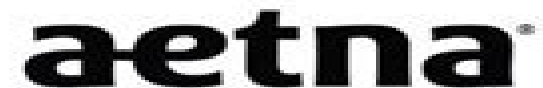


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Clinical Policy Bulletin: Hyperthermia in Cancer Therapy

Number: 0278

Policy

- I. Aetna considers the following procedures medically necessary:
 - A. Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy for the treatment of pseudomyxoma peritonei.
 - B. Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy for the treatment of peritoneal mesothelioma.
 - C. Regional hyperthermic melphalan perfusion in members with stage II, IIIA, and stage III in-transit extremity melanoma.
 - D. Sequential radiation -- local/regional external hyperthermia only for superficial recurrent melanoma, locally advanced/recurrent breast cancers and cervical lymph node metastases from head and neck cancer.
- II. Aetna considers hyperthermia experimental and investigational for all other indications including the following applications because of insufficient evidence regarding its effectiveness in these conditions:
 - A. Deep hyperthermia alone or in combination with radiation therapy.
 - B. Hyperthermic intrapleural chemotherapy for intrapleural mesothelioma.
 - C. Hyperthermic administration of intraperitoneal chemotherapy for appendiceal carcinoma without pseudomyxoma, bladder cancer, clear cell carcinoma of the ovary, colon cancer, colorectal signet ring carcinoma, desmoplastic small round cell tumor, gastric cancer, goblet carcinoid tumor, hepatocellular carcinoma, ovarian cancer, pancreatic cancer, small bowel adenocarcinoma, thymic carcinoma, or uterine leiomyosarcoma.
 - D. Regional hyperthermic melphalan perfusion in stage I, IIIB and IIIB extremity melanoma, as well as regional hyperthermic perfusion for extremity melanoma in conjunction with any other chemotherapy.
 - E. Interstitial, intra-cavitary, and intraluminal hyperthermia.
 - F. Whole body hyperthermia for testicular cancer and other indications.

Aetna Clinical Policy Guidelines

**Matteo Vatta,Valeria Novelli,Luisa
Mestroni,Jeffrey A. Towbin,Carlo
Napolitano,Guia Guffanti**

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Between You and Your Doctor United States. Congress. House. Committee on Oversight and Government Reform. Subcommittee on Domestic Policy, 2011 *The Clinical Guide to Oncology Nutrition* Laura L. Molseed, Paula Davis McCallum, 2006 Representing the most current oncology nutrition research this new edition is the clinician's guide to understanding the nutritional needs and risks of cancer patients and to anticipating and responding with appropriate nutrition care This guide explores the fundamentals from nutrition screening to therapy protocols to pharmacological management with new chapters devoted to ACS survivor guidelines reimbursement guidelines and outcomes research

Clinical Guidelines for Advanced Practice Nursing Geraldine M. Collins-Bride, JoAnne M. Saxe, 2013 In cooperation with UCSF School of Nursing Cover **Clinical Guidelines for Advanced Practice Nursing** Karen G. Duderstadt, Rebekah Kaplan, 2016-03-17 Clinical Guidelines for Advanced Practice Nursing An Interdisciplinary Approach Third Edition is an accessible and practical reference designed to help nurses and students with daily clinical decision making Written in collaboration with certified nurse midwives clinical nurse specialists nurse practitioners nutritionists pharmacists and physicians it fosters a team approach to health care Divided into four areas Pediatrics Gynecology Obstetrics and Adult General Medicine and following a lifespan approach it utilizes the S O A P Subjective Objective Assessment Plan format Additionally the authors explore complex chronic disease management health promotion across the lifespan and professional and legal issues such as reimbursement billing and the legal scope of practice The Third Edition has a keen focus on gerontology to accommodate the AGNP specialty and to better assist the student or clinician in caring for the aging population The authors follow the across the life span approach and focus on common complete disorders Certain chapters have been revised and new chapters have been added which include Health Maintenance for Older Adults Frailty Common Gerontology Syndromes Cancer Survivorship Lipid Disorders Acne pediatrics section Please note that the 2016 CDC Guidelines for prescribing opioids for chronic pain in the United States were not yet available at the time the authors were updating the Third Edition See the Instructor Resources tab to read a note from the authors about their recommendations for resources around these guidelines **Perspectives on Essential Health Benefits** Institute of Medicine, Board on Health Care Services, Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans, 2012-01-10 The Patient Protection and Affordable Care Act herein known as the Affordable Care Act ACA was signed into law on March 23 2010 Several provisions of the law went into effect in 2010 including requirements to cover children up to age 26 and to prohibit insurance companies from denying coverage based on preexisting conditions for children Other provisions will go into effect during 2014 including the requirement for all individuals to purchase health insurance In 2014 insurance purchasers will be allowed but not obliged to buy their coverage through newly established health insurance exchanges HIEs marketplaces designed to make it easier for customers to comparison shop among plans and for low and

