



Louisiana

Saturation Biopsy for Diagnosis, Staging, and Management of Prostate Cancer

Policy # 00639

Original Effective Date: 01/01/2019

Current Effective Date: 11/11/2024

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Whole Gland Cryoablation of Prostate Cancer is addressed separately in medical policy 00022.

Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers saturation biopsy in the diagnosis, staging, and management of prostate cancer to be **investigational**.*

Policy Guidelines

Saturation biopsy is generally considered obtaining more than 20 biopsy tissue cores from the prostate in a systematic manner; it is occasionally defined as obtaining more than 18 biopsy tissue cores.

Background/Overview

Prostate Cancer

Prostate cancer is common and is the second leading cause of cancer-related deaths in men in the U.S.

Diagnosis

The diagnosis of prostate cancer is made by biopsy of the prostate gland. The approach to biopsy has changed over time, especially with the advent of prostate-specific antigen screening programs that identify cancer in prostates that are normal to palpation and to transrectal ultrasound. For patients with an elevated prostate-specific antigen level but with a normal biopsy, questions exist

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about subsequent evaluation, because repeat biopsy specimens may be positive for cancer in a substantial percentage of patients.

In the early 1990s, use of sextant biopsies involving 6 random, evenly distributed biopsies became the standard approach to diagnose prostate cancer. In the late 1990s, as studies showed high false-negative rates for this strategy (missed cancers), approaches were developed to increase the total number of biopsies and to change the location of the biopsies. While there is disagreement about the optimal strategy, most would agree that initial prostate biopsy strategies should include at least 10 to 14 cores. Additional concerns have been raised about drawing conclusions about the stage (grade) of prostate cancer based on limited biopsy specimens. Use of multiple biopsies has also been discussed as an approach to identify tumors that may be eligible for subtotal cryoablation therapy.

At present, many practitioners use a 12- to 14-core "extended" biopsy strategy for patients undergoing initial biopsy. This extended biopsy is done in an office setting and allows for more extensive sampling of the lateral peripheral zone; a sampling of the lateral horn might increase the cancer detection rate by approximately 25%.

Another approach to increasing the number of biopsy tissue cores is "saturation" biopsy. In general, saturation biopsy is considered as more than 20 cores taken from the prostate, with an improved sampling of the anterior zones of the gland, which may be undersampled in standard peripheral zone biopsy strategies and might lead to missed cancers. Saturation biopsy might be performed transrectally or transperineally; the transperineal approach is generally performed as a stereotactic template-guided procedure with general anesthesia.

Surveillance

In addition to the diagnosis of prostate cancer, some have suggested that saturation biopsy could be a part of active surveillance (a treatment approach that involves surveillance with prostate-specific antigen, digital rectal exam, and routine prostate biopsies in men whose cancers are small and expected to behave indolently). Saturation biopsy has the potential to identify tumor grade more accurately than standard biopsy.

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FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Saturation biopsy is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Description

Saturation biopsy of the prostate, in which more cores are obtained than by standard biopsy protocol, has been proposed in the diagnosis (for initial or repeat biopsy), staging, and management of individuals with prostate cancer.

Summary of Evidence

For individuals who have suspected prostate cancer who receive initial saturation biopsy, the evidence includes randomized controlled trials (RCTs), observational studies, and systematic reviews. Relevant outcomes are overall survival (OS), disease-specific survival, test accuracy, and treatment-related morbidity. A 2013 systematic review found higher rates of cancer detection with saturation biopsy than with extended biopsy overall, but, in the subgroup of men with prostate-specific antigen (PSA) levels less than 10 ng/mL, the degree of difference was small and possibly not clinically significant. Health outcomes (eg, survival rate) were not reported. Although several studies were published after the systematic review, none showed that initial saturation biopsy improved the detection of clinically significant cancers and none reported progression or survival outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have suspected prostate cancer who receive repeat saturation biopsy, the evidence includes observational studies and a systematic review. Relevant outcomes are OS, disease-specific survival, test accuracy, and treatment-related morbidity. Several studies have compared

