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BY ELECTRONIC DELIVERY

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RE: Comment of World Molecular Imaging Society (WMIS) on Positron Emission Tomography (NaF-18) To Identify Bone Metastasis of Cancer (CAG-00065R) Proposed Decision Memorandum

Dear Director Syrek Jensen:

The World Molecular Imaging Society (WMIS) appreciates the opportunity to comment on the Proposed Decision Memorandum on Positron Emission Tomography (NaF-18) (CAG-00065R).[1] We were disappointed to learn that the Centers for Medicare & Medicaid Services (CMS) proposes to find that the data is insufficient to determine that NaF PET is reasonable and necessary for the identification of bone metastatis of cancer, and further proposes to continue Coverage with Evidence Development (CED) for NaF PET in order to enable additional confirmatory research to be conducted.

WMIS strongly opposes the conclusion of the Proposed Decision, as we believe that the data submitted by the National Oncologic PET Registry (NOPR) Working Group are sufficient to demonstrate that coverage of NaF PET for the designated oncologic indications is both reasonable and necessary. We encourage CMS to review the submitted data and publications once again, and issue a Final Decision that ends the CED restrictions on NaF PET and authorizes national coverage. In so doing, WMIS further encourages CMS to clarify that coverage will extend to more than merely the initial NaF PET scan, as is the case with Medicare coverage for oncologic FDG PET.

Should CMS nonetheless insist upon additional confirmatory research, WMIS strongly advises CMS to consider extending the proposed twelve month deadline for completion of such research before CED is terminated. We believe that a minimum of eighteen months would be necessary for such research. The practical and logistical requirements involved in completing a peer-reviewed study of this scope and focus should not operate to deprive Medicare beneficiaries of the availability of NaF PET under CED.

[1] National Coverage Analysis (NCA) for Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer (CAG-00065R), *available at* http://www.cms.gov/medicare-coverage-database/details/nca-details.aspx?NCAId=233.

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WMIS Background

WMIS is an international scientific educational organization dedicated, in significant part, to the utilization of quantitative molecular imaging in patient care. At present, WMIS has over 1,000 members. The foremost and authoritative society in molecular imaging, WMIS was formed in 2011 from the merger of two of the premier molecular imaging societies — the Academy of Molecular Imaging and the Society for Molecular-Genetic Imaging. Between 2006 and 2011, AMI was the sponsor of the original National Oncologic PET Registry (NOPR). Post-merger, WMIS continued to sponsor NOPR 2009 through its conclusion, and continues to sponsor NOPR (NaF-PET).

The Reconsideration Request Data Are Sufficient for Coverage

As the sponsor of NOPR NaF-PET, WMIS was actively engaged with both the NOPR Working Group and with CMS staff in developing the CMS-approved study design for the NOPR NaF PET CED study. As CMS is aware, the multi-site registry-based CED approach that was successfully utilized for FDG PET was replicated for NaF PET, and generated an extensive data set for analysis. Pursuant to the CMS-approved study design, NOPR NaF PET collected data comprising 35,468 scans performed on 27,713 patients at 1,000 different PET facilities nationwide over a four-year period. Per the CMS-approved study protocol, the objective of the NOPR NaF PET CED study was to "assess the effect of NaF-PET on referring physicians' plans of intended management of patients with known or suspected bone metastases participating in NOPR (NaF-PET)."[2]

As detailed in the NOPR Working Group reconsideration request, the accumulated NOPR NaF registry data yielded three peer-reviewed published manuscripts summarizing the results. The Working Group contends — and WMIS concurs — that these manuscripts together provide what CMS states in its Proposed Decision that it was seeking: "evidence demonstrating how the treating physician uses the result of a NaF-18 PET imaging test for cancer metastasis to bone in whom bone metastases are strongly suspected based on clinical symptoms or the results of other diagnostic studies."[3] For instance, the NOPR Working Group reported that the overall post-NaF PET change in intended management was 40% (42% prostate, 39% breast and 35% all other cancers) — a clear indication that the additional information provided by NaF PET influenced how the treating physician chose to manage patient care. Indeed, after NaF PET, while continuing current therapy was planned in 59% of cases, switching therapy was planned in 33%, with modifying dose or schedule in 5% and stopping all therapy in 3%. The data also demonstrate that NaF PET provided added value to the referring physicians in terms of patient management, as those physicians judged post-PET prognosis to be better than the pre-PET prognosis in 28% of instances, unchanged in 40% and worse in 32%.

