

# **Anal Cancer**

## Medical Oncology

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#### **Anal Cancer Guideline**

Anal cancer treatment is considered medically appropriate when the documentation demonstrates **ANY** of the following:

- I. Anal cancer-specific chemotherapy for **ANY** of the following: [9] [26] [18]
  - A. Metastatic anal cancer chemotherapy with **ANY** of the following:
    - 1. 5-Fluorouracil (5-FU) + cisplatin [2] [3] [19]
    - 2. Paclitaxel + carboplatin [6] [1]
  - B. Anal cancer chemotherapy with 5-FU + cisplatin [2] [3]
- II. Anal cancer chemotherapy is considered medically appropriate when the documentation demonstrates **ALL** of the following: [9] [19] [26] [18]
  - A. Associated-cancer chemotherapy medication regimens per the *National Comprehensive Cancer Network (NCCN) Guidelines*, approved by the United States (US) Food and Drug Administration (FDA), clinically prescribed and as authorized by the payor.
  - B. Physical ability and clinical status of **ANY** of the following:
    - 1. Eastern Cooperative Oncology Group (ECOG) Performance Status Grade of 2 or less
    - 2. Karnofsky Performance Status (KPS) Grade of 70 or more
  - C. Treatment is for **ANY** of the following:
    - 1. Inguinal node recurrence
    - 2. Localized therapy
    - 3. Locally recurrent prior to abdominoperineal resection (APR)
    - 4. Metastatic local control
    - 5. Metastatic subsequent therapy
    - 6. Metastatic therapy



#### LCD 33394

See also, **LCD 33394**: Drugs and Biologicals, Coverage of, for Label and Off-Label Uses at https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to individual's healthplan membership.





#### LCD 34026

See also, **LCD 34026**: Trastuzumab - Trastuzumab Biologics [LCD title] at https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to individual's healthplan membership.



#### **LCD 37205**

See also, **LCD 37205**: Chemotherapy Drugs and their Adjuncts at https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to individual's healthplan membership.

### **Gastrointestinal Cancer Summary of Changes**

GI Cancer clinical guidelines from 2023 to 2024 had the following version changes:

- Citations updated, evidence review completed with no major change in criteria.
- Medications added to each indication.

#### **GI Cancer Procedure Codes**

**Table 1. Associated Procedure Codes** 

CODE	DESCRIPTION
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
J9228	INJECTION, IPILIMUMAB, 1 MG
J9190	INJECTION, FLUOROURACIL, 500 MG
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
J9263	INJECTION, OXALIPLATIN, 0.5 MG
J9299	INJECTION, NIVOLUMAB, 1 MG
J9267	INJECTION, PACLITAXEL, 1 MG
J9045	INJECTION, CARBOPLATIN, 50 MG
J9271	INJECTION, PEMBROLIZUMAB, 1 MG
J8520	CAPECITABINE, ORAL, 150 MG
J8521	CAPECITABINE, ORAL, 500 MG
J9280	INJECTION, MITOMYCIN, 5 MG
J9035	INJECTION, BEVACIZUMAB, 10 MG
C9257	INJECTION, BEVACIZUMAB, 0.25 MG



CODE	DESCRIPTION
J9206	INJECTION, IRINOTECAN, 20 MG
J9303	INJECTION, PANITUMUMAB, 10 MG
J9308	INJECTION, RAMUCIRUMAB, 5 MG
J9055	INJECTION, CETUXIMAB, 10 MG
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG
J9171	INJECTION, DOCETAXEL, 1 MG
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG
J9178	INJECTION, EPIRUBICIN HCL, 2 MG
Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG
Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG
Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG
Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR (ALYMSYS), 10 MG

## **GI Cancer Definitions**

**Abdominoperineal resection** is a surgical procedure in which the anus, rectum, and part of the sigmoid colon are removed to treat certain types of cancer, such as rectal cancer. This procedure involves creating a permanent opening (colostomy) in the abdominal wall for the elimination of waste.