moderate income individuals to obtain public subsidies to purchase private health insurance. The exchanges will offer a choice of private health plans and all plans must include a standard core set of covered benefits called essential health benefits (EHBs). The Department of Health and Human Services requested that the Institute of Medicine (IOM) recommend criteria and methods for determining and updating the EHBs. In response, the IOM convened two workshops in 2011 where experts from federal and state government as well as employers, insurers, providers, consumers, and health care researchers were asked to identify current methods for determining medical necessity and share decision making approaches to determining which benefits would be covered and other benefit design practices. Essential Health Benefits summarizes the presentations in this workshop. The committee's recommendations will be released in a subsequent report. [Assessing Genomic Sequencing Information for Health Care Decision Making](#) Institute of Medicine, Board on Health Sciences Policy, Roundtable on Translating Genomic-Based Research for Health, 2014-08-19. Rapid advances in technology have lowered the cost of sequencing an individual's genome from the several billion dollars that it cost a decade ago to just a few thousand dollars today and have correspondingly greatly expanded the use of genomic information in medicine. Because of the lack of evidence available for assessing variants, evaluation bodies have made only a few recommendations for the use of genetic tests in health care. For example, organizations such as the Evaluation of Genomic Applications in Practice and Prevention working group have sought to set standards for the kinds of evaluations needed to make population level health decisions. However, due to insufficient evidence, it has been challenging to recommend the use of a genetic test. An additional challenge to using large scale sequencing in the clinic is that it may uncover secondary or incidental findings, genetic variants that have been associated with a disease but that are not necessarily related to the conditions that led to the decision to use genomic testing. Furthermore, as more genetic variants are associated with diseases, new information becomes available about genomic tests performed previously, which raises issues about how and whether to return this information to physicians and patients and also about who is responsible for the information. To help develop a better understanding of how genomic information is used for healthcare decision making, the Roundtable on Translating Genomic Based Research for Health of the Institute of Medicine held a workshop in Washington, DC in February 2014. Stakeholders including clinicians, researchers, patients, and government officials discussed the issues related to the use of genomic information in medical practice. [Assessing Genomic Sequencing Information for Health Care Decision Making](#) is the summary of that workshop. This report compares and contrasts evidence evaluation processes for different clinical indications and discusses key challenges in the evidence evaluation process. *Davis's Comprehensive Manual of Laboratory and Diagnostic Tests with Nursing Implications* Anne Van Leeuwen, Mickey Bladh, 2023-04-04. The information nurses need when, where, and how they need it. Nursing focused and easy to read, this full color manual delivers all the information you need to understand how tests work, interpret their results, and provide quality patient care pre-test, intra-test, and post-test. Tests and procedures are listed in

alphabetical order by their complete name for quick reference The integrated index allows fast searches by abbreviation synonym disease disorder specimen type or test classification **Davis's Comprehensive Manual of Laboratory and Diagnostic Tests with Nursing Implications** Anne M Van Leeuwen,Mickey L Bladh,2019-03-15 Nursing focused and easy to read this manual delivers all of the information you need to understand how tests work interpret their results and provide quality patient care pre test intra test and post test Tests and procedures are listed in alphabetical order by their complete names for quick reference The integrated index allows fast searches by abbreviation synonym disease disorder specimen type or test classification Plus a Body Systems Appendix includes a list of common laboratory and diagnostic tests for each body system as well as nutrition related lab tests **Reauthorization of the Agency for Health Care Policy and Research** United States. Congress. House. Committee on Commerce. Subcommittee on Health and the Environment,1999

Challenging Pregnancy Genevieve Grabman,2022-03-01 In Challenging Pregnancy Genevieve Grabman recounts being pregnant with identical twins whose circulatory systems were connected in a rare condition called twin to twin transfusion syndrome Doctors couldn't unfuse the fetuses because one twin also had several other confounding problems selective intrauterine growth restriction a two vessel umbilical cord a marginal cord insertion and possibly a parasitic triplet Ultimately national anti abortion politics not medicine or her own choices determined the outcome of Grabman's pregnancy At every juncture anti abortion politics limited the care available to her the doctors and hospitals willing to treat her the tools doctors could use and the words her doctors could say Although she asked for aggressive treatment to save at least one baby hospital ethics boards blocked all able doctors from helping her Challenging Pregnancy is about Grabman's harrowing pregnancy and the science and politics of maternal healthcare in the United States where every person must self advocate for the desired outcome of their own pregnancy *Extending Medicare Reimbursement in Clinical Trials* Institute of Medicine,Committee on Routine Patient Care Costs in Clinical Trials for Medicare Beneficiaries,2000-03-17 Increasingly over the past five years uncertainty about reimbursement for routine patient care has been suspected as contributing to problems enrolling people in clinical trials Clinical trial investigators cannot guarantee that Medicare will pay for the care required and they must disclose this uncertainty to potential participants during the informed consent process Since Medicare does not routinely preauthorize care as do many commercial insurers the uncertainty cannot be dispelled in advance Thus patients considering whether to enter trials must assume that they may have to pay bills that Medicare rejects simply because they have enrolled in the trial This report recommends an explicit policy for reimbursement of routine patient care costs in clinical trials It further recommends that HCFA provide additional support for selected clinical trials and that the government support the establishment of a national clinical trials registry These policies 1 should assure that beneficiaries would not be denied coverage merely because they have volunteered to participate in a clinical trial and 2 would not impose excessive administrative burdens on HCFA its fiscal intermediaries and carriers or investigators providers or participants in clinical

