

Corporate Medical Policy

Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer

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| File Name: | hematopoietic_stem-cell_transplantation_for_epithelial_ovarian_cancer |
| Origination: | 2/2001 |
| Last CAP Review: | 11/2018 |
| Next CAP Review: | 11/2019 |
| Last Review: | 11/2018 |

Description of Procedure or Service

The use of hematopoietic cell transplantation (HCT) has been investigated for treatment of patients with epithelial ovarian cancer. Hematopoietic stem cells are infused to restore bone marrow function following cytotoxic doses of chemotherapeutic agents with or without whole body radiation therapy.

Hematopoietic Stem-Cell Transplantation

Hematopoietic cell transplantation (HCT) refers to a procedure in which hematopoietic stem cells are infused to restore bone marrow function in cancer patients who receive bone marrow toxic doses of cytotoxic drugs with or without whole body radiation therapy. Bone marrow stem cells may be obtained from the transplant recipient (autologous HCT) or from a donor (allogeneic HSCT). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood and placenta shortly after delivery of neonates. Although cord blood is an allogeneic source, the stem cells in it are antigenically “naïve” and thus are associated with a lower incidence of rejection or graft-versus-host disease.

HCT is an established treatment for certain hematologic malignancies; however, its use in solid tumors in adults continues to be largely experimental.

Epithelial Ovarian Cancer

Several different types of malignancies can arise in the ovary; epithelial carcinoma is the most common. Epithelial ovarian cancer is the fifth most common cause of cancer death in women. New cases and deaths from ovarian cancer in the United States in 2016 are estimated at 22,280 and 14,240, respectively. Most ovarian cancer patients present with widespread disease, and yearly mortality is approximately 65% of the incidence rate.

The current management of advanced epithelial ovarian cancer is cytoreductive surgery in addition to combination chemotherapy. Approximately 75% of patients present with International Federation of Gynecology and Obstetrics (FIGO) stage III to IV ovarian cancer, and treated with the combination of paclitaxel and a platinum analog being the preferred regimen for newly diagnosed advanced disease. The use of platinum and taxanes has improved progression-free survival (PFS) and overall survival (OS) rates in advanced disease to 16–21 months and 32–57 months, respectively. However, most of these women develop recurrences and die of the disease as chemotherapy drug resistance leads to uncontrolled cancer growth.

High-dose chemotherapy has been investigated as a way to overcome drug resistance. However, limited data exist on this treatment approach; the ideal patient population and best regimen

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remain to be established. Hematopoietic stem-cell transplantation has been studied in a variety of patient groups with ovarian cancer as follows:

- to consolidate remission after induction therapy
- to treat relapse after a durable response to platinum-based chemotherapy
- to treat tumors that relapsed after less than 6 months
- to treat refractory tumors

Related Policies:

Hematopoietic Stem-Cell Transplantation in the Treatment of Germ Cell Tumors

Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid tumors in Adults

*****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

Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer is considered investigational. BCBSNC does not cover investigational services or procedures.

Some patients may be eligible for coverage under Clinical Trials. Refer to the policy on Clinical Trial Services.

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.

Some health benefit plans may exclude benefits for transplantation.

When Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer is covered

Not applicable.

When Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer is not covered

Autologous or allogeneic hematopoietic stem-cell transplantation is considered **investigational** as a treatment of epithelial ovarian cancer. BCBSNC does not cover investigational services.

Stem-cell transplantation to treat germ cell tumors of the ovary is considered in a separate policy entitled, "Hematopoietic Stem-Cell Transplantation in the Treatment of Germ Cell Tumors."

Policy Guidelines

Refer to the individual member's benefit booklet for prior review requirements.

The use of hematopoietic cell transplantation (HCT) has been investigated for treatment of patients with epithelial ovarian cancer. Hematopoietic stem cells are infused to restore bone marrow function after cytotoxic doses of chemotherapeutic agents with or without whole body radiotherapy.

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For individuals who have advanced-stage epithelial ovarian cancer who receive HCT, the evidence includes randomized trials and data from case series and registries. Relevant outcomes are overall survival, disease-specific survival, change in disease status, and treatment related mortality and morbidity. Although some observational studies have reported longer survival in subsets of women with advanced epithelial ovarian cancer than in women treated with standard chemotherapy, none of the randomized trial evidence has shown a benefit from HCT in this population. Overall, the evidence has not shown that HCT improves health outcomes in treating epithelial ovarian cancer, including survival, compared with conventional standard doses of chemotherapy. 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.bcsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 38205, 38206, 38230, 38232, 38240, 38241, 38242, 38243, S2150

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

Bone Marrow Transplant for Epithelial Ovarian Cancer

TEC Assessment, May, 1998; Volume 13, No. 6

TEC Assessment, July, 1999; Volume 14, No. 11

BCBSA Medical Policy Reference Manual, 4/30/2000

Specialty Matched Consultant Advisory Panel - 11/2002

National Comprehensive Cancer Network. (2003). NCCN practice guidelines in oncology, ovarian. Retrieved 9/8/2004 from http://www.nccn.org/professionals/physician_gls/PDF/ovarian/pdf