**Adenocarcinoma** is a malignant tumor originating in glandular epithelium.

**Adjuvant** refers to enhancing the effectiveness of medical treatment.

**Advanced disease** is also called end-stage or terminal cancer. Advanced disease can occur when there are few signs that remission is possible.

**BRAF V600E mutation** is a specific mutation (change) in the BRAF gene (a gene that provides instructions for making a protein that helps transmit chemical signals from outside the cell to the cell's nucleus), which makes a protein that is involved in sending signals in cells and in cell growth. This BRAF gene mutation may be found in some types of cancer, including melanoma and colorectal cancer. It may increase the growth and spread of cancer cells.

**Chemotherapy** is a treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Chemotherapy may be given by mouth, injection, infusion or on the skin depending on the type and stage of the cancer being treated. It may be given alone or with other treatments, such as surgery, radiation therapy or biologic therapy.



**Combined positive score** is a robust, reproducible PD-L1 scoring method that predicts response to pembrolizumab in patients with G/GEJ cancer.

**Deficient mismatched repair (dMMR)** can be due to germline mutations in DNA mismatch repair genes (MLH1, MSH2, MSH6, or PMS2) or somatic epigenetic silencing of MLH1, which result in unrepaired repetitive DNA sequences. These altered sequences increase the risk of multiple cancers, but are most commonly associated with colorectal cancer.

**Definitive treatment** is the treatment plan for a disease or disorder that has been chosen as the best one for a patient after all other choices have been considered.

**Eastern Cooperative Oncology Group (ECOG) scale** describes a patient's level of functioning in terms of the ability to care for one's self, daily activity and physical ability (eg, walking, working).

**Esophageal cancer** is cancer that forms in tissues lining the esophagus (the muscular tube through which food passes from the throat to the stomach).

**First-line treatment** is the first treatment given for a disease, and is often part of a standard set of treatments, such as surgery followed by chemotherapy and radiation. When used by itself, first-line therapy is the one accepted as the best treatment.

**Gastric cardia** is the part of the stomach that is closest to the esophagus.

**HER-2 positive** describes cells that have a protein called HER2 on their surface. In normal cells, HER2 helps control cell growth. Cancer cells that make too much HER2 may grow more quickly and are more likely to spread to other parts of the body.

**Indeterminate** findings are inconclusive or insufficient for treatment planning.

**Inguinal** is situated in the region of the groin or in either of the lowest lateral regions of the abdomen.

**Karnofsky performance status (KPS)** is an assessment tool for functional impairment. It can be used to compare effectiveness of different therapies and to assess the prognosis in individual patients. In most serious illnesses, the lower the Karnofsky score, the worse the likelihood of survival.

**Kirsten rat sarcoma viral oncogene homolog (KRAS) mutation** is an error in a protein in normal cells. It is called KRAS because it was first identified as causing cancer in Kirsten RAt Sarcoma virus. Normally, KRAS serves as an information hub for signals in the cell that lead to cell growth.

**Lymphovascular invasion (LVI)** indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist.

**Margin** is the edge or border of the tissue removed in cancer surgery.

**Metachronous** describes something that is not functioning or occurring synchronously (at the same time).

**Metastasis** is the spread of a disease-producing agency (such as cancer cells) from the initial or primary site of disease to another part of the body.



**Microsatellite instability-high (MSI-H)** is a type of cancer cell that has a high number of mutations (changes) within microsatellites. For example, microsatellite testing that shows mutations in 30% or more microsatellites is called microsatellite instability-high.

**Neoadjuvant treatment** is treatment (such as chemotherapy or hormone therapy) administered before primary cancer treatment (such as surgery) to enhance the outcome of primary treatment.

**Programmed cell death ligand 1 (PD-L1) expression** is a protein that acts as a kind of "brake" to keep the body's immune responses under control. PD-L1 may be found on some normal cells and in higher-than-normal amounts on some types of cancer cells. Cancer cells that have a high amount of PDL1 may benefit from immunotherapy.

