



<b>National Imaging Associates, Inc.</b>	
<b>Clinical guideline: INTRAOPERATIVE RADIATION THERAPY (IORT)</b>	<b>Original Date: November 2013</b>
<b>CPT Codes: 77424, 77425</b>	<b>Last Revised Date: April 2019</b>
<b>Guideline Number: NIA_CG_226</b>	<b>Implementation Date: January 2020</b>

#### INDICATIONS FOR IORT:

**Breast Cancer:** Refer to NIA’s clinical guideline on Breast Cancer.

- Single Fraction Electron-beam IORT is considered medically necessary in accordance with ASTRO guidelines (Correa, 2017) if the following criteria are met:
  - Individual is 50 years of age or older with invasive cancer
  - T Stage: Tis or T1
  - Clinically node negative
  - Negative surgical margins
- The use of electronic brachytherapy for IORT (such as Intrabeam, Xofig and Papillon systems) is considered experimental, investigational and/or unproven.

**Cervical Cancer:** Refer to NIA’s clinical guideline on Cervical Cancer. IORT is indicated for local or regional recurrence of cervical cancer for centralized disease when previous radiation therapy has occurred (NCCN, 2018).

**Colon Cancer:** Refer to NIA’s clinical guideline on Colorectal Cancer. IORT can be used as a boost for recurrent cancer of T4 tumors with penetration/perforation and intermediate/positive margins. IORT can also be used as a boost for recurrent cancer (ACR, 2014).

**Pancreatic Cancer:** Refer to NIA’s clinical guideline on Pancreatic Cancer. IORT for pancreatic cancer requires review by a physician and may be reasonable for patients undergoing resection that may result in a closer involved margin (NCCN, 2018).

**Rectal Cancer:** Refer to NIA’s clinical guideline on Colorectal Cancer. IORT is indicated for rectal cancer with positive or close margins for T4 lesions or recurrent disease (NCCN, 2018).

**Soft Tissue Sarcoma:** IORT (with photons or electrons) is considered medically necessary as boost treatment at time of surgery for cervical cancer, colorectal cancer, pancreatic cancer and soft tissue sarcomas if either of the following criteria is met (NCCN, 2018):

- Tumor has a high risk of recurring; **OR**
- Tumor cannot be completely removed (positive margins)

#### FREQUENCY OF PROCEDURE:

- A single fraction is allowed during surgery for the above situations.

#### CONTRAINDICATIONS FOR IORT

IORT is not indicated for any other cancer sites or scenarios other than those listed above, or when the above indications are not met. All other scenarios are considered investigational and not medically necessary.

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**BACKGROUND:**

Intraoperative Radiation Therapy (IORT) is a radiation treatment that is administered during surgery. It allows delivery of radiation directly to the target area for cancers that are difficult to remove during surgery or in situations in which there may be microscopic amounts of cancer remaining after removal. IORT delivers higher doses of radiation than can be used in conventional radiation therapy because the doctor can temporarily move nearby organs or shield them from radiation exposure.

IORT is often combined with conventional radiation therapy which is typically given prior to or during surgery.

**POLICY HISTORY:**

**Review Date:** February 2019

**Review Summary:** Added and updated references

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