

**Health Technology Clinical Committee  
Findings and Decision**

**Topic:** Proton Beam Therapy  
**Meeting Date:** May 16, 2014  
**Final Adoption:** July 11, 2014

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)

**Number and Coverage Topic:**

20140516A – Proton Beam Therapy

**HTCC Coverage Determination:**

Proton Beam Therapy is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

Proton Beam Therapy is a **covered benefit with conditions** for:

- Ocular cancers
- Pediatric cancers (e.g., medulloblastoma, retinoblastoma, Ewing’s sarcoma)
- Central nervous system tumors
- Other non-metastatic cancers with the following conditions:
  - Patient has had prior radiation in the expected treatment field with contraindication to all other forms of therapy, and
  - At agency discretion.

**Non-Covered Indicators**

Proton Beam Therapy is **not covered** for all other conditions.

**Agency Contact Information:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

**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 agency and state utilization information. The committee concluded that the current evidence on Proton Beam Therapy 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 Proton Beam Therapy.

**Proton Beam Therapy**

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Proton Beam Therapy	0	0	10

***Discussion***

The Chair called for discussion of conditions of coverage for Proton Beam Therapy following the majority voting for coverage under certain conditions. Based on review of the information provided in the evidence report, in public comments and state agency utilization information, the following conditions were discussed and approved by a majority of the clinical committee:

**Limitations of Coverage**

Proton Beam Therapy is a **covered benefit with conditions** for:

- Ocular cancers
- Pediatric cancers (e.g., medulloblastoma, retinoblastoma, Ewing’s sarcoma)
- Central nervous system tumors
- Other non-metastatic cancers with the following conditions:
  - Patient has had prior radiation in the expected treatment field with contraindication to all other forms of therapy, and
  - At agency discretion.

**Non-Covered Indicators**

Proton Beam Therapy is **not covered** for all other conditions.

***Action***

The committee checked for availability of a Medicare coverage decision. CMS does not have a national coverage determination (NCD) for Proton Beam Therapy, but does have a local coverage determination (LCD). The committee considered the differences between the draft HTCC conditions

for coverage and those in other policies. Differences result from the committee's determinations of where the evidence provided is sufficient to support conditional coverage.

The committee reviewed selected clinical guidelines from the National Comprehensive Cancer Network, American Society for Radiation Oncology, American College of Radiology, American Cancer Society and Alberta Health Services. The committee also reviewed training standards published by the American College of Radiology and joint publications with the American Society for Radiation Oncology and the American Association of Physicists in Medicine.

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

### **Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.