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Breast Cancer: Workup, Pharmacological - Surgical Treatment, Radiotherapy and Surveillance

Adjudication Guideline

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Abstract

For Members

Breast cancer is the most common female malignancy. Worldwide, 1 in 10 new cancers diagnosed each year is breast cancer.

Breast cancer often presents as a painless breast mass, especially when discovered in the early stages.

The recommended imaging modality for the initial screening and diagnosis of breast cancer is the mammogram, which is cost effective, can be accurately interpreted by experienced mammographers, and has adequate sensitivity and specificity.

There have been significant developments in the management of breast cancer including new types of chemotherapy, biological and hormonal agents. The prognosis and treatment decisions of breast cancer mainly depend on the extent of the disease. This is assessed by Tumor staging through which assessment is done for all the stages given below:

- Size and nature of the primary tumour,
- The involvement of the regional lymph nodes and
- The presence of distant metastases.

For Medical Professionals

Stage and molecular features determine the need for adjuvant systemic therapy and the choice of modalities used. Various types of adjuvant therapies benefit certain subgroups of patients. The selection of therapy is most appropriately based upon knowledge of an individual's risk of tumour recurrence balanced against the short-term and long-term risks of adjuvant treatment.

Drug administration services are not covered when the drug is given for a non-covered indication.

Daman covers workup and treatment of breast cancer, if medically indicated as per best practice standards and as per policy terms and conditions of each plan.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:

- Radiotherapy
- PET scan

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Scope

This Adjudication Rule highlights the coverage of medical workup, pharmaceutical / surgical treatment, surveillance used in the treatment of breast cancer in female patients.

Adjudication Policy

Eligibility / Coverage Criteria

Daman covers medical workup, drug treatment and monitoring of breast cancer, if medically indicated and as per policy terms and conditions of each health insurance plan administered by Daman.

A. Breast Cancer in Situ:

1. Carcinoma in situ of the breast characterises a varied group of neoplastic lesions confined to the breast ducts (ductal carcinoma in situ [DCIS]). 90% of women with DCIS have suspicious micro-calcifications on mammography, and DCIS accounts for 80 % of all breast cancers presenting with calcifications. Less common findings include a mass or other soft tissue change.

The diagnosis of DCIS increased intensely following the introduction of screening mammography and now comprises approximately 25 percent of all newly diagnosed breast cancers.

All patients with suspected DCIS should have a diagnostic bilateral mammogram with magnification views to assess the morphology and full extent of any calcifications.

The diagnosis of DCIS is confirmed by a breast biopsy, such as a core or excisional biopsy.

A sentinel lymph node biopsy (SLNB) can be avoided in most women. However, it should be obtained in women with high-risk features for whom resection.

2. The goal of therapy for DCIS is to inhibit the development of invasive breast cancer. Therapeutic approaches include surgery, radiation therapy, and adjuvant endocrine therapy.

Patients with DCIS undergo local treatment with mastectomy or breast-conserving therapy.

The breast-conserving therapy trailed in most cases by adjuvant radiation. Radiation therapy may be omitted in a specific population of patients with low-risk disease.

For women who have undergone bilateral mastectomy, there is no role for adjuvant endocrine therapy.

3. History and physical examination every 6 to 12 months for LCIS.
For ductal carcinoma in situ (DCIS), history and physical examination every 6 to 12 months for 5 years, then yearly.
Annual mammography (initial mammogram 6 to 12 months post-radiation for DCIS if breast conserved, then yearly).

B. Invasive breast cancer:

1. Women who present with abnormal imaging findings alone should undergo biopsy guided by mammogram (stereotactic biopsy), ultrasound, or breast magnetic resonance imaging (MRI).

Women presenting with a breast mass should undergo a fine needle aspiration or core needle biopsy.

Breast cancer can be categorized based on the status of estrogen (ER), progesterone (PR), and human epidermal growth factor (HER2) receptors. Each of these factors influence prognosis for patients with invasive breast cancer and is used to individualize treatment options.

2. Neoadjuvant systemic therapy is advised in most patients with locally advanced, inoperable breast cancer rather than proceeding with primary surgery.

For most patients, we recommend chemotherapy in the neoadjuvant setting rather than endocrine therapy.

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Chemotherapy is associated with higher response rates in a faster time frame. For select patients with hormone-positive disease, neoadjuvant endocrine therapy may be an appropriate option. Patient selection for neoadjuvant chemotherapy versus endocrine therapy among those with hormone receptor-positive disease is discussed elsewhere.

