CMS Releases Draft Decision for Oncologic PET

On January 6, the Centers for Medicare & Medicaid Services (CMS) released a draft National Coverage Decision (NCD) for oncologic PET. The draft decision includes 2 critical elements that will shape the future landscape of PET reimbursement by Medicare. The first element is to expand coverage for the initial treatment strategy. After a careful review of the evidence provided by the Coverage with Evidence Development (CED) program, CMS will cover 1 ^{18}F-FDG PET study for patients who have solid tumors that are biopsy proven or strongly suspected, based on other diagnostic testing, when the patient's physician determines ^{18}F-FDG PET is critical to determine the location and/or extent of the tumor for specific therapeutic purposes outlined in the document.

Second, the draft decision continues to restrict coverage on the subsequent treatment strategy and proposes a new coverage framework. For tumors other than the 9 currently covered indications (breast, cervical, colorectal, esophageal, head and neck, non–small cell lung, and thyroid cancers, lymphoma, and melanoma), CMS states that the evidence is not adequate to determine that ^{18}F-FDG PET imaging improves physician decision making in the determination of subsequent antitumor treatment strategy.

CMS also proposes to transition the current coverage framework—diagnosis, staging, restaging, and monitoring—into a truncated treatment strategy framework of initial treatment and subsequent treatment. For all cancers other than the 9 currently covered, PET for subsequent treatment evaluation will require use under CED. For a full understanding of the effect of the coverage changes on oncologic uses of ^{18}F-FDG PET, review Appendix A of the draft decision at http://www1.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?from2=viewdraftdecisionmemo.asp&id=218&.

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Finally, the draft decision does not clearly state what will happen to the current program with the National Oncologic PET Registry (NOPR) after implementation of the final decision. The public comment period closed on February 5, and the implementation of the final decision will likely begin on April 5. Although it is clear that CMS is looking for more rigorous data from a future PET CED program, it is unclear whether they will establish a new NOPR-like program before the implementation date. The current contract with NOPR will effectively be canceled when the final decision goes into effect. SNM, together with other stakeholder societies, will continue to work with CMS to avoid any coverage gaps for patients seeking these critical procedures. Continue to check the SNM Web site for further details regarding the final oncologic PET NCD.

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participation in the network. Representatives from drug trial sponsors discussed the specific needs for imaging in multicenter clinical trials.

The 2009 Mid-Winter Educational Symposium—including the SNM Clinical Trials Network Workshop—once again helped our society start the year off with great excitement, enthusiasm, and a sense of purpose. SNM members and staff now look forward to a vibrant exchange of research and knowledge at the 56th Annual Meeting in Toronto, Canada, June 13–17.

As SNM continues to expand and share knowledge, we are helping to build an innovative and vital industry. Providing educational opportunities, forging strong relationships with other societies, and creating research initiatives attest to how ably SNM is advancing molecular imaging and therapy.

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