|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | **A diagnosis of mandibular osteoradionecrosis (ORN) is confirmed by documented history of radiotherapy and at least one of the following** *(Check all that apply)* | | | | | | | | | | | |
|  |  | Exposed non-vital alveolar bone | | | | | |  | |  | | |
|  |  | Mandibular fracture | | | | | |  | |  | | |
|  |  | Trismus-reduced jaw opening | | | | | |  | |  | | |
|  |  | Necrosis | | | | | |  | |  | | |
|  |  | Orocutaneous fistulae *(This may also represent a “stand alone” diagnosis of soft tissue radionecrosis)* | | | | | | | | | | |
| **B.** | **Documentation includes all of the below related oncology history and referral details:** | | | | | | | | | | | |
|  |  | Date cancer first diagnosed | | | | | |  | |  | | |
|  |  | Tumor type | | | | | |  | |  | | |
|  |  | Tumor anatomic location | | | | | |  | |  | | |
|  |  | Dates radiation treatments started and completed | | | | | | | | | | |
|  |  | Radiation dose and number of treatments provided | | | | | | | | | | |
|  |  | Name(s) of person(s) who provided previous care | | | | | | | | | | |
|  |  |  | Oral maxillofacial surgeon | | | Dr. |  | | | | | |
|  |  |  | Dental surgeon | | | Dr. |  | | | | | |
|  |  |  | Other : Specialty | |  | | | | | | Dr. |  |
|  |  | Date mandibular diagnosis first diagnosed *(Generally at least six months after completion of radiotherapy)* | | | | | | | | | | |
| **C.** | **Documentation of current cancer status** *(Must have one checked)* | | | | | | | | | | | |
|  |  | Disease free (includes date last checked) | | | | | |  | |  | | |
|  |  | Residual/recurrent tumor | | | | | |  | |  | | |
| **D.** | **Documentation of previous mandibular ORN management** *(Check all that apply)* | | | | | | | | | | | |
|  |  | Pain Control | | | | | |  | |  | | |
|  |  |  | Surgical intervention | | | | | |  | | | |
|  |  |  | Regular narcotic | | | | | |  | | | |
|  |  |  | Regular non-narcotic | | | | | |  | | | |
|  |  |  | Occasional non-narcotic | | | | | |  | | | |
|  |  | Superficial debridement | | | | | |  | |  | | |
|  |  | Oral saline irrigation | | | | | |  | |  | | |
|  |  | Trans-oral sequestrectomy or saucerization | | | | | |  | |  | | |
|  |  | Oro-cutaneous fistula repair | | | | | |  | |  | | |
|  |  | Mandibular resection +/- reconstruction | | | | | |  | |  | | |
|  |  | Other: | |  | | | | | | | | |
|  |  | **Additional Guidance** | | | | | | | | | | |
| **1.** | HBO is increasingly adopted as first line therapy for early/localized ORN, that limited to a small (<3 cm’s) amount of exposed alveolar bone. Interventions listed in “D” above, therefore, may not have occurred. | | | | | | | | | | | |
| **2.** | Treatment basis for mandibular ORN is the “Marx Protocol”. \* This involves peri-operative HBO. Today, this is increasingly is limited to early/localized cases. Management of more advanced disease requiring resection and reconstruction has evolved to a microsurgical-based single stage resection and reconstruction with a vascularized free bone (commonly fibula) graft. This occurs in the absence of perioperative HBO, although HBO may be considered in support of post-op healing complications. \*\*  \* *Marx RE. A New Concept in the Treatment of Osteoradionecrosis. J Oral Maxillofacial Surgery 1983;41*  *\*\* Clarke R. Challenges Threaten, Opportunity Awaits Hyperbaric Medicine and the Head and Neck Cancer*  *Patient. Undersea Hyperbaric Medicine 2019;46(4)* | | | | | | | | | | | |