

# Annex C4.1: Rectal Cancer Pre-treatment Clinical Stage II to III – After completion of Chemoradiotherapy

Revised as of December 2022



## PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINGA PARA SA LAHAT

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	
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	

### CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectal cancer pre-treatment clinical 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 indicated/ as needed
Procedures	
<input type="checkbox"/> Colonoscopy <sup>a</sup>	<input type="checkbox"/> Surgery for diversion
<input type="checkbox"/> Biopsy with histopathology	<input type="checkbox"/> Surgery for closure of colostomy/ileostomy <sup>b</sup>
<input type="checkbox"/> Histopathology (post-operative)	<input type="checkbox"/> Proctoscopy
<input type="checkbox"/> Radiotherapy (preferably, linear accelerator)	✓
Diagnostics	
<input type="checkbox"/> Chest CT or Chest X-ray (P-A-L) <sup>c</sup>	<input type="checkbox"/> CP Clearance
<input type="checkbox"/> Pelvic MRI or endorectal ultrasound	<input type="checkbox"/> SGPT
<input type="checkbox"/> CT scan of whole abdomen preferably with contrast <sup>a, c</sup>	<input type="checkbox"/> Prothrombin time
<input type="checkbox"/> Fasting blood sugar (FBS)	<input type="checkbox"/> Alkaline phosphatase
<input type="checkbox"/> Carcinoembryonic antigen (CEA), as baseline	<input type="checkbox"/> Bilirubin
	<input type="checkbox"/> CEA for monitoring
<input type="checkbox"/> Complete blood count	<input type="checkbox"/> SGPT for monitoring

<sup>a</sup> should be done within 60 calendar days before the date of submission of the pre-authorization checklist and request to PhilHealth

<sup>b</sup> shall be covered under the Z Benefits within two (2) years from the date of surgery; patients may be charged co-payment within the allowable limit as indicated in the contract of the HF

<sup>c</sup> PET scan may be accepted in place of CT scan

