

# ARST2531 Metastatic Site Lesion Worksheet

All sites of metastatic disease identified at study entry should be listed below along with information regarding delivery of radiation therapy. Please provide the reason If radiation therapy was not given to a metastatic site. ***If additional metastatic sites need to be reported, please used a second sheet to report them.***

*\*Please list sites of metastases at diagnosis. If bone or lymph node, please list individual metastases separately by their specific location (i.e. right ilium, left supraclavicular node). If multiple lung metastases were present at diagnosis, there is no need to list the specific site of these lung metastases separately (can just list, "lung"). However, if there is an incomplete response to chemotherapy in the lung requiring a lung boost or resection in addition to whole lung irradiation, please list that site separately.*

| Site of Metastatic Disease | RT given (Y/N) | Select reason for no RT from dropdown |
|----------------------------|----------------|---------------------------------------|
| 1) _____                   | _____          | _____                                 |
| 2) _____                   | _____          | _____                                 |
| 3) _____                   | _____          | _____                                 |
| 4) _____                   | _____          | _____                                 |
| 5) _____                   | _____          | _____                                 |
| 6) _____                   | _____          | _____                                 |
| 7) _____                   | _____          | _____                                 |
| 8) _____                   | _____          | _____                                 |
| 9) _____                   | _____          | _____                                 |
| 10) _____                  | _____          | _____                                 |
| 11) _____                  | _____          | _____                                 |
| 12) _____                  | _____          | _____                                 |

Comments:

\_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Date: \_\_\_\_\_