

**AMERICAN SOCIETY
FOR RADIATION ONCOLOGY**

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April 19, 2022

Raj Singla, MD
Chief Operating Officer, Radiation Therapy
eviCore Healthcare
400 Buckwalter Place Blvd,
Blufton, SC 29910
rsingla@evcore.com

RE: eviCore's Oligometastatic Disease Policy

Dear Dr. Singla

The American Society for Radiation Oncology (ASTRO)¹ appreciates the chance to make comments and suggest changes to the eviCore Oligometastases policy.

The results of several major clinical trials and many current active clinical trials in the management of oligometastatic cancer indicate the use of SBRT has been most impactful in improving the outlook for patients with advanced cancer. ASTRO is keenly aware of the challenges of policy development for coverage of such a rapidly evolving area of cancer care, and we recognize that many clinically important aspects of caring for patients with oligometastatic disease are challenging to integrate into policy.

ASTRO's Payer Relations Committee and Health Policy Committee has reviewed the current Evicore oligomets policy and compared it with the ASTRO-ESTRO consensus document on defining oligometastatic disease, as well as the EORTC-ESTRO consensus review published in Lancet Oncology journal (*both enclosed*). Currently, eviCore's policy allows for local therapy in select patients with oligometastatic presentation in the adrenals, lung, liver or bone, and with histology of sarcoma, melanoma, non-small cell lung, colorectal, breast, and renal cell cancers. The current policy also only allows for clinical presentation of 1-3 metastases. ASTRO believes these policies result in eligibility guidelines that are narrower than they initially appear, and thus we are concerned that eviCore's policy indicates that there is no substantial benefit to treating a tumor that arises from a different location than what is outlined in the current policy. ASTRO believes this results in an inconsistent inclusion criterion for medical necessity.

For example, eviCore guidelines allow for treatment for an oligometastatic squamous cell carcinoma of lung origin but deny the

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

same treatment for squamous cell carcinoma of anal origin. As indicated in the ASTRO-ESTRO consensus statements, the “concept of oligometastatic disease is independent of primary tumor type and histology and of the metastatic site(s).” Regarding the number of lesions defining oligometastatic disease, the consensus document states, “the feasibility of safely delivering curative intent moderate-dose radiotherapy determines the maximum number of lesions and sites that can be treated with radiotherapy in OMD.” By capping the number of lesions in the current policy to three, ASTRO believes this policy is too limiting and does not allow all appropriate patients to receive the best possible treatment.

ASTRO would like to recommend the following refinements to the policy:

1. Oligometastatic disease should be defined as 1-5 metastatic lesions that are safely treatable. A controlled primary tumor should not be an inclusion/exclusion criterion.
2. The original histology of the primary should not be an inclusion/exclusion criterion.
3. The original site of the primary should not be an inclusion/exclusion criterion.

ASTRO hopes eviCore will make the effort to acknowledge that management of oligometasases is quickly evolving and the best data available suggests substantial benefit for well-selected patients. In addition, the magnitude of benefit in terms of progression free survival is so large that an overall survival benefit is probable across multiple sites and multiple histologies. The potential of significant longevity for patients with good performance status is too great to be limited by the highly selective eligibility guidelines outlined in the current policy.

Thank you for the opportunity to address our concerns with the eviCore oligometastatic policy and for taking into consideration our recommendations for updates to the policy. Should you have any questions or need additional information, please contact Emilio Beatley, Health Policy Coordinator (703) 839-7360 or via email at Emilio.Beatley@astro.org.

Sincerely,



Laura I. Thevenot
Chief Executive Officer

Enclosed: ASTRO-ESTRO Oligometastatic disease definition consensus, EORTC-ESTRO Characterisation and classification of oligometastatic disease consensus review