

## Prostate Cancer Treatment

### **I. Policy**

University Health Alliance (UHA) will reimburse for treatment of prostate cancer when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### **II. Background**

Cancer of the prostate is a monumental public health problem. Prostate cancer is the second leading cause of cancer death in American men, behind lung cancer. About 1 man in 8 will be diagnosed with prostate cancer during his lifetime and about 1 man in 41 will die of prostate cancer. In estimates by the American Cancer Society, prostate cancer ranks second in Hawaii for the most common type of new cancer in 2022.

Carcinoma of the prostate has generated substantial controversy, which has spilled into the public domain. The role of population-based PSA screening remains controversial. The choice of treatment for an individual patient with a non-high-grade prostatic adenocarcinoma depends on an informed patient decision incorporating knowledge about the potential advantages and disadvantages associated with each approach, along with personal preferences. The basic choices are external beam radiation therapy (RT) with or without brachytherapy, brachytherapy alone, radical prostatectomy, or active surveillance. Treatment decisions for localized prostate cancer are complicated and preference sensitive because of the differences in the specific risks and benefits of the various treatment choices. Patient-physician shared decision making can facilitate selecting a treatment that best aligns with the patient's personal values, and it is recommended in professional society guidelines.

Unfamiliar to much of the lay community is the controversy and uncertainty surrounding how a patient with an established diagnosis of localized prostate cancer should be treated. Age, grade (Gleason score), and PSA level help to guide some decisions (e.g., "no treatment necessary," "surgery not indicated") in specific instances. However, for many patients, the choice between therapeutic options is unclear. Surgery (open or robotic), XRT (external beam or by brachytherapy) with or without androgen deprivation or observation without immediate intervention might be of equal or of near equal efficacy. To offset these concerns, the following requirements for prostate cancer treatment have been established. Changing NCCN and other guidelines can have immediate and material impacts upon treatment planning and patient discussions. For example, the expanded role of SBRT has led UHA to remove it from a prior authorization status and require that it be discussed in all appropriate instances.

### **III. Criteria/Guidelines**

- A. UHA requires mandatory evaluation by both a urologic surgeon and a radiation oncologist for all clinical Stage I and II patients and for those clinical Stage III patients who are considered for prostatectomy.
  1. Routine clinical parameters and criteria must be met for diagnosis and staging.
  2. Documentation from both specialists must reflect discussion of therapeutic alternatives and their relative risks and benefits as well as the provider's personal experience with the specific techniques contemplated.
  3. Surgeons must offer candid insight into available procedures, and radiation oncologists must discuss external beam therapy as well as brachytherapy.



#### IV. Limitations/Exclusions

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

#### V. Administrative Guidelines

- A. UHA requires prior authorization for treatment of all operable prostate cancer.
- B. UHA requires evaluation by both a urologic surgeon and a radiation oncologist for all clinical Stage I and II patients and for those clinical Stage III patients who are considered for prostatectomy.
- C. All of the following documentation must be submitted:
  - 1. Clinical notes describing symptoms and physical findings and cancer staging; and
  - 2. Documentation of evidence that the UHA member has been evaluated by both a urologic surgeon and a radiation oncologist, as noted in the guidelines above.
- D. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

#### VI. Policy History

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