trials Explicit rules would have the added benefit of increasing the uniformity of reimbursement decisions made by Medicare fiscal intermediaries and carriers in different parts of the country Greater uniformity would in turn decrease the uncertainty about reimbursement when providers and patients embark on a clinical trial

Clinical Pain Management : Chronic Pain
Peter Wilson,Paul Watson,Jennifer Haythornwaite,Troels Jensen,2008-09-26 The second edition of Chronic Pain now covers a vast scientific and clinical arena with the scientific background and therapeutic options much expanded In common with the other titles comprising Clinical Pain Management the volume gathers together the available evidence based information in a reader friendly format without unnecessary detail

Kryger's Principles and Practice of Sleep Medicine - E-Book
Meir H. Kryger,Thomas Roth,Cathy A Goldstein,2021-12-16 Offering today s most authoritative comprehensive coverage of sleep disorders Kryger s Principles and Practice of Sleep Medicine 7th Edition is a must have resource for sleep medicine specialists fellows trainees and technicians as well as pulmonologists neurologists and other clinicians who see patients with sleep related issues It provides a solid understanding of underlying basic science as well as complete coverage of emerging advances in management and treatment for a widely diverse patient population Evidence based content hundreds of full color illustrations and a wealth of additional resources online help you make well informed clinical decisions and offer your patients the best possible care Contains new chapters on sleep in intersex and transgender individuals sleep telemedicine and remote PAP adherence monitoring and sleep and the menstrual cycle as well as increased coverage of treatment and management of pediatric patients Includes expanded sections on pharmacology sleep in individuals with other medical disorders and methodology Discusses updated treatments for sleep apnea and advancements in CPAP therapy Offers access to 95 video clips online including expert interviews and sleep study footage of various sleep disorders Meets the needs of practicing clinicians as well as those preparing for the sleep medicine fellowship examination or recertification exams with more than 950 self assessment questions answers and rationales online Enhanced eBook version included with purchase Your enhanced eBook allows you to access all of the text figures and references from the book on a variety of devices

The Promise of Assistive Technology to Enhance Activity and Work Participation National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Board on Health Care Services,Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments,2017-09-01 The U S Census Bureau has reported that 56 7 million Americans had some type of disability in 2010 which represents 18 7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation The U S Social Security Administration SSA provides disability benefits through the Social Security Disability Insurance SSDI program and the Supplemental Security Income SSI program As of December 2015 approximately 11 million individuals were SSDI beneficiaries and about 8 million were SSI beneficiaries SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines During determinations of substantial gainful activity and income eligibility for SSI

benefits the reasonable cost of items devices or services applicants need to enable them to work with their impairment is subtracted from eligible earnings even if those items or services are used for activities of daily living in addition to work In addition SSA considers assistive devices in its medical disability determination process and assessment of work capacity The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies including wheeled and seated mobility devices upper extremity prostheses and products and technologies selected by the committee that pertain to hearing and to communication and speech in adults Handbook of Central Auditory Processing Disorder, Volume II, Second Edition Gail D. Chermak, Frank E. Musiek, 2013-11-06 Chermak and Musiek's two volume award winning handbooks are back in newly revised editions Extensively revised and expanded Volume II provides expanded coverage of rehabilitative and professional issues detailing intervention strategies for children and adults Volume I provides comprehensive coverage of the auditory neuroscience and clinical science needed to accurately diagnose the range of developmental and acquired central auditory processing disorders in children adults and older adults Building on the excellence achieved with the best selling 1st editions which earned the 2007 Speech Language and Hearing Book of the Year Award the second editions include contributions from world renowned authors detailing major advances in auditory neuroscience and cognitive science diagnosis best practice intervention strategies in clinical and school settings as well as emerging and future directions in diagnosis and intervention Exciting new chapters for Volume II include Evidence Supporting Auditory Training in Children by Jeffrey Weihs Gail D Chermak Frank E Musiek and Teri James Bellis School Policies Process and Services for Children with CAPD by Georgina T F Lynch and Cynthia M Richburg Historical Foundations Pioneers by James W Hall III and Anuradha R Bantwal Remediation of Spatial Processing Issues in CAPD by Sharon Cameron and Harvey Dillon The Dichotic Interaural Intensity Difference DIID Training by Jeffrey Weihs and Frank E Musiek Considerations for the Older Adult Presenting Peripheral and Central Auditory Dysfunction by Gabrielle Saunders M Samantha Lewis Dawn Konrad Martin and M Patrick Feeney Case Studies by Annette E Hurley and Cassandra Billiet Clinical and Research Issues in CAPD by Jeffrey Weihs Teri James Bellis Gail D Chermak and Frank E Musiek

