

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF GYNECOLOGIC RADIONECROSIS AND RE-EVALUATION

A. Gynecologic radionecrosis diagnosis is confirmed in the medical record by documentation of history of radiotherapy and at least one of the following (check all that apply)

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| <input type="checkbox"/> Dryness | <input type="checkbox"/> Telangiectasia |
| <input type="checkbox"/> Dyspareunia | <input type="checkbox"/> Ulceration |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Necrosis |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Atrophy |
| <input type="checkbox"/> Stenosis | |

B. Documentation includes all of the below related oncology history and referral details

- Dates cancer first diagnosed
- Tumor type and anatomical location
- Dates radiation treatments started and completed
- Radiation dose and number of treatments provided
- Name(s) of person(s) who provided previous care:
 - Radiation oncologist Dr. _____
 - Gynecologic oncologist Dr. _____
 - Other Specialty: _____ Dr. _____
- Dates and types of all/any previous treatment
- Date gynecologic radionecrosis first diagnosed (*generally at least 6 months after end of radiation treatments*)

C. Documentation of current cancer status (must have one of the following checked)

- Disease free (includes date last checked)
- Residual/recurrent tumor

D. Documentation of previous gynecologic radionecrosis management (check all that apply)

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| <input type="checkbox"/> Pain Control | <input type="checkbox"/> Stenosis |
| <input type="checkbox"/> Surgical intervention | <input type="checkbox"/> Surgical intervention |
| <input type="checkbox"/> Regular narcotic | <input type="checkbox"/> Persistent dilation |
| <input type="checkbox"/> Regular non-narcotic | <input type="checkbox"/> Intermittent dilation |
| <input type="checkbox"/> Occasional non-narcotic | <input type="checkbox"/> Occasional dilation |
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| <input type="checkbox"/> Dryness | <input type="checkbox"/> Ulceration/necrosis |
| <input type="checkbox"/> Artificial lubricant | <input type="checkbox"/> Surgical repair |
| <input type="checkbox"/> Hormone replacement | <input type="checkbox"/> Surgical graft |
| | <input type="checkbox"/> Debridement |
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| <input type="checkbox"/> Bleeding | |
| <input type="checkbox"/> Surgical intervention | |
| <input type="checkbox"/> Frequent transfusions | |
| <input type="checkbox"/> Occasional transfusions | |
| <input type="checkbox"/> Iron therapy | |

ADDITIONAL GUIDANCE

1. Essentially all of the above noted management options, short of pelvic exteneration, address symptoms. It is common, therefore, for these patients to experience a remitting, relapsing clinical course prior to institution of HBO therapy.
2. HBO therapy is disease modifying. Once started, a measure of its therapeutic success will be a gradual reduction in the level of listed intervention(s), which are listed from the most to the least significant.
3. A common reason for failure to respond to HBO therapy is recurrent or residual tumor. It is important, therefore, to closely monitor each patient's clinical course. Failure to demonstrate some degree of improvement over four weeks (initial 20 treatments) should be viewed with a high index of suspicion.
4. Increasingly, HBO therapy is being adopted as first line therapy. It is possible, therefore, that some or all of the interventions listed in "D" above may not have been applied prior to referral.