

## Corporate Medical Policy

### Brachytherapy, Intracavitary Balloon Catheter for Brain Cancer

<b>File Name:</b>	brachytherapy_intracavitary_balloon_catheter_for_brain_cancer
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#### Description of Procedure or Service

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Intracavitary balloon catheter brain brachytherapy is an approach to localized radiation therapy delivered with an inflatable balloon catheter and being studied in the treatment of malignant brain lesions.

##### **Intracavitary Balloon Catheter Brain Brachytherapy**

Intracavitary balloon catheter brain brachytherapy is localized radiation therapy in the brain that requires placement of an inflatable balloon catheter in the surgical cavity, before closing the craniotomy of a resection, to remove or debulk a malignant brain mass. A radiation source is then placed in the balloon to expose surrounding brain tissue to radiation, either continuously or in a series of brief treatments. After the patient completes therapy, the radiation source is permanently removed and the balloon catheter is surgically explanted.

At present, the GliaSite® radiation therapy system (GliaSite® RTS; Cytoc Corp.) is the only device marketed in the United States for intracavitary balloon catheter brachytherapy in the brain. It includes a catheter tray with a double balloon catheter and accessories used for implantation; an aqueous saline solution of molecularly bound radioactive iodine [sodium 3-(<sup>125</sup>I) iodo-4-hydroxybenzenesulfonate; Iotrex™] as the radiation source; and an access tray with items used for afterloading and retrieving the radioactive material. One to 3 weeks after resection and balloon implantation, the Iotrex™ solution is loaded through a subcutaneous port and left in for 3 to 6 days. Prescribed radiation doses are usually 40–60 Gy measured at 0.5–1.0 cm from the balloon surface. The GliaSite® RTS received 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA), as substantially equivalent to separately marketed ventricular reservoirs and catheters, manual radionuclide applicator systems, and radionuclide sources.

##### **Malignant Gliomas**

Diffuse fibrillary astrocytoma is the most common glial brain tumor in adults. It is classified histologically into 3 grades: grade II astrocytoma, grade III anaplastic astrocytoma, and grade IV glioblastoma multiforme (GBM). Oligodendrogliomas (ODG) are diffuse neoplasms closely related to diffuse fibrillary astrocytomas clinically and biologically. However, these tumors generally have better prognoses than diffuse astrocytomas, with mean survival times of 10 years versus 2 to 3 years. Also, ODGs apparently are more chemosensitive than astrocytomas. GBM, the most aggressive and chemoresistant astrocytoma, has survival times less than 2 years for most patients.

Treatment of primary brain tumors begins with surgery, with curative intent, or optimal tumor debulking, usually followed by radiation therapy and/or chemotherapy. Survival after chemoradiotherapy largely depends on the extent of residual tumor after surgery. Therefore, tumors arising in the midline, basal ganglia, or corpus callosum or those arising in the eloquent speech or motor areas of the cortex have a particularly poor outcome since they typically cannot be extensively resected. Recurrence is common after surgery for malignant gliomas, even if followed by chemoradiotherapy, because the tumors are usually diffusely infiltrating and develop resistance to chemotherapy; also, neurotoxicity limits cumulative doses of whole-brain radiation. Chemotherapy regimens for gliomas usually rely on nitrosourea alkylating agents (carmustine or lomustine), temozolamide, procarbazine, and vincristine.

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The most common regimen combines procarbazine, lomustine (also known as CCNU), and vincristine (PCV). A biodegradable polymer wafer impregnated with carmustine (Gliadel®; Guilford Pharmaceuticals, Inc.) also can be implanted into the surgical cavity as an adjunct to surgery and radiation. It is indicated for newly diagnosed high-grade malignant glioma and for recurrent GBM.

## **Brain Metastasis from Other Primary Malignancies**

Intracranial metastases are a frequent occurrence, seen at autopsy in 10%–30% of deaths from cancer. Lung cancer is the most common source of brain metastasis (relative prevalence, 48%), followed by breast cancer (15%), unknown primary (12%), melanoma (9%), and colon cancer (5%).