Nursing Diagnosis Manual Marilyn E Doenges, Mary Frances Moorhouse, Alice C Murr, 2016-01-14 Here's the 5th Edition of the resource you'll turn to again and again to select the appropriate diagnosis and to plan individualize and document care for more than 850 diseases and disorders A new streamlined design makes reference easier than ever Only in the Nursing Diagnosis Manual will you find for each diagnosis defining characteristics presented subjectively and objectively sample clinical applications to ensure you have selected the appropriate diagnoses prioritized action interventions with rationales a documentation section and much more

Comparative Effectiveness Research Carol M. Ashton, Nelda P. Wray, 2013-07-11 Comparative Effectiveness Research Evidence Medicine and Policy provides the first complete account of how and why the federal government decided to make comparative effectiveness research CER an important feature of

health reform and the Affordable Care Act of 2010 Regulating Preimplantation Genetic Diagnosis in the United States M. Bayefsky, B. Jennings, 2015-01-20 Reproductive technology allows us to test embryos genes before deciding whether to transfer them to a woman's uterus Embryo selection raises many ethical questions but is virtually unregulated in the United States This comprehensive study considers the ethical medical political and economic aspects of developing appropriate regulation

Current Challenges in Cardiovascular Molecular Diagnostics Matteo Vatta, Valeria Novelli, Luisa Mestroni, Jeffrey A. Towbin, Carlo Napolitano, Guia Guffanti, 2017-09-12 The field of cardiovascular genetics has tremendously benefited from the recent application of massive parallel sequencing technology also referred to as next generation sequencing NGS However along with the discovery of additional genes associated with human cardiac diseases the analysis of large dataset of genetic information uncovered a much more complex and variegated landscape which often departs from the comfort zone of the monogenic Mendelian diseases image that clinical molecular geneticists have been well acquainted with for many decades It is now clear that in addition to highly penetrant genetic variants which in isolation are able to recapitulate the full clinical presentation when expressed in animal models we are now aware that a small but significant fraction of subjects presenting with cardiac muscle diseases such as cardiomyopathies or primary arrhythmias such as long QT syndrome LQTS may harbor at least two deleterious variants in the same gene compound heterozygous or in different gene double heterozygous Although the clinical presentation in subjects with more than one deleterious variant appears to be more severe and with an earlier disease onset it somehow changes the viewpoint of clinical molecular geneticists whose aim is to identify all possible genetic contributors to a human condition In this light the employment in clinical diagnostics of the NGS technology allowing the simultaneous interrogation of a DNA target spanning from large panel of genes up to the entire genome will definitely aid at uncovering all such contributors which will have to be tested functionally to confirm their role in human cardiac conditions The uncovering of all clinically relevant deleterious changes associated with a cardiovascular disease would probably increase our understanding of the clinical variability commonly occurring among affected family relatives and potentially provide with unexpected therapeutic targets for the treatment of symptoms related to the presence of accessory deleterious genetic variants other than the key molecular culprit The objective of this Research Topic is to explore the current challenges presenting to the cardiovascular genetics providers such as clinical geneticists genetic counselors clinical molecular geneticists and molecular pathologists involved in the diagnosis counseling testing and interpretation of genetic tests results for the comprehensive management of patients affected by cardiovascular genetic disorders

Essentials of Interventional Techniques in Managing Chronic Pain Vijay Singh, Frank J.E. Falco, Alan D. Kaye, Amol Soin, Joshua A. Hirsch, 2024-05-28 This comprehensive review covers the full and latest array of interventional techniques for managing chronic pain Chapters are grouped by specific treatment modalities that include spinal interventional techniques non spinal and peripheral nerve blocks sympathetic interventional techniques soft tissue and joint

injections and implantables This second edition features new chapters covering challenges with opioid therapy impact of COVID 19 and spinal interventional techniques Practical step by step and evidence based guidance is given to each approach in order to improve the clinician s understanding Innovative and timely Essentials of Interventional Techniques in Managing Chronic Pain is a critical resource for anesthesiologists neurologists and rehabilitation and pain physicians

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