

ARAR2331 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 or surgery was not done to a metastatic site. Please provide the name of the radiation therapy center where metastatic sites are treated (if different from the initial enrolling institution of record). ***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)	Name of Radiation Therapy Center (Where Met Site is treated)	Sx done (Y/N)	RT Modality	Reason if no radiation/surgery to the site
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____

Comments:

Name of person completing the form: _____

Date: _____