

MEDICAL NECESSITY CHECKLIST FOR HBO TREATMENT OF RADIATION PROCTITIS AND RE-EVALUATION

A. Radiation proctitis diagnosis is confirmed in the medical record by documentation of history of radiation and at least one of the following: *(check all that apply)*

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| <input type="checkbox"/> Urgency | <input type="checkbox"/> Rectal pain |
| <input type="checkbox"/> Mucosal loss | <input type="checkbox"/> Rectal bleeding |
| <input type="checkbox"/> Loss of sphincter control | <input type="checkbox"/> Ulceration |
| <input type="checkbox"/> Increased stool frequency | <input type="checkbox"/> Stricture |

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. _____
 - Gastroenterologist Dr. _____
 - Other Specialty _____ Dr. _____
- Dates and types of all previous treatment
- Date radiation proctitis 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 radiation proctitis management *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Pain control <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Regular narcotic <input type="checkbox"/> Regular non-narcotic <input type="checkbox"/> Occasional non-narcotic | <input type="checkbox"/> Stool frequency/tenesmus <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Multiple (>2) daily anti-diarrheals <input type="checkbox"/> Regular (>2) weekly anti-diarrheals <input type="checkbox"/> Occasional (≤ 2) weekly anti-diarrheals |
| <input type="checkbox"/> Bleeding <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Frequent transfusions <input type="checkbox"/> Occasional transfusions <input type="checkbox"/> Stool softener <input type="checkbox"/> Iron therapy | <input type="checkbox"/> Ulceration <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Steroids, per enema <input type="checkbox"/> Occasional steroids <input type="checkbox"/> Diet Modification <input type="checkbox"/> Stool softener |
| <input type="checkbox"/> Stricture <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Regular dilation <input type="checkbox"/> Occasional dilation <input type="checkbox"/> Diet modification | <input type="checkbox"/> Sphincter control <ul style="list-style-type: none"> <input type="checkbox"/> Surgical intervention <input type="checkbox"/> Persistent use of incontinence pads <input type="checkbox"/> Intermittent use of incontinence pads <input type="checkbox"/> Occasional use of incontinence pads |

ADDITIONAL GUIDANCE

1. Essentially all of the above noted management options are directed at relief of 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 aggressive.
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 incorporated prior to referral.