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saturation with standard prostate biopsies in the repeat biopsy setting and have found significantly higher detection rates with saturation biopsy. However, at least 1 study found that about one-third of the positive findings with saturation biopsy were clinically insignificant cancers. Moreover, studies of saturation biopsy as the repeat prostate biopsy strategy focused on cancer detection rates and did not report health outcomes (eg, progression or survival). Evidence is lacking as to whether saturation biopsy leads to improved health outcomes, including the possibility of detecting clinically insignificant cancers, which could lead to unnecessary treatment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have prostate cancer and are candidates for active surveillance who receive saturation biopsy, the evidence includes 2 nonrandomized comparative studies. Relevant outcomes are OS, disease-specific survival, test accuracy, and treatment-related morbidity. Both studies retrospectively compared standard biopsy with saturation biopsy for selecting patients for active surveillance; neither found that saturation biopsy improved the ability to select patients. In 1 study, biopsy method was not a significant predictor of upstaging and, in the other study, biopsy method was not significantly associated with selecting patients with a high Gleason score. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Supplemental Information

2014 Input

In response to requests, input was received from 3 physician specialty societies and 3 academic medical centers while this policy was under review in 2014. There were 5 responses from 1 specialty society, 4 responses from another, and 1 response from the third, for a total of 10 specialty society responses. Most reviewers stated that saturation biopsy is considered investigational and did not think that saturation biopsy in patients with 2 prior negative biopsies and persistently rising prostate-specific antigen level is considered medically necessary. Clinicians proposed various options that could be used in the situation of prior negative biopsies and rising prostate-specific antigen level: there was no consensus on the best approach. Suggestions included magnetic resonance imaging with transrectal ultrasound, multiparametric magnetic resonance imaging, and 3T pelvic magnetic resonance imaging. There was near consensus that there is insufficient evidence to support the use of any of these techniques for the indications being considered.

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Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

National Comprehensive Cancer Network Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines on early detection of prostate cancer (v.2.2024) state that despite emerging evidence, the panel does not recommend a saturation biopsy strategy for all individuals with previous negative biopsies given the benefits seen for magnetic resonance imaging (MRI) and MRI-targeted biopsy in this patient population. The emerging evidence cited included 1 prospective nonrandomized study (Zaytoun et al 2011) and uncontrolled observational studies published between 2006 and 2013.

NCCN guidelines on prostate cancer treatment (v.4.2024) do not mention saturation biopsy.

U.S. Preventive Services Task Force Recommendations

The U.S. Preventive Services Task Force (2018) recommendations on prostate cancer screening did not address saturation biopsy. This topic is currently being updated.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in May 2024 did not identify any ongoing or unpublished trials that would likely influence this review.

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- 14. U.S. Preventive Services Task Force (USPSTF). Final Recommendation Statement: Prostate Cancer: Screening. 2018 May;
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate- cancer-screening>

Policy History

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- 10/04/2018 Medical Policy Committee review
- 10/17/2018 Medical Policy Implementation Committee approval. New policy.
- 10/03/2019 Medical Policy Committee review
- 10/09/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 10/01/2020 Medical Policy Committee review
- 10/07/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 10/07/2021 Medical Policy Committee review
- 10/13/2021 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 10/06/2022 Medical Policy Committee review
- 10/11/2022 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 10/05/2023 Medical Policy Committee review
- 10/11/2023 Medical Policy Implementation Committee approval. Updated NCCN Guidelines to version 1.2023 in the Supplemental Information and References sections. Coverage eligibility unchanged.
- 10/03/2024 Medical Policy Committee review
- 10/08/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 10/2025

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Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2023 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	55706
HCPCS	No codes
ICD-10 Diagnosis	All related Diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into

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standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

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NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

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