Treatment goals in these patients include local control of existing metastases, regional control to prevent growth of undetected metastases, extending the duration of overall survival, and maintaining quality of life. Surgical resection followed by whole brain radiation therapy (WBRT) is the mainstay of treatment for patients with 1 to 3 operable brain metastases and with adequate performance status and control of extracranial disease. Resection plus WBRT extends the duration of survival, when compared with biopsy plus WBRT. Although adding WBRT to resection does not increase overall survival duration, it reduces local and distant recurrence of brain metastases. Thus, WBRT decreases the incidence of death from neurological causes, and may help maintain adequate quality of life, if the cumulative dose does not cause unacceptable neurotoxicity.

*\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.*

## **Policy**

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**Brachytherapy, Intracavitary Balloon Catheter For Brain Cancer. It is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.**

**Some patients may be eligible for coverage under Clinical Trials. Refer to the policy titled, Clinical Trial Services for Life-Threatening Conditions.**

## **Benefits Application**

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

## **When Brachytherapy, Intracavitary Balloon Catheter For Brain Cancer is covered**

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Not applicable

## **When Brachytherapy, Intracavitary Balloon Catheter For Brain Cancer is not covered**

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Intracavitary balloon catheter brain brachytherapy is considered **investigational**, alone or as part of a multimodality treatment regimen, for primary or recurrent malignant brain tumors.

Intracavitary balloon catheter brain brachytherapy also is considered **investigational**, alone or as part of a multimodality treatment regimen, for metastasis to the brain from primary solid tumors outside the brain.

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## Policy Guidelines

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The policy has been updated with a recent literature search through February 2011. The search identified one newly published article by Wernicke and colleagues that reported on a study of 10 patients treated with GliSite® intracavitary balloon catheter brain brachytherapy for recurrent and newly diagnosed tumors in the central nervous system.

As of March 2011, the Phase II trial that is evaluating GliSite® in the treatment of newly diagnosed brain metastases (NCT00096252) continues. This study is still active but is not recruiting new patients.

To date, no standard medical care is established for primary brain malignancies or brain metastases of solid tumors and there are no clinical data available to provide convincing evidence that intracavitary balloon brachytherapy extends the duration of survival, time to relapse, quality of life, or time-to-progression.

The studies lacked controls managed with alternative therapy making it difficult to assess the value without a direct comparative trial. Additional well designed clinical trials are needed to confirm whether this technology provides improved neurocognitive function and quality of life for longer durations than conventional whole brain radiation therapy.

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes:* 77785, 77786, 77787

CPT code 61517 is not applicable to report this procedure

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.45, 2/15/2007

Senior Medical Director review - 12/12/2007

Specialty Matched Consultant Advisory Panel - 3/2008

Specialty Matched Consultant Advisory Panel 5/2010

BCBSA-Medical Policy Reference Manual [Electronic Version] 8.01.45, 3/22/2010

Specialty Matched Consultant Advisory Panel 5/2011

BCBSA Medical Policy Reference Manual [Electronic Version] 8.01.45, 4/14/2011

## Policy Implementation/Update Information

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1/28/08 New policy adopted. Reviewed with Medical Director 12/12/2007. BCBSNC will not provide coverage for Brachytherapy, Intracavitary Balloon Catheter For Brain Cancer. It is considered investigational.

## Brachytherapy, Intracavitary Balloon Catheter for Brain Cancer

- 6/2/08 Specialty Matched Consultant Advisory Panel review 3/17/08. No change to policy statement. References added.
- 1/5/09 Added new CPT codes 77785, 77786, and 77787 to the "Billing/Coding" section. Removed deleted CPT codes 77781, 77782, 77783, and 77784. (btw)
- 6/22/10 Specialty Matched Consultant Advisory Panel review 5/24/10. Description extensively revised. Added wording in the "When Not Covered" section: "Intracavitary balloon catheter brain brachytherapy is considered investigational, alone or as part of a multimodality treatment regimen, for primary or recurrent malignant gliomas and Intracavitary balloon catheter brain brachytherapy also is considered investigational, alone or as part of a multimodality treatment regimen, for metastasis to the brain from primary malignancies outside the brain." References added. (lpr)
- 6/7/11 Specialty Matched Consultant Advisory Panel review 5/25/2011. Added statement to Description section "Intracavitary balloon catheter brain brachytherapy is an approach to localized radiation therapy delivered with an inflatable balloon catheter and being studied in the treatment of malignant brain lesions." Revised and updated Policy Guidelines section. References added. (lpr)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.