INTRODUCTION:

Stereotactic radiation therapy (SRT) is a method of delivering precise high doses of radiation to small targets, while minimizing radiation-related injury in adjacent normal tissues. SRT delivers high doses of radiation in a very short time frame as, between 1 and 5 fractions. There are two types of stereotactic radiation therapy, SRS and SBRT.

Stereotactic radiosurgery (SRS refers to treatment of any intracranial site consisting of 1 fraction only. Stereotactic body radiotherapy (SBRT) refers to use at any extracranial site or any intracranial site consisting of 2-5 fractions.

INDICATIONS FOR STEREOTACTIC RADIATION THERAPY:

- Arteriovenous malformation (AVM) of the brain or spine.

- Initial or recurrent primary brain tumor (e.g. acoustic neuroma, meningioma, hemangioma, pituitary adenoma, craniopharyngioma, neoplasm of the pineal gland, etc.).

- Initial or recurrent brain metastases for patient who have good performance status (ECOG less than 3 or Karnofsky status 70 or greater) and controlled systemic disease (e.g. newly diagnosed, stable systemic disease or reasonable treatment options.) Refer to the clinical guideline on Central Nervous System (CNS) metastasis.

- Non-operable spinal tumor (primary, recurrent or metastatic) that is causing compression or intractable pain.

- Trigeminal neuralgia that has not responded to other, more conservative, treatments.

- Uveal tract melanoma (melanoma of the iris, ciliary body and choroid).

- Non-Small Cell Lung Cancer and all of the following:
  a) Stage I disease; and
  b) The lesion cannot be removed surgically either because the tumor location makes removal difficult, the member is not a surgical candidate or if the patient refuses surgery.
ADDITIONAL CLINICAL REVIEW REQUIRED:

- Prostate Cancer that is low to intermediate risk may be approvable for SBRT, upon physician review, as a cautious alternative to conventionally fractionated treatment in centers with appropriate technology, physics and clinical expertise when used as a standalone radiation modality and NOT as a boost to other conventional methods of radiation treatment. This treatment is delivered at five fractions or less at 6.5 Gy per fraction or greater. Refer to the clinical guideline for Prostate Cancer.

- Stereotactic Radiation Therapy (SRS/SBRT) has not been proven to be superior to conventional therapy and is considered not medically necessary for the following conditions:
  - Other non-central nervous system cancers
  - Lung (unless above criteria is met)
  - Other cancers including but not limited, breast, colon, liver and pancreas
  - Parkinson’s disease and other movement disorders (e.g. tremors)
  - Epilepsy
  - Chronic pain syndromes
  - Treatment of functional disorders other than trigeminal neuralgia
REFERENCES


