

National Imaging Associates, Inc.*	
Clinical guidelines: PROTON BEAM RADIATION THERAPY	Original Date: June 2013
CPT codes: 77520,77522,77523,77525	Last Revised Date: January 2022
Guideline Number: NIA_CG_221	Implementation Date: January 2023

Most requests for radiation therapy are addressed by NIA treatment site clinical guidelines. However, there may be requests that are not. For such requests, determinations will be made on a case-by-case basis utilizing the following guidelines (when applicable) but not limited to: National Comprehensive Cancer Network (NCCN), American Society for Radiation Oncology ASTRO (i.e., Model Policies; Evidence-Based Consensus Statement), ACR Appropriateness Criteria, American Society of Clinical Oncology (ASCO) and/or peer reviewed literature.

MEDICALLY NECESSARY INDICATIONS FOR PROTON BEAM THERAPY (Requires Physician Review)

Treatment of the following in children less than 21 years of age

- Primary or benign solid tumors (curative intent; occasional palliative treatment) when sparing of surrounding normal tissues cannot be achieved with photon therapy

Treatment at any age¹

- Primary hepatocellular tumors treated with hypofractionated regimens
- Spinal tumors (primary or metastatic) where spinal cord has previously been treated with radiation or where the spinal cord tolerance may be exceeded with conventional treatment
- Tumors at the base of skull (chordoma, chondrosarcomas)
- Intraocular melanomas or other ocular tumors
- Patients with genetic syndromes making total volume of radiation minimization crucial, such as, but not limited to NF-1 patients and retinoblastoma patients
- Non-metastatic retroperitoneal sarcomas
- Re-irradiation cases (where cumulative critical structure dose would exceed tolerance dose)
- Malignant and benign primary CNS tumors: Consider proton therapy for patients with good long-term prognosis (grade 3 IDH-mutant tumors² and 1p19q codeleted tumors³) to better spare uninvolved brain and preserve cognitive function
- Craniospinal RT: To reduce toxicity from CSI in adults, consider the use of IMRT or protons if available (for patients with positive CSF or known metastatic disease)⁴
- Advanced (e.g. T4) and/or unresectable head and neck cancers⁵⁻¹⁶

* National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

- Cancers of the paranasal sinuses and other accessory sinuses

OTHER TREATMENT OPTIONS REQUIRING PHYSICIAN REVIEW^{1,17}

For peer review purposes supporting documentation from the radiation oncologist is required and should include the clinical rationale for performing proton beam rather than 3-D conformal or IMRT or SRS.

Proton beam therapy has not been proven to be superior to conventional radiation therapy for all other indications including, but not limited to:

- Prostate cancer
- Breast cancer
- Lung cancer
- Colorectal cancer
- Cervical cancer
- Metastasis
- Gliomas (patients other than long-term prognosis (grade 3 IDH-mutant tumors [1] and 1p19q codeleted tumors))
- Soft tissue sarcoma
- Head and Neck (Non-T4 and resectable)
- Pelvic
- Gastric

BACKGROUND

Proton beam therapy (PBT) is a type of external beam radiotherapy that uses charged particles. These particles have unique characteristics including limited lateral spread, scatter, and tissue in a defined range, going for maximum dose delivery over the last few millimeters of the particles’ range. The maximum is called the Bragg peak. Proton beam irradiation when applied to treating cancer, uses different proton energy with Bragg peaks at various steps, enabling dose escalation to the tumor, minimizing excess dose to normal surrounding tissue. Over the years, proton beam irradiation has been applied to treating tumors that require dose escalation to achieve a higher probability of cure, as well as tumors requiring increased precision in dose deposition while protecting normal surrounding tissue. Proton therapy has an over 40-year history in treating cancer, yet to date, there have been few studies that show superiority to conventional photon beam irradiation, especially with modern techniques.

POLICY HISTORY

Date	Summary
January 2022	<ul style="list-style-type: none"> • Under “Treatment at any age” <ul style="list-style-type: none"> ○ Added malignant and benign primary CNS tumors

	<ul style="list-style-type: none"> ○ Added craniospinal RT ○ Added advanced (e.g., T4) and/or unresectable head and neck cancers ○ Added cancers of the paranasal sinuses and other accessory sinuses • Under “Other Treatment Options Requiring Physician Review” <ul style="list-style-type: none"> ○ Added Gliomas (patients other than long-term prognosis (grade 3 IDH-mutant tumors [1] and 1p19q codeleted tumors)) ○ Added Head and Neck (Non-T4 and resectable)
February 2021	No Changes
February 2020	Added and updated references
February 2019	Added and updated 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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