

Health Technology Clinical Committee

Date: June 23, 2023
Time: 7:00 a.m. – 8:30 a.m.
Location: Webinar
Adopted: July 21, 2023

Meeting materials and transcript are available on the [HTA website](#).

HTCC Minutes

Members present: Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Christoph Lee, MD, MS; Sheila Rege, MD; Jonathan Sham, MD; Tony Yen, MD

Clinical expert: Simon Lo, MD

HTCC Formal Action

- Welcome and Chair remarks:** Dr. Friedly, co-chair, called the meeting to order and presented recap from May 19, 2023 meeting; members present constituted a quorum.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines.
- Previous meeting business:**

May 19, 2023 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Five committee members approved the May 19, 2023 meeting minutes.

- Stereotactic body radiation therapy continued**

- *For Agency Medical Director presentation, vendor report, and HTCC initial voting information on SBRT, view [May 19 meeting materials](#).*

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of SBRT for prostate, lung, pancreas, oligometastatic, liver, bone, renal, head and neck, adrenal, melanoma, biliary tract, Merkel cell, breast, ovarian, and cervical cancer types. The committee decided that the current evidence on SBRT for prostate, lung, pancreas, oligometastatic, liver, and biliary tract cancer types is sufficient to determine coverage with conditions. The committee considered the evidence, public comment and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

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Based on these findings, the committee voted to cover with conditions SBRT for prostate, lung, pancreas, oligometastatic, liver, and biliary tract cancer types. Separately, the committee voted not to cover SBRT for bone, renal, head and neck, adrenal, melanoma, Merkel cell, breast, ovarian, and cervical cancer types.

	Not covered	Covered under certain conditions	Covered unconditionally
SBRT for localized prostate cancer, non-small cell lung cancer, small cell lung cancer, pancreatic adenocarcinoma, oligometastatic disease, hepatocellular carcinoma, cholangiocarcinoma	0	5	0
SBRT for bone, renal, head and neck, adrenal, melanoma, breast, Merkel cell, ovarian, and cervical cancer types	5	0	0

Discussion

The committee reviewed and discussed the available studies for use of SBRT for prostate, lung, pancreas, oligometastatic, liver, and biliary tract cancer types. Conditions for coverage were discussed and a draft was started, but not completed by the time the May 19, 2023 meeting was adjourned. On June 23, 2023, the Committee reconvened to continue their work discussing conditions for coverage and a draft was voted on. All committee members present supported the conditions of coverage of SBRT for prostate, lung, pancreas, oligometastatic, liver, and biliary tract cancer types. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed as well as clinical application.

Committee's draft determination

SBRT is covered with conditions for the following:

- **Localized Prostate cancer when each of the following are met:**
 - Very low, low, and intermediate risk prostate cancer, as defined by NCCN based on stage, Gleason score, and PSA level, and
 - Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.
- **Non-Small Cell Lung Cancer (NSCLC) when each of the following are met:**
 - Stage I and Stage II (node negative),
 - Tumor is deemed to be unresectable, or patient is deemed too high risk, or declines operative intervention, and
 - Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.
- **Small Cell Lung Cancer (SCLC) when each of the following are met:**
 - Stage I and Stage II (node negative),
 - Tumor is deemed to be unresectable, or patient is deemed too high risk, or declines operative intervention, and

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- Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.
- **Pancreatic Adenocarcinoma when each of the following are met:**
 - Non-metastatic disease and is either deemed not a candidate for induction chemotherapy or has already undergone induction chemotherapy and at least one of the following:
 - Tumor is deemed to be unresectable.
 - Patient is deemed too high risk for surgery.
 - Operative intervention declined.

AND

- Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.
- **Oligometastatic disease when each of the following are met:**
 - Five or fewer total metastatic lesions (maximum 3 per organ),
 - Controlled primary tumor,
 - Life expectancy greater than 6 months, and
 - Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.
- **Hepatocellular carcinoma when each of the following are met:**
 - Liver confined disease,
 - Five or fewer lesions,
 - Life expectancy greater than 6 months, and
 - Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.
- **Cholangiocarcinoma when each of the following are met:**
 - Non-metastatic disease and at least one of the following:
 - Tumor is deemed to be unresectable.
 - Patient is deemed too high risk for surgery.
 - Operative intervention declined.

AND

- Evaluation includes multidisciplinary team analysis (e.g., tumor board) including a surgical specialist and radiation oncologist.

SBRT is not a covered benefit for treatment of the *primary* tumor of the following cancer types:

- Bone
- Renal
- Head and neck cancers
- Adrenal
- Melanoma
- Merkel Cell
- Breast
- Ovarian
- Cervical

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The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Based on the information provided in the systematic review, there is no NCD for stereotactic body radiation therapy.

The committee discussed clinical guidelines identified from the following organizations:

- American Society for Radiation Oncology (ASTRO) *2022 Clinically localized prostate cancer: AUA/ASTRO guideline, part I, part II, and part III*
- Prostate Cancer Guidelines Panel, 2022 EAU - EANM - ESTRO - ESUR - ISUP - SIOG guidelines on prostate cancer
- American Society of Clinical Oncology (ASCO) *2021 Radiation therapy for small-cell lung cancer: ASCO guideline endorsement of an ASTRO guideline*
- Society of Interventional Radiology (SIR) *2021 Society of Interventional Radiology multidisciplinary position statement on percutaneous ablation of non-small cell lung cancer and metastatic disease to the lungs: endorsed by the Canadian Association for Interventional Radiology, the Cardiovascular and Interventional Radiological Society of Europe, and the Society of Interventional Oncology*
- European Society for Medical Oncology (ESMO), *2020 Metastatic non-small cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up and Metastatic Non-Small-Cell Lung Cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up 2020 Update*
- National Institute of Health and Care Excellence (NICE) *2018 Lung cancer: diagnosis and management*
- American Society for Radiation Oncology (ASTRO) *2019 Radiation Therapy for Pancreatic Cancer: Executive Summary of an ASTRO Clinical Practice Guideline*
- American Society for Radiation Oncology (ASTRO) *2022 External beam radiation therapy for primary liver cancers: an ASTRO clinical practice guideline*
- European Society for Medical Oncology (ESMO) *2022 Biliary tract cancer: ESMO clinical practice guideline for diagnosis, treatment and follow-up*
- European Society for Medical Oncology (ESMO) *2018 Hepatocellular carcinoma: ESMO clinical practice guidelines for diagnosis, treatment and follow-up*
- National Comprehensive Cancer Network (NCCN) *2022 Kidney Cancer, Version 3.2022*

HTA staff will prepare a findings and decision document on use of stereotactic body radiation therapy for the treatment of selected conditions for public comment to be followed by consideration for final approval at the next committee meeting.

5. Meeting adjourned

Final