



## Brain Tumor Treatment Center Online Registration Form

NBTS receives thousands of calls annually and one of the most commonly asked questions is, "How do I know which treatment center to visit?" The information from this survey will be posted on our website so that brain tumor patients and their families searching for a place to receive treatment will have a general understanding of what is available at each center.

*Please return this form by fax to NBTS West Coast Office at 415.834.9980.  
You may also mail it to Patient Services at the address listed on the bottom of this form.*

**Treatment Center:** \_\_\_\_\_

**Clinical Coordinator/Contact:** \_\_\_\_\_

**Neurosurgeons (NS)/Neuro-oncologists (NO) at this center (i.e. First/Last Name, NS):**

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Website:** \_\_\_\_\_

1. Approximately how many brain tumor surgeries are performed at your facility annually (*please note that "surgery" does NOT include stereotactic radiosurgery, such as Gamma Knife, Cyberknife, Novalis, etc.*)?
 

a. <25	d. 101-150	f. 201-300
b. 25-50	e. 151-200	g. >300
c. 51-100		
  
2. Does your facility feature intraoperative technology?
 

a. Yes	b. No
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3. If Yes, what type (select all that apply)?
 

a. Intraoperative MRI Tesla = _____	d. Awake craniotomy
b. Intraoperative CT	e. Image-guided surgery
c. Brain mapping	

4. Approximately how many brain tumor patients receive radiation therapy from your facility per year (*Radiation does NOT include stereotactic radiosurgery, such as Gamma Knife, Cyberknife, Novalis, etc.*)?
- |           |            |            |
|-----------|------------|------------|
| a. <25    | d. 101-150 | f. 201-300 |
| b. 25-50  | e. 151-200 | g. >300    |
| c. 51-100 |            |            |
5. Do you have stereotactic radiosurgery capabilities at your facility?
- |        |       |
|--------|-------|
| a. Yes | b. No |
|--------|-------|
6. If Yes, what type (circle all that apply)?
- |                |            |                 |
|----------------|------------|-----------------|
| a. Gamma Knife | d. X-Knife | g. Trilogy      |
| b. Cyber Knife | e. Novalis | h. Polaris      |
| c. LINAC       | f. Synergy | i. Other: _____ |
7. Approximately how many brain tumor patients receive stereotactic radiosurgery from your facility per year?
- |           |            |            |
|-----------|------------|------------|
| a. <25    | d. 101-150 | f. 201-300 |
| b. 25-50  | e. 151-200 | g. >300    |
| c. 51-100 |            |            |
8. Is there a brain tumor board system in place at your facility?
- |        |       |
|--------|-------|
| a. Yes | b. No |
|--------|-------|
9. If Yes, what disciplines attend tumor board meetings?
- |                            |                       |
|----------------------------|-----------------------|
| a. Neurosurgeon(s)         | f. Endocrinologist(s) |
| b. Neuro-oncologist(s)     | g. Social worker      |
| c. Neuro-pathologist(s)    | h. Neuro-psychologist |
| d. Radiation oncologist(s) | i. Clinical nurses    |
| e. Neuro-radiologist(s)    | j. Research staff     |
10. Do you collaborate with cooperative research group protocols (i.e. RTOG, COG, NABTC, NABTT)?
- |        |       |
|--------|-------|
| a. Yes | b. No |
|--------|-------|
11. If Yes, which ones?
- \_\_\_\_\_
12. Is there an existing brain tumor support group at your treatment center?
- |        |       |
|--------|-------|
| a. Yes | b. No |
|--------|-------|
13. If Yes, please list the location, facilitator and contact information to the best of your knowledge:
- \_\_\_\_\_