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

Adjudication Guideline

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1. Abstract

1.1 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.

1.2 For Medical Professionals

Stage and molecular features determine the need for adjuvant systemic therapy and the choice of modalities used. 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.

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.

2. Scope

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

3. Adjudication Policy

3.1 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.

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]). Commonly, women with DCIS have suspicious micro-calcifications on mammography and less common findings include a mass or other soft tissue change.

   Screening mammography identifies the presence of DCIS. 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) is only indicated in women with high-risk features.

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.

   This includes local treatment with mastectomy or breast-conserving therapy, followed by adjuvant radiation. Radiation therapy not indicated in patients with low-risk disease. Adjuvant endocrine therapy is not indicated for women.

3. History and physical examination should be performed twice a year for Lobar Carcinoma in Situ (LCIS) and for twice a year for 5 years, and then yearly, for ductal carcinoma in situ (DCIS).

   If breast conserved, post-radiation in DCIS, mammography should be performed twice a year in the first year, then after performed yearly.

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 oestrogen (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, chemotherapy is recommended in the neoadjuvant setting rather than endocrine therapy.

   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.

   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. Clinical indicated needs to be submitted to provide coverage.

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
  Indicated for tumours that test positive for either oestrogen or progesterone receptors (ER-positive or PR-positive; in both early-stage and metastatic cancer.

- Chemotherapy
  Given at repeating intervals for a set period of time to treat early-stage breast cancer. 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.

- Biological targeted Treatment
  Approved to treat breast cancer. They are targeted at HER2. Used to treat cancer that has spread to the bone.

3.2 Requirements for Coverage

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

3.3 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 unless it has any unfavourable features.
- Daman does not cover all drugs for basic plan and coverage is dependent on regulator issued drug list.

3.4 Payment and Coding Rules

- Please apply regulatory 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.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
AUTH-001	Prior approval is required and was not obtained
NCOV-0026	Drug not listed in formulary
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in the allowance for another service
NCOV-001	Diagnosis(es) is (are) not covered

5. Appendices

5.1 References

- https://emedicine.medscape.com/article/1947145-overview
- https://bestpractice.bmj.com/topics/en-gb/718/treatment-algorithm
- https://bestpractice.bmj.com/topics/en-gb/716/treatment-algorithm
- https://bestpractice.bmj.com/topics/en-gb/717/treatment-algorithm
- https://www.nccn.org/professionals/physician_gls/default.aspx
- https://www.nice.org.uk/guidance/ng12
- https://www.uptodate.com/contents/diagnostic-evaluation-of-suspected-breast-cancer
- http://www.esmo.org/Guidelines/Breast-Cancer
- https://www.nationalbreastcancer.org/breast-cancer-lab-tests/

5.2 Revision History

Date	Change(s)
09/01/2019	Release V1.0 • Initial Release
31/12/2024	Release V2.0 • Template update and Content update