Computer-Aided Evaluation of Malignancy with MRI of the Breast

Description of Procedure or Service

The use of computer-aided evaluation (CAE) is proposed to assist radiologists’ interpretation of contrast-enhanced magnetic resonance imaging (MRI) of the breast. MRI of the breast is suggested as an alternative or adjunct to mammography or other screening and diagnostic tests because of its high sensitivity in detecting breast lesions. However, it has a high false-positive rate because of the difficulty in distinguishing between benign and malignant lesions. MRI may be used to screen individuals at high genetic risk of breast cancer or to look for more extensive disease in individuals diagnosed with breast cancer who are eligible for breast-conserving surgery; it is also being studied to gauge the impact of cancer treatment.

CAE systems reviewed in this policy are intended to improve the specificity of MRI in detecting or measuring malignant tissue, while maintaining the generally high sensitivity of MRI. This could potentially reduce biopsy rates if it improves the ability to identify which MRI-detected lesions are almost certainly benign. There is anecdotal information that MRI may also be used in an effort to reduce re-operation rates among patients undergoing breast-conserving surgery by more clearly identifying the tissue that should be removed. The use of CAE may also shorten the time needed to interpret breast MRI images, which currently takes longer than reading mammograms.

CAE systems for MRI essentially provide easier ways of interpreting the patterns of contrast enhancement across a series of images, which in turn may help identify lesions and their likelihood of being malignant. Two key aspects of enhancement (also called kinetics) are examined: 1) within the first minute or so, does the lesion enhance up to a certain threshold (e.g., 50% or 100% of the initial value; rapid enhancement [>90% in 90 seconds] suggests malignancy)? and 2) what is the subsequent pattern of enhancement (continues to increase [persistently ascending], plateaus, or declines [called “washout” which is associated with malignancy])?

In contrast to computer-aided detection (CAD) systems used with mammography, CAE for MRI is not aimed primarily at identifying lesions for consideration by a radiologist. Unlike the subtle appearance of lesions on mammography, most cancers enhance on MRI. The challenge is determining which lesions are benign and which are malignant. A large number of images are produced during MRI of the breast: images are taken at varying “depths” throughout each breast multiplied by the number of times the breast is imaged to capture different time points in the enhancement process; this can produce hundreds of images. Radiologists view the images to detect suspicious areas, and then they can pick a region of interest and look at the enhancement pattern. However, there may be variations across radiologists in the regions of interest selected and in the precise definition of the region of interest. CAE systems, in contrast, use color-coding and differences in hue to indicate the patterns of enhancement for each pixel in the breast image, thereby allowing the radiologist to analyze the enhancement patterns systematically.

Regulatory Status
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Several CAE systems for use with MRI of the breast have 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA). Some of these systems may have broader uses beyond breast MRI. There also may be some overlap in the functions performed by these devices and other image-processing systems.

- SpectraLook®, part of iCAD’s VersaVue® Enterprise Suite (iCAD, Nashua, NH) was cleared for marketing by the FDA through the 510(k) process in 2012. The VersaVue Suite is intended for postprocessing of magnetic resonance images as a means for visualizing these images. A previous version of this device, 3TP (3TimePoint) was FDA-cleared in 2008.

- CADstream® (Merge Healthcare, Milwaukee, WI) was cleared for marketing by the FDA through the 510(k) process in 2003, at which time it was distributed by Confirma (Kirkland, WA).

- Aegis Breast™ (Hologic Inc., Marlborough, MA; previously owned by Sentinelle Medical) was cleared for marketing by the FDA through the 510(k) process in 2007. However, in the 510(k) documents, the manufacturer states that the primary goal of the technology is “to identify where and how deep a biopsy or localization needle should be inserted into an imaged breast.”

- DynaCAD for Breast (MRI Devices, Waukesha, WI; now from Invivo, Gainsville, FL) was cleared for marketing by the FDA through the 510(k) process in 2004.

