

## Health Technology Clinical Committee

**Date:** November 16, 2018  
**Time:** 8:00 am – 5:00 pm  
**Location:** SeaTac Conference Center, SeaTac, WA  
**Adopted:** January 18, 2018

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

### HTCC Minutes

**Members present:** John Bramhall, MD, PhD, Gregory Brown, MD, PhD; Chris Hearne, BSN, DNP, MPH; Laurie Mischley, ND, PhD, MPH; Sheila Rege, MD MPH; Seth Schwartz, MD, MPH; Mika Sinanan, MD, PhD; Kevin Walsh, MD; Tony Yen, MD

**Clinical experts:** Jason K. Rockhill, MD, PhD; Joseph G. Rajendran, MD, DMRT, FASNC, FACNM

### HTCC Formal Action

- 1. Call to order:** Dr. Brown, chair, called the meeting to order; members present constituted a quorum.
- 2. HTA program updates:** Josh Morse, program director, presented an overview of the development and purpose of the HTA program. He also provided information regarding the 2019 committee calendar.
- 3. July 10, 2018 meeting minutes:** Draft minutes reviewed; Dr Sinanan made a motion to approve the minutes as written; motion seconded by Dr. Mischley. Committee voted to accept the minutes.

*Action: Eight committee members approved the July 10, 2018 meeting minutes.*

- 4. HTA Topic Selection: Re-review Topics:** Informational: Josh Morse, Program Director shared two petitions for topic re-review. Both requests addressed the topic of SBRT with Cyberknife technology specifically for the treatment of prostate cancer.

**5. Tumor treating fields (Optune®) Re-review:**

**Clinical expert:** The chair introduced Jason K. Rockhill, MD, PhD

Co-Director of the Gamma Knife Center, Harborview Medical Center; Clinical Co-Director of Alvord Brain Tumor Center, University of Washington; Associate Professor, Department of Radiation Oncology and Associate Professor, Department of Neurological Surgery, University of Washington.

**Agency utilization and outcomes:** Shana Johnson, Medical Officer, Clinical Quality Care Transformation, Health Care Authority presented the state agency perspective for the use of Tumor Treating Fields (TTF). Find the full presentation published with the [November 16, 2018, meeting materials](#).

**Final**

**Scheduled and open public comments:** The chair called for public comments. Comments provided by:

- Justin Kelly, RN, BSN, Regional Vice President, Health Policy, Novocure

Find the full presentation published with the [November 16, 2018, meeting materials](#).

**Vendor report / HTCC question and answer:**

Rachel Palmieri Weber, PhD, RTI, University of North Carolina Evidence-based Practice Center. The full presentation is published with the [November 16, 2018 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 decided that the current evidence on tumor treating fields, (TTF) is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of TTF for: 1) newly diagnosed glioblastoma multiforme; 2) recurrent glioblastoma multiforme; and 3) treatment of other cancers. 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 not cover tumor treating fields for treatment of newly diagnosed glioblastoma multiforme, recurrent glioblastoma multiforme, and for treatment of other cancers.

	Not covered	Covered under certain conditions	Covered unconditionally
Tumor treating fields – newly diagnosed	9	0	0
Tumor treating fields - recurrence	9	0	0
Tumor treating fields – other cancers	9	0	0

***Discussion***

The committee reviewed and discussed the available studies for use of TTF. 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 TTF was equivalent for safety unproven for efficacy and less cost-effective than comparators.

***Limitations***

N/A

***Action***

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no NCD for tumor treating fields.

The committee discussed clinical guidelines identified for tumor treating fields from the following organizations:

- National Comprehensive Cancer Network (NCCN) – 2018  
NCCN Clinical Practice Guidelines in Oncology. Central Nervous System Cancers Version 1.2018  
U.K. National Institute for Health and Care Excellence (NICE) – 2018 Brain tumours (primary) and brain metastases in adults (2018)
- Medical Oncology Spanish Society (SEOM) – 2017  
SEOM clinical guidelines for diagnosis and treatment of glioblastoma (2017)
- European Association for Neuro-Oncology (EANO) – 2017  
EANO guideline on the diagnosis and treatment of adult astrocytic and oligodendroglial gliomas (2017)
- America Association of Neuroscience Nurses (AANN) 2016  
Care of the Adult Patient with a Brain Tumor (2014) 39 (Revised 2016)
- European Society of Medical Oncology (ESMO) 2014  
High-grade glioma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow up (2014)

The committee chair directed HTA staff to prepare a findings and decision document for public comment.

#### 6. Peripheral nerve ablation (PET) scans for lymphoma:

**Clinical expert:** The chair introduced Joseph G. Rajendran, MD, DMRT, FASNC, FACNM Professor of Radiology and Adjunct Professor of Radiation Oncology Department of Nuclear Medicine; University of Washington Medical Center, Harborview Medical Center, and the Seattle Cancer Care Alliance.

**Agency utilization and outcomes:** Charissa Fotinos, MD, MSc, Deputy Chief Medical Officer, Washington Health Care Authority, presented the state agency perspective for use of PET/CT scans for lymphomas. The full presentation is published with the [November 16, 2016 meeting materials](#).

**Scheduled and open public comments:** The chair called for public comments; no public comments provided.

**Vendor report/ HTCC question and answer:** Andrea Skelly, PhD, MPH, Aggregate Analytics, presented the evidence review for PT/CT scans for lymphomas. Find the full presentation published with the [November 16, 2018, 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 decided that the current evidence on PET/CT scans for lymphomas is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of PET/CT scans for lymphomas. 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.

**Final**

Based on these findings, the committee voted to cover with conditions PET/CT scans for lymphomas.

	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/CT scans for lymphomas. 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/CT scans for lymphomas was more safe and more efficient, in some cases, than comparators.

However, the committee found that cost-effectiveness was unproven. A majority of the committee voted to cover with conditions PET/CT scans for lymphomas.

**Limitations**

N/A

**Action**

The committee checked for availability of a Medicare coverage decision. Medicare has a 2014 updated National Coverage Decision (NCD) for PET/CT scans for lymphomas. The committee’s determination is consistent with these guidelines.

The committee discussed clinical guidelines identified for tumor treating fields 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)

The committee chair directed HTA staff to prepare a findings and decision document on use of PET/CT scans for lymphomas for public comment; followed by consideration for final approval at the next public meeting.

**7. Meeting adjourned.**

**Final**