



Magellan Healthcare	
Clinical guidelines: PROTON BEAM RADIATION THERAPY	Original Date: June 2013 Page 1 of 7
CPT codes: 77520,77522,77523,77525	Last Review Date: July 2017
Guideline Number: NIA_CG_221	Last Revised Date: July 2017
Responsible Department: Clinical Operations	Implementation Date : January 2018

INTRODUCTION:

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.

Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.

MEDICALLY NECESSARY INDICATIONS FOR PROTON BEAM THERAPY:

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 age:

- 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

TREATMENT OPTIONS REQUIRING PHYSICIAN REVIEW:

- Central nervous system lesions adjacent to the brain stem, spinal cord, or optic nerve.

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
- Soft tissue sarcoma
- Head and Neck
- Pelvic
- Gastric

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