

<b>National Imaging Associates, Inc.*</b>	
<b>Clinical guideline</b> <b>STEREOTACTIC RADIOTHERAPY (SRS)</b> <b>STEREOTACTIC BODY RADIATION THERAPY (SBRT)</b>	<b>Original Date: May 2011</b>
<b>CPT Codes: 77371, 77372, 77373, G0339, G0340</b>	<b>Last Revised Date: February 2020</b>
<b>Guideline Number: NIA_CG_222</b>	<b>Implementation Date: January 2021</b>

#### INDICATIONS FOR STEREOTACTIC RADIATION THERAPY:

- Arteriovenous malformation (AVM) of the brain or spine (ASTRO, 2014)
- Initial or recurrent primary brain tumor (e.g. acoustic neuroma, meningioma, hemangioma, pituitary adenoma, craniopharyngioma, low grade glioma, neoplasm of the pineal gland, glioblastoma multiforme, low-grade astrocytoma, etc.) (ASTRO, 2014)
- Initial or recurrent brain metastases for patient who have good performance status (ECOG less than 3 or Karnofsky status 40 or greater with expected return to 70 or greater with treatment) and controlled systemic disease (e.g. newly diagnosed, stable systemic disease or reasonable treatment options) (ASTRO, 2014). 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
- Pancreatic Tumors (Physician Review Required) (NCCN, 2019)
- SBRT may be appropriate for patients with tumors arising in or near previously irradiated region to minimize the risk of injury to surrounding normal tissues (Physician Review Required) (ASTRO, 2014)
- Trigeminal neuralgia that has not responded to other, more conservative, treatments (ASTRO, 2014)
- Non-Small Cell Lung Cancer and all of the following (Videtic, 2017):
  - Stage I disease; **AND**

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- 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:**

Stereotactic Radiation Therapy (SRS/SBRT) has not been proven to be superior to conventional therapy and is not a standard treatment option for the treatment of the following conditions:

- Other non-central nervous system cancers unless noted above
  - 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
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#### **BACKGROUND:**

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 (ASTRO, 2014). 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 (ASTRO, 2014).

#### **POLICY HISTORY:**

**Review Date:** February 2019

**Review Summary:** Added and updated references

**Review Date:** February 2020

**Review Summary:**

- Guideline updated to state that SBRT is medically necessary for pancreatic tumors and patients with tumors previously irradiated, Based on NCCN Guideline Updates
  - Added: Pancreatic Tumors (Physician Review Required)
  - Added: SBRT may be appropriate for patients with tumors arising in or near previously irradiated region to minimize the risk of injury to surrounding normal tissues (Physician Review Required)

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