

## Health Technology Clinical Committee

Date: March 20, 2015

Time: 8:00 am – 12:30 pm

Location: SeaTac Conference Center, SeaTac, WA

Adopted: May 15, 2015

Meeting materials and transcript are available on the HTA website at:

[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx)

### HTCC MINUTES

**Members Present:** C. Craig Blackmore, MD, MPH; Marie-Annette Brown, PhD, RN, ARNP, FAAN; Joann Elmore, MD MPH; David K. McCulloch, MD, FRCP; Richard C. Phillips, MD, MS, MPH, FACS; Seth Schwartz, MD, MPH; Michelle Simon, PhD, ND; Christopher Standaert, MD; Kevin Walsh, MD

### HTCC FORMAL ACTION

1. **Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.

2. **January 16, 2015 Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.

*Action:* Seven committee members approved the January 16, 2015 meeting minutes. One member abstained.

3. **Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. Two comments were received on the draft decision. Committee added a clarifying footnote to decision language based on public comment received.

*Action:* Seven committee members voted to approve the Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment Draft Findings & Decision document. One member abstained.

4. **Appropriate Imaging for Breast Cancer Screening in Special Populations:** Chair referred members to the draft findings and decision and called for further discussion. Five comments were received on the draft decision.

*Action:* Seven committee members voted to approve the Appropriate Imaging for Breast Cancer Screening in Special Populations Draft Findings & Decision document. One member abstained.

Final

## 5. Testosterone Testing:

### Agency Utilization and Outcomes:

G. Steven Hammond, MD, PhD, MHA, Medical Director, Washington Department of Labor and Industries presented the state agency utilization rates for Testosterone Testing for Adult Males to the committee. The full presentation is published with [March 20 meeting materials](#).

### Scheduled and Open Public Comments:

The Chair called for public comments. Open public comments were presented by:

- Bruce Smith, MD, Regence/ Blue Shield

### Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert for Testosterone Testing, Alvin M. Matsumoto, MD, FACP, Professor, Department of Medicine, University of Washington School of Medicine.

Teresa L. Rogstad, MPH, Hayes, Inc. presented the evidence review addressing Testosterone Testing. The full presentation is published with [March 20 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 concluded that the current evidence Testosterone Testing demonstrates that there is sufficient evidence to cover with conditions.

The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Testosterone Testing. [See transcript for full committee deliberations.]

#### HTCC Committee Coverage Determination Vote:

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Testosterone Testing	0	9	0

#### *Discussion*

The chair called for discussion of conditions and evidence related to testosterone testing. The committee identified potential conditions and moved to vote. The committee voted to cover with the following conditions:

- Suspected or known primary hypogonadism
- Suspected or known secondary hypogonadism with organic cause, e.g.:
  - Pituitary disorders
  - Suprasellar tumor
  - Medications suspected to cause hypogonadism
  - HIV with weight loss
  - Osteoporosis
- Signs of hypogonadism or symptoms of sexual dysfunction (all three criteria from European male aging study)
- Monitoring of testosterone therapy

**Action**

The committee checked for availability of Medicare national coverage decisions (NCDs). There are no NCDs for testosterone testing.

The committee discussed identified guidelines and recommendations for testosterone treatment. The Chair noted consistency with the guidelines with differences due to interpretation of the evidence.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Testosterone Testing reflective of the majority vote for final approval at the next public meeting.

6. Josh Morse, HTA Program Director presented information regarding the four HTA evidence reviews currently in progress.
7. **Meeting adjourned.**