Furthermore, WMIS strongly emphasizes that it does not believe that additional confirmatory evidence is necessary for CMS to issue a favorable coverage determination for NaF PET. While the desire for additional confirmatory evidence is understandable in the abstract (and is certainly necessary in certain situations), WMIS believes that the effort required to obtain the specific confirmatory evidence being requested by CMS here is disproportionately onerous to any marginal benefit that would

[2] National Oncologic PET Registry, *Operations Manual for NOPR (NaF-PET)*, at http://www.cancerpetregistry.org/pdf/NOPR%20web%20site%20section%20b_2012.pdf

[3] Proposed Decision Memorandum, Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer (CAG-00065R2) (Sept. 16, 2015), at 3.

be generated from such efforts. WMIS contends that there is little if any reason to believe that clinicians who report their intended use of imaging results are somehow disproportionately likely to disregard that same stated intent in actual practice, absent an intervening change in patient condition that is unrelated to the results of the imaging. Indeed, CMS did not require evidence confirming actual implementation of intended use prior to removing the CED restrictions on FDG PET, and there is no practical distinction between FDG PET and NaF PET in this respect.

Overall, WMIS believes that the NOPR data and publications convincingly demonstrate the value of NaF PET as a diagnostic tool that meets the criteria for ending the CED requirements as established by CMS: affecting "health outcomes through changes in disease management brought about by physician actions taken in response to test results."[4] We encourage CMS to issue a Final Decision Memorandum that ends the CED requirements on the basis of the existing data, and provides national coverage for NaF PET for oncologic indications.

CMS Should Confirm Coverage for Multiple Scans

Throughout its long sponsorship of the NOPR, first with FDG PET and now with NaF PET, WMIS and its predecessors have recognized the clinical importance of ensuring the availability of PET imaging not only for initial treatment strategy, but subsequent treatment strategy as well.[5] The use of imaging for both initial and subsequent treatment strategy reflects standard clinical practice in oncology, as CMS accurately acknowledged in the Proposed Decision.[6] This standard clinical practice also informed our belief as to the importance of ensuring that coverage of oncologic FDG PET extended beyond initial treatment, and why (as the NOPR's sponsor) we believed it important that the NOPR NaF PET CED parameters permitted for "prospective data collection used in initial anti-tumor treatment strategy and/or subsequent anti-tumor treatment strategy for NaF-18 PET in identifying bone metastases . . . ."[7]

Given that CMS confirms in the Proposed Decision that imaging to detect bone metastases "is also recommended when a patient, following completion of initial treatment, is symptomatic with bone pain suspicious for metastases from a known primary tumor,"[8] WMIS was thus perplexed by the assertion that while CMS differentiated between initial and subsequent treatment strategy for oncologic FDG PET, CMS "ha[s] not used this distinction for NaF-18 PET for bone metastasis of cancer since it applies more directly to early diagnostic evaluation than to advanced metastatic disease."[9] Given prior precedent and CMS's own recognition of standard clinical practice, we presume CMS does not mean to imply by the latter statement that any post-CED coverage of NaF PET would be restricted to a single initial scan. WMIS encourages CMS to confirm in its Final Decision that coverage for NaF PET, whether

[4] Proposed Decision at 3.

[5] See, e.g., World Molecular Imaging Society (WMIS), Society of Nuclear Medicine and Molecular Imaging (SNMMI), and American College of Radiology (ACR) Joint Comment on Reconsideration of Section 220.6 of the NCD on Positron Emission Tomography (FDG) (CAG-00181R4) (Oct. 4, 2012).

[6] Proposed Decision Memorandum, at 5.

[7] Id. at 3.

[8] Id. at 5.

[9] Id. at 4.

under CED or generally, reflects prevailing clinical standards and extends to scans for both initial and subsequent treatment strategy.

Twelve Months is Insufficient for the Requested Confirmatory Study

WMIS observes that that CMS has proposed to extend CED for a period of twelve months for the the purpose of allowing "confirmatory analyses to be performed and resulting evidence to be published" on the question of whether the intended management reported by clinicians following NaF PET is reflected in actual patient management.

As explained above, WMIS believes that the existing data are sufficient to justify coverage of NaF PET now. However, if CMS elects to finalize the recommendation in the Proposed Decision, WMIS is concerned that twelve months is simply an insufficient amount of time. While WMIS does not express any opinion as to the form that any confirmatory analysis should take, WMIS believes that it is unreasonable to expect that a study of the necessary scope and scale — requiring the development of a study design and associated protocols, data collection and aggregation, data analysis, drafting, peer-review, and publication — could be accomplished within such a limited period. Nor are certain aspects of the process — notably peer review and publication — within the control of the study authors, regardless of the speed with which those authors are able to collect and analyze the relevant data.

Nor is the length of the CED extension of merely academic concern. Given that the failure of such a study to be completed, reviewed, and published within twelve months would have significant practical consequences — the denial of NaF PET coverage to Medicare beneficiaries — WMIS urges CMS to extend CED for a period of time that is more attuned with the practical realities of conducting the research that CMS believes is necessary. We believe that at minimum, a period of eighteen months would be appropriate for this purpose.

Conclusion

WMIS appreciates this opportunity to provide CMS with comments in an area of significant WMIS expertise and experience, and would be pleased to provide CMS with any additional information that CMS may find useful in reaching its final decision.

Sincerely,

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