

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

**A. Laryngeal radionecrosis diagnosis is confirmed in the medical record by documentation of history of radiation and at least one of the following signs or symptoms:** *(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Laryngeal pain       | <input type="checkbox"/> Telangiectasia    |
| <input type="checkbox"/> Hoarseness           | <input type="checkbox"/> Ulceration        |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Exposed cartilage |
| <input type="checkbox"/> Edema                | <input type="checkbox"/> Necrosis          |

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

- Date 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. \_\_\_\_\_
  - ENT/Otolaryngologist      Dr. \_\_\_\_\_
  - Other Specialty: \_\_\_\_\_ Dr. \_\_\_\_\_
- Dates and types of all previous treatment
- Date laryngeal radionecrosis first diagnosed *(generally at least 6 months after end of radiation treatments)*

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

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

**D. Documentation of previous laryngeal radionecrosis management:** *(check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Pain control               | <input type="checkbox"/> Difficulty breathing   |
| <input type="checkbox"/> Surgical intervention      | <input type="checkbox"/> Surgical intervention  |
| <input type="checkbox"/> Regular narcotic           | <input type="checkbox"/> Permanent tracheostomy |
| <input type="checkbox"/> Regular non-narcotic       | <input type="checkbox"/> Temporary tracheostomy |
| <input type="checkbox"/> Occasional non-narcotic    | <input type="checkbox"/> Humidifier; steroids   |
| <br>  |   |
| <input type="checkbox"/> Dryness                    | <input type="checkbox"/> Hoarseness/edema       |
| <input type="checkbox"/> Artificial lubricant       | <input type="checkbox"/> Humidifier; steroids   |
| <input type="checkbox"/> Hormone replacement        | <input type="checkbox"/> Permanent catheter     |
| <br>  |   |
| <input type="checkbox"/> Hoarseness                 |   |
| <input type="checkbox"/> Surgical intervention      |   |
| <input type="checkbox"/> No talking or whispering   |   |
| <input type="checkbox"/> Rest voice or whisper only |   |

### ADDITIONAL GUIDANCE

1. Essentially all of the above noted management options, short of laryngectomy, address symptoms. It is common, therefore, for 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 severe.
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 a reasonable 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 incorporated prior to referral.