

National Imaging Associates, Inc. *	
Clinical Guideline: NEUTRON BEAM THERAPY (NBT)	Original Date: November 2013
CPT Codes: 77422, 77423	Last Revised Date: February 2021
Guideline Number: NIA_CG_229	Implementation Date: January 2022

INDICATIONS FOR NEUTRON BEAM THERAPY

- Neutron beam treatment is indicated for salivary gland cancers that are inoperable, recurrent, or are resected with gross residual disease or positive margins (ACS, 2017).
- Other uses of Neutron Beam Therapy are considered investigational and therefore are not approved because its effectiveness for these indications has not been established.

BACKGROUND

Neutron Beam Therapy (NBT) is a type of radiation treatment that uses a particle accelerator so is not readily available in most of the country. Protons from the accelerator create a neutron beam that attacks cancer cells with more power than conventional radiation therapy. Neutrons are much heavier than photons, thus appear to be more effective in destroying very dense tumors. With neutron beam treatment, the risk of side effects on healthy tissue near the cancer site is greater, requiring equipment to precisely focus the beam and block exposure to any surrounding tissue. Currently, both the availability and the criteria for use are very limited.

Overview:

NBT has been employed mainly for the treatment of the salivary gland cancers. It has also been used to treat other malignancies such as soft tissue sarcoma, lung, pancreatic, colon, kidney, and prostate cancers. Nevertheless, NBT has not gained wide acceptance because of the clinical difficulty in generating neutron particles and limited publications.

The safety and efficacy of neutron beam radiation therapy has not been established in the published medical literature. Complication rates were increased for NBT compared to other forms of external beam radiation therapy, and questions remain with regard to patient selection criteria, technical parameters, and comparative efficacy to other treatment modalities.

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POLICY HISTORY

Date	Summary
February 2021	No Changes
February 2020	No Changes
February 2019	Added and updated references

REFERENCES

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Reviewed / Approved by NIA Clinical Guideline Committee

GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

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