYYY	<input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Planned
Bone scintigram	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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