**Perineural invasion (PNI)** refers to the invasion of cancer to the space surrounding a nerve. It is common in head and neck cancer, prostate cancer and colorectal cancer.

**Poorly differentiated histology** describes tumor cells that don't look like normal cells. They're disorganized under the microscope and tend to describe high grade or grade III tumors that grow and spread faster than grade I tumors.

**Progressive disease** is cancer that is growing, spreading or getting worse.

Rat Sarcoma (RAS) wild-type is a term used to describe a gene called KRAS when it is found in its natural, non-mutated (unchanged) form. The KRAS gene makes a protein that is involved in cell signaling pathways that control cell growth, cell maturation and cell death. Mutated (changed) forms of the KRAS gene have been found in some types of cancer, including non-small cell lung cancer, colorectal cancer and pancreatic cancer. Knowing whether a patient's tumor has a wild-type or mutated KRAS gene may help plan cancer treatment.

**Second-line treatment** is treatment for a disease or condition after the initial treatment (first-line treatment) has failed, stopped working or has side effects that are not tolerated.

**Squamous cell carcinoma (SCC)** is carcinoma that is made up of or arises from squamous cells (stratified epithelium that consists at least in its outer layers of small scale like cells) and usually occurs in areas of the body exposed to strong sunlight over many years.

**Staging** in cancer is the process of determining how much cancer is within the body (tumor size) and if it has metastasized (spread).

**Subsequent treatment** is treatment given after the main treatment to reduce the chance of cancer coming back by destroying any remaining cancer cells. It usually refers to chemotherapy, radiation therapy, hormone therapy and/or immunotherapy given after surgery.

**Third-line treatment** is treatment that is given when both initial treatment (first-line therapy) and subsequent treatment (second-line therapy) don't work, or stop working.

**TNM staging system** is a system to describe the amount and spread of cancer in a person's body. T describes the size of the tumor and any spread of cancer into nearby tissue; N describes the spread of cancer to nearby lymph nodes; and M describes metastasis (spread of cancer to other parts of the body).



#### **Table 1. TNM Staging System**

T describes the original Primary Tumor	N category describes whether or not the cancer has reached nearby lymph nodes	M category tells whether there are distant metastases (spread of cancer to other parts of the body).
<b>TX</b> Primary tumor cannot be evaluated	<b>NX</b> Regional lymph nodes cannot be evaluated	
<b>T0</b> No evidence of primary tumor	<b>NO</b> No regional lymph node involvement (no cancer found in the lymph nodes)	<b>M0</b> No distant metastasis (cancer has not spread to other parts of the body)
<b>Tis</b> Carcinoma in situ (early cancer that has not spread to neighboring tissue)		
<b>T1 to T4</b> Size and/or extent of the primary tumor	<b>N1 to N3</b> Involvement of regional lymph nodes (number and/or extent of spread)	<b>M1</b> Distant metastasis (cancer has spread to distant parts of the body)

