

**From:** [Emilio Beatley](#)  
**To:** [A.POLICY](#); [B.POLICY](#)  
**Subject:** [EXTERNAL] Request for LCD Reconsideration Request--Radiation Therapies LCD L39553  
**Date:** Monday, March 25, 2024 1:56:57 PM  
**Attachments:** [image001.jpg](#)  
[SCLC NCCN.pdf](#)  
[FIRE- SCLC study.pdf](#)  
**Importance:** High

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Good afternoon,

The American Society for Radiation Oncology (ASTRO) is reaching out today with concerns about the current LCD L39553 regarding the lack of coverage for Stereotactic Radiosurgery (SRS) for brain metastases with primary diagnosis of small cell carcinomas. The NCCN Panel decided that SRS may be used for selected patients with a small number of brain metastases based on available data and pending outcomes of the ongoing trials. In patients who develop brain metastases after PCI, SRS (preferred) or repeat whole-brain RT (in carefully selected patients) may be considered. **NRGCC09** (SRS vs HA-WBRT for patients with SCLC mets) is open and is accruing at a modest pace where the primary endpoint is cognitive function (not OS or brain-progression free survival).

A blanket restriction of SRS for brain metastases in the setting of small cell lung cancer is contrary to the NCCN guidelines and we believe this is the only MAC in the country to have this restriction. Radiation oncologists around the country are using SRS for SCLC patients with limited brain metastatic disease and it can be very difficult to recommend whole brain therapy in select cases. **ASTRO would ask that the “small cell carcinoma” language be removed from the third bullet point under SRS for “Indications and Limitations of Coverage and/or Medical Necessity” to allow for treatment with SRS in these appropriate clinical cases.** Please see attached NCCN guidelines and data from the mentioned FIRE-SCLC study.

Thank you for this reconsideration process review and we look forward to hearing from you further on this matter. Do not hesitate to reach out with any questions and/or comments.

Best regards,

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