

Health Technology Clinical Committee Findings and Decision

Topic: Positron Emission Tomography (PET) scans for lymphoma – re-review
Meeting date: November 16, 2018
Final adoption: January 18, 2019

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

Number and coverage topic:

20181116B – Positron Emission Tomography (PET) scans for lymphoma

HTCC coverage determination:

PET scans (i.e. PET with computed tomography or PET/CT) for lymphoma is a **covered benefit with conditions**.

HTCC reimbursement determination

Limitations of coverage:

An initial staging scan is covered followed by up to three (3) scans per active occurrence of lymphoma:

- When used to assess a response to chemotherapy, scans should not be done any sooner than three (3) weeks after completion of any chemotherapy cycle, except for advanced stage Hodgkin's lymphoma, after four (4) cycles of ABVD chemotherapy.
- When used to assess response to radiation therapy, scans should not be done any sooner than eight (8) weeks after completion of radiation or combined chemotherapy and radiation therapy.

Relapse: **Covered** when relapse is suspected in the presence of clinical symptoms or other imaging findings suggestive of recurrence.

Non-covered indicators:

Surveillance: Not covered

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

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TCC 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 decided that the current evidence on PET scans for lymphoma is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of PET scans for lymphoma. The committee considered 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 PET scans for lymphoma.

	Not covered	Covered under certain conditions	Covered unconditionally
PET scans for lymphoma	0	9	0

Discussion

The committee reviewed and discussed the available studies for use of PET scans for lymphoma. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine that use of PET scans for lymphomas is more safe and more effective, in some cases, than comparators. The committee found that cost-effectiveness was unproven.

Limitations

N/A

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Medicare has a 2014 updated NCD) for PET for lymphomas.

The committee discussed clinical guidelines identified for PET scans for lymphoma from the following organizations:

- International Conference on Malignant Lymphomas (ICML) Imaging Working Group (Consensus Statement 34 and Summary of Recommendations 51) (2014)
- National Comprehensive Cancer Network (NCCN) Guidelines (2017-2018)
- The National Institute for Health and Care Excellence (NICE) Guidelines (2016)
- British Journal of Haematology (BJH) (2012-2016)
- European Society for Medical Oncology (ESMO) (2013 - 2018)
- American College of Radiology (ACR) Appropriateness Criteria (2012- 2016)
- Alberta Health Services (AHS) (2018)
- Australian Government Medical Services Advisory Committee (MSAC) (2016-2018)
- Clinical Oncology Working Group (Herst, 2017)
- AIM Specialty Health (2018)

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The committee's determination is consistent with these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on use of PET scans for lymphoma for public comment to be followed by consideration 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 Director.

Final