

# Annex C3.2: Rectal Cancer Pre-Operative Clinical Stage I with Post-operative Pathologic Stage II to III – After completion of Chemoradiotherapy

Revised as of December 2022



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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www.philhealth.gov.ph



Case No. \_\_\_\_\_

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")
	1. Last Name, First Name, Suffix, Middle Name
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>

### CHECKLIST OF MANDATORY AND OTHER SERVICES

**Rectal cancer pre-operative clinical stage I with post-operative pathologic stage II – III**  
**After completion of chemoradiotherapy**

Specify the following:

Clinical stage prior to initiation of treatment	cT:	N:	M:
Pathologic stage	pT:	N:	M:

Place a (✓) in the appropriate tick box if DONE or GIVEN.

MANDATORY SERVICES	OTHER SERVICES (As needed)
A. Any of the following protocols:	
<input type="checkbox"/> Fluorouracil-Folinic acid (FU-FA)	<input type="checkbox"/> Antiemetics, specify _____
<input type="checkbox"/> Capecitabine	<input type="checkbox"/> Antimicrobials, specify _____
	<input type="checkbox"/> Pain relievers, specify _____
Radiotherapy (concurrent with chemotherapy)	Others:
<input type="checkbox"/> Linear accelerator	<input type="checkbox"/> Blood support
<input type="checkbox"/> Standard	
<input type="checkbox"/> Short course	
<input type="checkbox"/> Portal films or electronic portals*	

\* Weekly for standard course and daily for short course

Certified correct by:	Certified correct by:
(Printed name and signature) Medical Oncologist	(Printed name and signature) Radiologic Oncologist
PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient
Date signed (mm/dd/yyyy)