

NAME OF THE HOSPITAL: _____

20). Chemo Embolization For Liver Tumors Using Drug And PVA Or DC Beads: M15W1.24

1. Name of the Procedure: Chemo Embolization For Liver Tumors Using Drug And PVA Or DC Beads
2. Indications: Select indication which is applicable
Liver dominant malignancies who are not candidates for surgical resection/
Hepatocellular carcinoma with absent extra hepatic disease and normal portal vein/
Hepatic Metastasis
3. Does the patient presented with weight loss, loss of appetite: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- USG/ CT:
Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of
 - a. 50% involvement of liver by tumor: Yes/No
 - b. Contraindications to chemotherapy: Yes/No
 - c. Hepatic Encephalopathy: Yes/No
 - d. Patients performance status more than 2: Yes/No

For Eligibility for Chemo Embolization For Liver Tumors Using Drug And PVA Or DC Beads the answer to question 5a, 5b, 5c & 5d must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
