March 28, 2018

Ella Noel, D.O., FACOI
1717 West Broadway
Madison, WI 53713
policycomments@wpsic.com

Re: MolDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) (DL37671)

Dear Dr. Noel,

Thank you for the opportunity to comment on DL37671. The Association for Molecular Pathology (AMP) is an international medical and professional association representing approximately 2,300 physicians, doctoral scientists, and medical technologists who perform or are involved with laboratory testing based on knowledge derived from molecular biology, genetics, and genomics. Membership includes professionals from the government, academic medicine, private and hospital-based clinical laboratories, and the in vitro diagnostics industry.

The College of American Pathologists (CAP) is a national medical specialty society representing more than 18,000 physicians who practice anatomic and/or clinical pathology. College members practice their specialty in clinical laboratories, academic medical centers, research laboratories, community hospitals and federal and state health facilities.

Members of both AMP and CAP are experts in molecular pathology and the implementation of this coverage policy will directly impact their practices. We are submitting joint comments because at this time both of our organizations share the same concerns regarding this draft LCD.

This policy provides limited coverage for Guardant360®, a plasma-based comprehensive somatic genomic profiling test for patients with Stage IIIB/IV non-small cell lung cancer (NSCLC) either at diagnosis, when results for *EGFR* single nucleotide variants (SNV) and insertions and deletions (indels); *ALK* and *ROS1* rearrangements; and PD-L1 expression are not available AND when tissue-based CGP is infeasible, or at progression for patients progressing on, or after, chemotherapy or immunotherapy who have never been tested for *EGFR* SNVs and indels, and *ALK* and *ROS1* rearrangements, and for whom tissue-based comprehensive genomic profiling is infeasible, or for patients progressing on EGFR tyrosine kinase inhibitors other than Osimertinib.

This policy is written as specifically providing limited coverage for the Guardant360® assay, but only references the use of one CPT code 81479 (unlisted molecular pathology). This code allows each MAC to determine the reimbursement for the test instead of reimbursing at the national limitation amount. It is more appropriate to use a genomic sequencing code such as CPT code 81445 in order to prevent arbitrary reimbursement that varies by MAC.

AMP and CAP also urge you to address the limited indications included in this policy. Testing for acquisition of ALK inhibitor (crizotinib) resistance should also be medically necessary since second line therapies are already present (Costa DB *et al*).

Coverage Policy Should Extend to Liquid Biopsy Assays Performed in Other CLIA-certified Laboratories

This policy as written limits coverage to the Guardant360® assay. In its current form, this policy would contradict this long-standing policy in favor of providing coverage for one specific assay and excluding entire categories of testing with a long history of being utilized successfully in CLIA-certified laboratories. The use of these tests are often supported by well-established clinical guidelines that have been developed and endorsed by leading scientists, subject matter experts, and professional societies (NCCN Clinical Practice Guidelines). Medicare must cover any and all tests that direct patient care and are deemed clinically relevant and useful by the team of treating physicians that meet CMS' medically reasonable and necessary standard.

Use of Independent Registries Too Restrictive

The policy states that Guardant will collect data on use of its test through independent registries, and that continued coverage will depend on annual review by the contractor of such data, including documentation of new sites of disease and organs with new sites of disease. This process is reminiscent of coverage with evidence development (CED). CED requirements are unnecessarily restrictive, due to the incomplete data on patients available to laboratories that is instead logged by treating oncologists. The same concern regarding data collection and availability for laboratories within CED is present when dealing with the data available to contractors from independent registries. Laboratories may not be involved in the documentation process of new sites and disease, but continued coverage for this test will hinge on this data. Medicare contractors are not authorized to use CED in their determinations and, as the process described above closely mirrors CED, implementing it as written would be at odds with established LCD procedures.

Thank you again for the opportunity to review and comment on this proposed policy. We are happy to be of assistance in providing additional clinical or other information to assist you with this draft LCD. Please direct your correspondence to Tara Burke, AMP Director of Public Policy, at tburke@amp.org or Nonda Wilson, CAP's Manager, Economic and Regulatory Affairs, at nwilson@cap.org.

Sincerely,

Association for Molecular Pathology
College of American Pathologists

References:

NCCN Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer. Version 2.2018. https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf

Costa DB, Shaw AT, Ou SH, et al. Clinical Experience With Crizotinib in Patients With Advanced ALK-Rearranged Non-Small-Cell Lung Cancer and Brain Metastases. *J Clin Oncol*. 2015 Jun 10.