Following surgery (with or without neoadjuvant systemic therapy), all patients who undergo breast-conserving surgery should undergo adjuvant Radiotherapy (RT) to maximize loco-regional control.

Some patients treated by a mastectomy should receive post-mastectomy RT. The administration of adjuvant RT should be based upon the original pre-treatment stage, regardless of the pathologic response to neoadjuvant therapy.

The use of chemotherapy, biologic therapy, and/or endocrine therapy is guided by the same principles used to determine treatment for early-stage breast cancer.

3. All patients should undergo a detailed history and physical examination by a doctor who is experienced in the surveillance of cancer patients and in breast examinations. Intervals between examinations should be 3 to 6 months for the first 3 years, 6 to 12 months for years 4 and 5, and yearly thereafter.

Those who have undergone breast-conserving surgery should have a post-treatment mammogram 1 year after the initial mammogram and at least 6 months after completing radiotherapy. Thereafter, unless clinically indicated, a yearly mammogram is sufficient.

The use of other laboratory tests (including tumour markers) and further body imaging is not recommended, unless clinically indicated.

- C. Daman covers drug treatment of breast cancer, if medically indicated and as per policy terms and conditions of each health insurance plan administered by Daman.

Pharmacological treatment of breast cancer and its indications:

Decisions about adjuvant systemic therapy should be made based on:

- Assessment of the prognostic and predictive factors.
- The potential benefits and side effects of the treatment.

Pharmacotherapy (Adjuvant Systemic Therapy) Treatment Options

Endocrine Therapy	Chemotherapy	Biological Treatment	targeted
Indicated for tumours that test positive for either oestrogen or progesterone receptors (ER-positive or PR-positive; in both early-stage and metastatic cancer ^[1]	Given at repeating intervals for a set period of time to treat early-stage breast cancer ^[2] Given if a patient has a metastatic breast cancer recurrence. May be given before surgery to shrink a large tumour and reduce the risk of recurrence called neo-adjuvant chemotherapy	Approved to treat breast cancer. They are targeted at HER2. Used to treat cancer that has spread to the bone.	

Requirements for Coverage

ICD, Drug and CPT codes must be coded to the highest level of specificity.

Non-Coverage

- Drugs that are given for experimental and investigational purpose are not covered.
- Adjuvant Chemotherapy is not covered for tumour smaller than 1 cm (about 1/2 inch) unless it has any unfavourable features.
- Daman does not cover all those drugs for basic plan, which are not tagged as "Abu Dhabi Basic plan" in green rain code list.

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Payment and Coding Rules

Please apply DOH payment rules and regulations, as well as relevant coding manuals for ICD, CPT, etc...

- If the cancer has not been eradicated and treatment is on-going, or if adjuvant endocrine therapy or adjuvant chemotherapy is being administered (e.g. following primary surgery for early breast cancer), the cancer should be documented as an active condition and coded from the Neoplasm Table of ICD codes.
- Assign code of Encounter for antineoplastic chemotherapy, as the principal diagnosis if a patient is admitted solely for chemotherapy administration. And assign a code for the malignancy as the secondary diagnosis.
- Sequence the malignancy as the principal diagnosis when a patient is admitted for surgical removal of a malignancy followed by chemotherapy.

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses /activities
Prior approval is required and was not obtained
Drug not listed in formulary
Service(s) is (are) not covered.
Payment is included in the allowance for another service
Diagnosis (es) is (are) not covered

Appendices

A. References

1. <https://emedicine.medscape.com/article/1947145-overview>
2. <https://bestpractice.bmj.com/topics/en-gb/718/treatment-algorithm>
3. <https://bestpractice.bmj.com/topics/en-gb/716/treatment-algorithm>
4. <https://bestpractice.bmj.com/topics/en-gb/717/treatment-algorithm>
5. https://www.nccn.org/professionals/physician_gls/default.aspx
6. <https://www.nice.org.uk/guidance/ng12>
7. http://www.nccn.org/professionals/physician_gls/f_guidelines.asp
8. <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins-List>
9. <http://www.acr.org/Quality-Safety/Appropriateness-Criteria>
10. <http://www.esmo.org/Guidelines/Breast-Cancer>
11. <http://www.asco.org/practice-guidelines/quality-guidelines/guidelines/breast-cancer>

B. Revision History

Date	Change(s)
09/01/2019	Release of V1.0

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