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/2004

Specialty Matched Consultant Advisory Panel - 11/2004

National Comprehensive Cancer Network. (2006). NCCN practice guidelines in oncology, ovarian. Retrieved 8/7/06 from http://www.nccn.org/professionals/physician_gls/PDF/ovarian/pdf

National Comprehensive Cancer Network. (2008). NCCN practice guidelines in oncology, ovarian. http://www.nccn.org/professionals/physician_gls/PDF/ovarian.pdf

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 12/18/07

Specialty Matched Consultant Advisory Panel - 11/2008

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Specialty Matched Consultant Advisory Panel - 11/2010

Specialty Matched Consultant Advisory Panel - 11/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/10/2011

Specialty Matched Consultant Advisory Panel – 11/2012

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/8/2012

Specialty Matched Consultant Advisory Panel – 11/2013

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/14/2013

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/13/2014

Specialty Matched Consultant Advisory Panel – 11/2014

National Comprehensive Cancer Network. (2015). NCCN practice guidelines in oncology, ovarian (v.2.2015). Retrieved 10/23/2015 from:
http://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf

Specialty Matched Consultant Advisory Panel – 11/2015

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/14/2016

Specialty Matched Consultant Advisory Panel – 11/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/12/2017

Specialty Matched Consultant Advisory Panel – 11/2017

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.23, 11/11/2018

Specialty Matched Consultant Advisory Panel – 11/2018

Policy Implementation/Update Information

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1/01 Specialty Matched Consultant Advisory Group.

2/01 Original policy issued.

2/03 Specialty Matched Consultant Advisory Panel meeting 11/2002. Revised the Policy statement to include the statement that, "Some patients may be eligible for coverage under Clinical Trials. Refer to the policy on Clinical Trial Services for Life-Threatening Conditions." Codes 86812-86822 removed; codes 38231 and 86915

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- deleted and codes 38242, 38205 and 38206 added to the Billing/Coding section. System coding changes.
- 1/04 Benefits Application and Billing/Coding sections updated for consistency.
- 2/04 Individual CPT codes listed for CPT code ranges 38240-38242 under Billing/Coding section.
- 7/29/04 HCPCS code S2150 added to Billing/Coding section.
- 12/23/04 Specialty Matched Consultant Advisory Panel review 11/29/04. No changes to criteria. Revised Description of Procedure or Service section. Added rationale to Policy Guidelines section. Policy number added to Policy Key Words section. "Hematopoietic" and "Opportunistic" added to Definitions. References added.
- 12/11/06 Specialty Matched Consultant Advisory Panel review 11/6/2006. No changes to policy statement. "Policy Guidelines" section updated. References added.
- 12/22/08 Specialty Matched Consultant Advisory Panel review 11/13/2008. No changes to policy statement. "Policy Guidelines" section updated. References added. (btw)
- 6/22/10 Policy Number(s) removed. (amw)

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- 1/4/11 Policy name changed from "Bone Marrow Transplant for Epithelial Ovarian Cancer" to "Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer." Specialty Matched Consultant Advisory Panel review 11/29/2010. "Description" section revised. No change to policy statement. Removed statement indicating; "Services for or relating to the search for a donor is not covered." "Policy Guidelines" updated. References added. (btw)
- 1/10/12 Specialty Matched Consultant Advisory Panel review 11/30/2011. No change to policy statement. "Policy Guidelines" updated. (btw)
- 2/7/12 Added new 2012 CPT code, 38232 to Billing/Coding section. Reference added. (btw)
- 12/28/12 Specialty Matched Consultant Advisory Panel review 12/5/2012. No change to policy intent. Added new 2013 CPT code, 38243 to Billing/Coding section. Reference added. (btw)
- 12/10/13 Specialty Matched Consultant Advisory Panel review 11/20/2013. Description section updated. No change to policy intent. (btw)
- 2/11/14 Minor updates to the Description and Policy Guidelines sections. No change to policy intent. Reference added. (btw)
- 12/9/14 Specialty Matched Consultant Advisory Panel review 11/24/2014. No change to policy intent. Reference added. (lpr)
- 12/30/15 Specialty Matched Consultant Advisory Panel review 11/18/2015. Reference added. No change to policy statement. (lpr)
- 4/1/2016 Updated Policy Guidelines section. No change to policy intent. Reference added. (lpr)

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- 12/30/16 Specialty Matched Consultant Advisory Panel review 11/30/2016. No change to policy intent. (lpr)
- 2/24/17 Revised Description and Policy Guidelines sections. Reference added. No change to policy intent. (lpr)
- 12/15/17 Specialty Matched Consultant Advisory Panel review 11/29/2017. No change to policy statement. (lpr)
- 1/15/19 Specialty Matched Consultant Advisory Panel review 11/2018. Reference added. No change to policy statement. (lpr)

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.