INTRODUCTION:

Radiation therapy may have appropriate use in several non-malignant conditions. The treatment goal in patients with non-malignant conditions is to achieve relief of the indicated condition with radiation therapy with minimal risk of radiation exposure to sensitive structures.

Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.

INDICATIONS FOR RADIATION THERAPY

2 D or 3D Conformal (3D CRT) is considered medically necessary for several non-malignant conditions including but not limited to:
- Prevention of keloid scars as an adjunctive therapy following excisional surgery
- Heterotopic ossification
- Pterygium in cases that cannot be medically managed
- Villonodular synovitis

Stereotactic Radiation Therapy (SRS, SBRT) is considered medically necessary when used in the treatment of non-malignant cranial lesions including the following:
- Arteriovenous malformation (AVM) of the brain or spine.
- Trigeminal neuralgia that has not responded to other, more conservative, treatments.
- Non cancerous brain tumors such as acoustic neuroma, benign schwannomas, meningioma, hemangioma, pituitary adenoma, craniopharyngioma, neoplasm of the pineal gland, and chordomas

Also refer to NIA Stereotactic Radiation Therapy Guideline.

TREATMENT OPTIONS REQUIRING PHYSICIAN REVIEW:

Treatment for other non-malignant conditions utilizing proton beam, stereotactic radiation therapy (SBRT), or intensity modulated radiation therapy (IMRT) modalities should be referred to physician review.
REFERENCES


Maniakas A, Saliba I. Microsurgery versus stereotactic radiation for small vestibular schwannomas: A meta-analysis of patients with more than 5 years' follow-up. Otol Neurotol. 2012; 33(9):1611-1620.


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