

TABLE 1. Criteria for IV Bevacizumab Use for Epistaxis or GI Bleeding^{a,b}

- Refractory/severe epistaxis (≥ 2 required)
 - ≥ 1 RBC transfusion per month on average over the past 6 mo (or ≥ 6 transfusions over the past 12 mo)
 - ≥ 1 IV iron infusion per month on average over the past 12 mo for chronic blood loss anemia
 - Epistaxis Severity Score score ≥ 7
 - Frequent emergency department visits for severe epistaxis
 - ≥ 4 visits over the past year
 - ≥ 1 day lost from work per month due to bleeding over the past 12 mo
 - Hemoglobin level < 10 g/dL despite oral and IV iron supplementation

- Refractory/severe GI bleeding (≥ 2 required)
 - ≥ 1 RBC transfusion per month on average over the past 6 mo (or ≥ 6 transfusions over the past 12 mo)
 - ≥ 1 IV iron infusion per month on average over the past 12 mo for chronic blood loss anemia
 - ≥ 1 endoscopy (EGD and extended/double balloon enteroscopy) unsuccessful at decreasing iron/transfusion frequency
 - Hemoglobin level < 10 g/dL despite oral and IV iron supplementation

^aEGD = esophagogastroduodenoscopy; GI = gastrointestinal; IV = intravenous; RBC = red blood cell.

^bSI conversion factor: To convert gm/dL values to mmol/L, multiply by 0.62.

From:

Iyer, V. N., Apala, D. R., Pannu, B. S., Kotecha, A., Brinjikji, W., Leise, M. D., ... Swanson, K. L. Intravenous Bevacizumab for Refractory Hereditary Hemorrhagic Telangiectasia-Related Epistaxis and Gastrointestinal Bleeding. *Mayo Clinic Proceedings*, Feb 2018. 93(2):155-166.

<https://doi.org/10.1016/j.mayocp.2017.11.013>