

## Health Technology Clinical Committee Findings and Decision

**Topic:** Proton beam therapy – re-review  
**Meeting Date:** May 17, 2019  
**Final Adoption:** July 12, 2019

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

### Number and coverage topic:

20190517A – Proton beam therapy – re-review

### HTCC coverage determination:

Proton beam therapy is a **covered benefit** for children/adolescents less than 21 years old.

Proton beam therapy is a **covered benefit with conditions** for individuals 21 years old and older, consistent with the criteria identified in the reimbursement determination.

### HTCC reimbursement determination:

#### Limitations of coverage:

For individuals 21 years old and older proton beam therapy is a covered benefit with conditions for the following primary cancers:

- Esophageal
- Head/ neck
- Skull-based
- Hepatocellular carcinoma
- Brain/ spinal
- Ocular
- Other primary cancers where all other treatment options are contraindicated after review by a multidisciplinary tumor board.

#### 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

**Final**

**HTCC coverage vote and formal action:*****Committee decision***

Based on the deliberations on 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 proton beam therapy demonstrates that there is sufficient evidence to cover or 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 or cover proton beam therapy based on age. For pediatric patients (less than 21 years of age) the technology is covered. For adults (21 years of age and older) the technology is covered with conditions.

Based on these findings, the committee voted to cover proton beam therapy with conditions.

	Not covered	Covered under certain conditions	Covered unconditionally
Children/ adolescents less than 21 years old	0	1	9
Individuals 21 years old and older	0	10	0

***Discussion***

The committee reviewed and discussed the available studies for use of proton beam therapy. 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 proton beam therapy is safer and more efficacious than comparators. The committee found that cost-effectiveness was unproven.

***Limitations***

For individuals 21 years old and older proton beam therapy is a **covered with conditions** for the following cancers:

- Esophageal
- Head/ neck
- Skull-based
- Primary hepatocellular carcinoma
- Brain/ spinal
- Ocular
- Other cancers where all other treatment options are contraindicated after review by a multidisciplinary tumor board

***Non-covered indicators***

Proton beam therapy is **not covered** for all other conditions

**Final**

**Action**

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare NCD for proton beam therapy.

The committee discussed clinical guidelines identified for proton beam therapy from the following organizations:

- American College of Radiology (ACR) (2014 – 2018)
- American Imaging Management (AIM) (2018)
- American Society of Clinical Oncology (ASCO) (2018)
- American Society for Radiation Oncology (ASTRO) (2018)
- National Cancer Care Network (NCCN) (2018)
- National Institute for Health and Care Excellence (NICE) (2018)

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 proton beam therapy 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.