***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

The use of computer-aided evaluation (CAE) for interpretation of magnetic resonance imaging (MRI) of the breast is considered investigational. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

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 Computer-Aided Evaluation of Malignancy with MRI of the Breast is covered

Not applicable

When Computer-Aided Evaluation of Malignancy with MRI of the Breast is not covered

Computer-aided evaluation for interpretation of magnetic resonance imaging (MRI) of the breast is not covered.

Policy Guidelines

The available evidence consists primarily of retrospective studies that compare the accuracy of computer-aided MRI of breast malignancy versus conventional imaging. The populations in these studies are not representative of patients seen in clinical care; rather they include samples of individuals who are highly selected and usually have far more cases of cancer than would be encountered in a screening population. As a result, the true sensitivity and specificity of computer-aided MRI, and the incremental improvement in accuracy over conventional imaging, cannot be
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determined with certainty. Larger, well-designed, prospective studies are needed that include relevant clinical populations in order to determine whether computer-aided evaluation results in a clinically significant improvement in diagnostic accuracy. As a result of the deficiencies in the available literature, the use of computer-aided evaluation of malignancy with MRI is considered investigational.

Diagnostic Accuracy
A 2006 TEC assessment found insufficient literature on CAE of malignancy with breast MRI and a 2011 systematic review did not find statistically significant differences in diagnostic accuracy with CAE plus MRI versus MRI alone. Several studies were published after the systematic review and most also did not find that CAE, when added to MRI, resulted in statistically significant improvement in diagnostic accuracy. Studies were retrospective in nature and tended to include women already diagnosed with breast cancer.

Clinical Utility
No published comparative studies were available on the impact of CAE with MRI on patient management and health outcomes compared with MRI alone. Furthermore, there is insufficient information to formulate a model of indirect evidence to support clinical utility. Thus, the utility of CAE with MRI in clinical care cannot be determined from the literature.

Summary of Evidence
For individuals with risk of breast cancer, with suspected breast cancer or diagnosed with breast cancer who receive computer-aided evaluation of breast malignancy with magnetic resonance imaging, the evidence includes diagnostic accuracy studies and systematic reviews. Relevant outcomes are disease-specific survival, test accuracy and validity, and resource utilization. The most recent systematic review (published in 2011) did not find a statistically significant improvement in sensitivity and specificity with MRI plus CAE versus MRI alone. Moreover, retrospective studies published in the past 5 years generally did not find that CAE resulted in statistically significant improvement in diagnostic accuracy compared with MRI alone. Studies were generally conducted in women already diagnosed with breast cancer; there is less literature on breast cancer detection. In addition, there are no comparative studies evaluating the impact of CAE with MRI on patient management decisions or health outcomes compared to MRI alone. The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

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. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 0159T

This code would be used in addition to the code for breast MRI - 77058 – 77059

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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Policy Implementation/Update Information

8/13/07 New policy issued. The use of computer-aided detection (CAD) for interpretation of contrast-enhanced magnetic resonance imaging (MRI) of the breast is considered investigational. (adn)
6/30/08 Specialty Matched Consultant Advisory Panel review 5/15/08. No change to policy statement. (adn)
6/22/10 Policy Number(s) removed (amw)
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7/10/12  Policy Guidelines section updated with new information. No change in policy statement. Specialty Matched Consultant Advisory Panel review 6/20/12. (sk)

4/16/13  Reference added. No change in policy statement. (sk)

7/30/13  Specialty Matched Consultant Advisory Panel review 7/17/13. No change to policy statement. (sk)

4/1/14   References added. No change to Policy statement. (sk)

8/12/14  Specialty Matched Consultant Advisory Panel review 7/29/14. No change to Policy statement. (sk)

2/24/15  Reference added. (lpr)

7/28/15  Specialty Matched Consultant Advisory Panel review 6/24/2015. No change to policy statement. (lpr)

7/26/16  Specialty Matched Consultant Advisory Panel review 6/29/2016. No change to policy statement. (an)

12/30/16 Minor changes to description section. No change to policy statement. (an)

6/30/17  Updated CAE system information in the Description section. Updated Policy Guidelines. References added. Specialty Matched Consultant Advisory Panel review 5/31/2017. No change to policy statement. (an)


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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.