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| **DATA ELEMENTS/ VARIABLE NAMES** | **INSTRUCTIONS (DEFINITIONS, VALID VALUES)** | **INCLUSIONS/SYNONYMS** | **EXCEPTIONS** |
| **Clinic Name**  **[CLNAME]** | **Instruction**: Enter the name of the clinic. | Clinic - 1  Clinic - 2  Clinic - 3  Clinic - 4  Clinic - 5 | None |
| **Confirm Bone Metastases Diagnosis**  **[BONMETCONFIRM]** | **Instruction**: Determine if the patient had a documented diagnosis of painful bone metastases and was prescribed external beam radiation therapy (EBRT).  **Yes (1)**: Select this option if the patient had a documented diagnosis of painful bone metastases and was prescribed EBRT.  **No (0)**: Select this option if the patient did not have a diagnosis of painful bone metastases and was not prescribed EBRT. | Secondary malignant neoplasm of bone and bone marrow | None |
| **Bone Metastases-Fractionation Schemes**  [**BONFRACTION]** | Instruction: Determine if patient, with painful bone metastases, was prescribed EBRT with any of the following fractionation schemes: 30 Gy/10 fxns, 24 Gy/6 fxns, 20 Gy/5 fxns or 8 Gy/1 fxn.  **Yes (1)**: Select this option if the patient, with painful bone metastases, was prescribed EBRT with any of the following fractionation schemes: 30 Gy/10 fxns, 24 Gy/6 fxns, 20 Gy/5 fxns or 8 Gy/1 fxn.  **No (0)**: Select this option if the patient, with painful bone metastases, was not prescribed EBRT with any of the following fractionation schemes: 30 Gy/10 fxns, 24 Gy/6 fxns, 20 Gy/5 fxns or 8 Gy/1 fxn.  **No/medical reason(s) (2)**: Select this option if the patient, with painful bone metastases, was not prescribed EBRT with any of the following fractionation schemes: 30 Gy/10 fxns, 24 Gy/6 fxns, 20 Gy/5 fxns or 8 Gy/1 fxn due to medical reason(s).  **No/patient reason(s) (3)**: Select this option if the patient, with painful bone metastases, was not prescribed EBRT with any of the following fractionation schemes: 30 Gy/10 fxns, 24 Gy/6 fxns, 20 Gy/5 fxns or 8 Gy/1 fxn due to patient reason(s). | See Table One for eligible population criteria | **No/medical reason(s) (2) may include:**  previous treatment to the same anatomic site, patients with femoral axial cortical involvement greater than 3 cm in length, patients who have undergone a surgical stabilization procedure, patients with spinal cord compression, cauda equine compression or radicular nerve pain, documented other medical reason(s) (not indicated/contraindicated)  **No/patient reason(s) (3) may include:**  patient declined treatment, economic, social or religious reasons, other patient reason(s) |