

Health Technology Clinical Committee

Date: January 16, 2015

Time: 8:00 am – 5:00 pm

Location: SeaTac Conference Center, SeaTac, WA

Adopted: March 20, 2015

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

www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

HTCC MINUTES

Members Present: C. Craig Blackmore, MD, MPH; Marie-Annette Brown, PhD, RN, ARNP, FNP, FAAN; Joann Elmore, MD MPH; David K. McCulloch, MD, FRCP; Carson E. Odegard, DC, MPH; Richard C. Phillips, MD, MS, MPH, FACS; Michelle Simon, PhD, ND; Michael Souter, MB, Ch-B, DA FRCA, 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. November 21, 2014, Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.

Action: Eight committee members approved the November 21, 2014 meeting minutes. One member abstained.

- 3. Screening for Osteopenia/ Osteoporosis Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. Three comments were received on the draft decision. Committee discussed and clarified decision language based on the previous meeting discussion and public comments received addressing the draft language.

Action: Eight committee members voted to approve the Screening for Osteopenia/ Osteoporosis Draft Findings & Decision Draft Findings & Decision document. One member voted not to approve and one member abstained.

4. Neuroimaging for Dementia

Agency Utilization and Outcomes:

Gary Franklin, MD, MPH, Medical Director, Washington Department of Labor and Industries presented the state agency utilization rates for Neuroimaging for Dementia to the committee. The full presentation is published with [January 16 meeting materials](#).

Final

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 Neuroimaging for Dementia, Lisa C. Silbert, MD, MCR, Director, Dementia Clinic, Portland Veteran’s Affairs Medical Center.

Robin Hashimoto, PhD, Spectrum Research, Inc. presented the evidence review addressing Neuroimaging for Dementia. The full presentation is published with [January 16 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 on Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT), Functional Magnetic Resonance Imaging (fMRI) or Arterial Spin Labeling (ASL) demonstrates that there is sufficient evidence to not cover.

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 not cover Positron Emission Tomography (PET), Single Photon Emission Computed Tomography (SPECT), Functional Magnetic Resonance Imaging (fMRI) or Arterial Spin Labeling (ASL) for functional neuroimaging for primary degenerative dementia or mild cognitive impairment. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote:

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Functional neuroimaging with PET, SPECT, fMRI or fMRI with ASL	10	0	0

Discussion

The chair called for discussion of conditions and evidence related to functional neuroimaging. The committee identified potential conditions and moved to vote. The committee voted to not cover these technologies for primary degenerative dementia and mild cognitive impairment.

Action

The committee checked for availability of Medicare national coverage decisions (NCDs). There are NCDs for that include coverage for FDG-PET scanning and SPECT scanning for dementia, mild cognitive impairment and other conditions. The committee discussed the basis for these decisions and the date of evidence review supporting the decisions. The chair cited lack of evidence

supporting improved outcomes with use of functional imaging tests. No NCD for fMRI was identified.

The committee discussed the availability of a number of guidelines. The committee did not identify data supporting clinical outcomes or changes in treatment or caregiver benefits to support coverage.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment reflective of the majority vote for final approval at the next public meeting.

5. Appropriate Imaging for Breast Cancer Screening in Special Populations

Agency Utilization and Outcomes:

Daniel Lessler, MD, Chief Medical Officer, Washington Health Care Authority presented the state agency utilization rates for Appropriate Imaging for Breast Cancer Screening in Special Populations to the committee. The full presentation is published with [January 16 meeting materials](#).

Scheduled and Open Public Comments:

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

- Nadia Salama, MD, MPH Phd, Group Health Cooperative

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert for Breast Cancer Screening, Christoph I. Lee, MD, MSHS, Director, Breast Imaging Fellowship, University of Washington School of Medicine. Daniel A. Ollendorf, Institute for Clinical and Economic Research, presented the evidence review addressing Appropriate Imaging for Breast Cancer Screening. The full presentation is published with [January 16 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 evidence is sufficient and to cover digital breast tomosynthesis (DBT) for breast cancer screening for woman aged 40 to 74 who are candidates for screening mammography. The committee concluded that the available evidence is not sufficient to support coverage for magnetic resonance imaging (MRI), Hand Held Ultrasound (HHUS) and Automated Breast Ultrasound (ABUS) for supplementary screening following mammography.

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 DBT for woman aged 40 to 74 who are candidates for screening mammography. Separately, the committee voted to not cover MRI, HHUS and ABUS for supplementary screening following mammography. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote:

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Digital Breast Tomosynthesis	4	0	6
Magnetic Resonance Imaging, Hand Held Ultrasound or Automated Breast Ultrasound	10	0	0

Discussion

The chair called for discussion of conditions and evidence related to DBT for screening. Coverage without conditions was approved by a majority of the committee. Discussion of the evidence and conditions for use of MRI, HHUS and ABUS were discussed by the committee. The committee voted to not cover these technologies for adjunctive screening for women with dense breast tissue.

Limitations of Coverage:

Magnetic Resonance Imaging, Hand-Held Ultrasound and Automated Breast Ultrasound supplementary to screening mammography in women with dense breast tissue is not covered.

The committee determined Magnetic Resonance Imaging, Hand-Held Ultrasound and Automated Breast Ultrasound were **not covered** benefits.

Action

The committee checked for availability of Medicare national coverage decisions (NCDs). There are NCDs for hand held ultrasound, automated breast ultrasound and MRI national coverage, but these NCDs do not address the use of the technologies for screening. No NCD for digital breast tomosynthesis was identified. A recent Medicare payment policy rule was identified, discussed and considered by the committee determination for digital breast tomosynthesis.

The committee reviewed and considered available guidelines including those by the American Cancer Society, National Comprehensive Cancer Network (NCCN), American College of Radiology, American Society of Breast Disease, Society for Breast Imaging, Washington State Radiological Society and European Society of Breast Imaging.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Appropriate Imaging for Breast Cancer Screening in Special Populations reflective of the majority vote for final approval at the next public meeting.

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