**Unresectable initial disease** is cancer that is not capable of being surgically removed.

## **GI Cancer (ALL) References**

- [1] (2023). Carboplatin. *Clinical Pharmacology*. Retrieved: September 2023. https://www.clinicalkey.com/pharmacology/monograph/92?sec=monindi
- [2] (2023). Cisplatin. *Clinical Pharmacology*. Retrieved: October 2023. https://www.clinical-key.com/#!/content/drug\_monograph/6-s2.0-129
- [3] (2023). Fluorouracil, 5-FU. *Clinical Pharmacology*. Retrieved: October 2023. https://www.clinicalkey.com/#!/content/drug\_monograph/6-s2.0-258
- [4] (2023). Irinotecan. *Clinical Pharmacology*. Retrieved: October 2023. https://www.clinical-key.com/pharmacology/monograph/322?sec=monindi
- [5] (2023). Oxaliplatin. *Clinical Pharmacology*. Retrieved: October 2023. https://www.clinical-key.com/pharmacology/monograph/2341
- [6] (2023). Paclitaxel. *Clinical Pharmacology*. Retrieved: October 2023. https://www.clinical-key.com/#!/topic/paclitaxel
- [7] Ajani, J.A., D'Amico, T.A., . . . Yoon, H. (2023). Esophageal or Esophagogastric Junction Cancers Version 3.2023. *National Comprehensive Cancer Network*. Retrieved: October 2023. https://www.nccn.org/professionals/physician\_gls/pdf/esophageal.pdf
- [8] Ajani, J.A., D'Amico, T.A., . . . Yoon, H. (2023). Gastric Cancer Version 2.2023. *National Comprehensive Cancer Network*. Retrieved: October 2023. https://www.nccn.org/professionals/physician\_gls/pdf/gastric.pdf



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- [9] Benson, A.B., Venook, A.P., . . . Wu, C. (2023). Anal Carcinoma Version 3.2023. *National Comprehensive Cancer Network*. Retrieved: October 2023. https://www.nccn.org/professionals/physician\_gls/pdf/anal.pdf
- [10] Benson, A.B., Venook, A.P., . . . Wu, C. (2023). Colon Cancer Version 3.2023. *National Comprehensive Cancer Network*. Retrieved: October 2023. https://www.nccn.org/professionals/physician\_gls/pdf/colon.pdf
- [11] Benson, A.B., Venook, A.P., . . . Wu, C. (2023). Rectal Cancer Version 5.2023. *National Comprehensive Cancer Network*. Retrieved: October 2023. https://www.nccn.org/professionals/physician\_gls/pdf/rectal.pdf
- [12] Chu, E. (2024). Neoplasms of the Small and Large Intestine. L. Goldman & A.I. Schafer (Eds.). *Goldman-Cecil Medicine* (27), (pp. 1343-1354.e1). Philadelphia, PA: Elsevier.
- [13] Cools-Lartigue, J. & Ferri, L. (2019). Multimodality Therapy in the Management of Locally Advanced Esophageal Cancer. C.J. Yeo (Ed.). *Shackelford's Surgery of the Alimentary Tract* (8), (pp. 391-404). Philadelphia, PA: Elsevier.
- [14] Czito, B.G., Hsu, D., . . . Willett, C.G. (2021). Colon Cancer. J.E. Tepper, R.L. Foote, & J.M. Michalski (Eds.). *Gunderson & Tepper's Clinical Radiation Oncology* (5), (pp. 995-1010.e2). Philadelphia: Elsevier.
- [15] Doroshow, J.H. (2024). Approach to the Patient with Cancer. L. Goldman & A.I. Schafer (Eds.). *Goldman-Cecil Medicine* (27), (pp. 1214-1243.e1). Philadelphia, PA: Elsevier.
- [16] Ettinger, D.S., Wood, D.E., . . . Yau, E. (2023). Mesothelioma: Peritoneal Version 1.2024. *National Comprehensive Cancer Network*. Retrieved: December 12, 2023. https://www.nccn.org/professionals/physician\_gls/pdf/meso\_peritoneal.pdf
- [17] Falk, S. (2024). Radiotherapy and chemotherapy in treatment of oesophageal and gastric cancer. O.J. Garden, S. Paterson-Brown, P.J. Lamb & G.W. Couper (Eds.). *Oesophagogastric Surgery: A Companion to Specialist Surgical Practice* (7th), (pp. 126-141.e3). Philadelphia, PA: Elsevier.
- [18] Guren, M.G., Sebag-Montefiore, D., . . . Arnold, D. (2021). Treatment of Squamous Cell Carcinoma of the Anus, Unresolved Areas and Future Perspectives for Research: Perspectives of Research Needs in Anal Cancer. *Clinical Colorectal Cancer*, 20(4), 279-287.
- [19] Hallemeier, C.L. & Haddock, M.G. (2021). Anal Carcinoma. J.E. Tepper, R.L. Foote, & J.M. Michalski (Eds.). *Gunderson & Tepper's Clinical Radiation Oncology* (5), (pp. 1037-1050.e4). Philadelphia: Elsevier.
- [20] Kelley, S.R. & Nelson, H. (2020). Cancer of the Rectum. J.E. Niederhuber & J.O. Armitage (Eds.). *Abeloff's Clinical Oncology* (6), (pp. 1281-1299.e7). Philadelphia: Elsevier.
- [21] Ku, G.Y. & Ilson, D.H. (2020). Cancer of the Esophagus. J.E. Niederhuber, J.O. Armitage, . . . J.E. Tepper (Eds.). *Abeloff's Clinical Oncology* (6), (pp. 1174-1196.e6). Philadelphia, PA: Elsevier.
- [22] Lordick, F., Carneiro, F., . . . Smyth, E.C. (2022). Gastric cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. *Annals of Oncology*, 33(10), P1005-1020.



#### A WNS COMPANY

- [23] Martin-Richard, M., Carmona-Bayonas, A., . . . Sastre, J. (2020). SEOM clinical guideline for the diagnosis and treatment of gastric cancer (GC) and gastroesophageal junction adenocarcinoma (GEJA) (2019). *Clinical and Translational Oncology*, 22(2), 236-244.
- [24] Marulanda, K. & Maduekwe, U.N. (2021). Disparities in the Management of Peritoneal Surface Malignancies. *Surgical Oncology Clinics of North America*, 31, 29-41.
- [25] Oneda, E. & Zaniboni, A. (2021). Adjuvant treatment of colon cancer with microsatellite instability the state of the art. *Critical Reviews in Oncology and Hematology, 169*, Article 103537.
- [26] Pessia, B., Romano, L., . . . Schietroma, M. (2020). 2020 Squamous cell anal cancer: Management and therapeutic options. *Annals of Medicine and Surgery*, *55*, 36-46.
- [27] Rathore, R. (2024). Gastric Cancer. F.F. Ferri (Ed.). Ferri's Clinical Advisor 2024, (pp. 595-597.e1). Philadelphia, PA: Elsevier.
- [28] Sherwin, A., Khan, F., . . . Buggy, D.J. (2023). Anesthesia and Surgery for Cytoreductive Surgery With Hyperthermic Intraperitoneal Chemotherapy (HIPEC). 1st Initial. Middle Initial. Last Name1, Second 1st Initial. Middle Initial. Last Name2, . . . Last 1st Initial. Middle Initial. Last Name3 (Eds.). Perioperative Care of the Cancer Patient , (pp. 334-342). Philadel-phia: Elsevier.
- [29] van de Vlasakker, V.C.J., Lurvink, R.J., . . . de Hingh, I.H.J.T. (2021). The impact of PRO-DIGE 7 on the current worldwide practice of CRS-HIPEC for colorectal peritoneal metastases: A web-based survey and 2021 statement by Peritoneal Surface Oncology Group International (PSOGI). *European Journal of Surgical Oncology, 47*(11), 2888-2892.
- [30] Wang, S.X. & Marshall, B. (2021). Chemoradiation Therapy as Definitive Treatment of Esophageal Cancer. *The Surgical Clinics of North America, 101*(3), 443-451.
- [31] Watkins, A.A., Zerillo, J.A. & Kent, M.S. (2021). Chemoradiation Therapy as Definitive Treatment of Esophageal Cancer. *The Surgical Clinics of North America*, 101(3), 453-465.
- [32] Wilder, F.G. & Yang, S.C. (2023). Management of Esophageal Cancer. J.L. Cameron & A.M. Cameron (Eds.). *Current Surgical Therapy* (14), (pp. 54-59). Philadelphia, PA: Elsevier.

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