

CONCERT GENETICS ONCOLOGY: CIRCULATING TUMOR DNA AND CIRCULATING TUMOR CELLS (LIQUID BIOPSY)

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[Coding implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

OVERVIEW

Cell-free circulating tumor DNA (ctDNA) originates directly from the tumor tissue (primary or metastasis); as tumor cells die the contents are released into the bloodstream. Genetic tests performed on [cell-free circulating tumor DNA \(ctDNA\)](#), also referred to as a liquid biopsy, potentially offer a noninvasive alternative to tissue biopsy for detection of “driver mutations” or acquired genetic mutations that may guide targeted therapy, and may also be used to track progression of disease.

[Circulating tumor cells \(CTCs\)](#) are intact tumor cells that are shed from tumor cells into the bloodstream or lymphatic system. Most assays detect CTCs through the use of surface epithelial markers such as EpCAM and cytokeratins. The primary reason for detecting CTCs is prognostic rather than for guiding therapeutic choices, through quantification of circulating levels.

POLICY REFERENCE TABLE

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2022, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

NOTE: Coverage is subject to each requested code’s inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

Please see the [Concert Genetics Platform](#) for a comprehensive list of registered tests.

Criteria Sections	Example Tests, Labs	Common CPT Codes	Common ICD Codes	Ref
Molecular Profiling Panel Tests via Circulating Tumor DNA (ctDNA)				
Broad Molecular Profiling Panel Tests via Circulating Tumor DNA (ctDNA)	FoundationOne Liquid CDx (Foundation Medicine)	0239U*	C15, C16, C18, C25, C34, C61	1, 2, 3, 4, 5, 6, 7, 8
	Guardant360 CDx (Guardant Health)	0242U*		
	Guardant360 83+ genes (Guardant Health)	0326U*		
	NeoLAB Solid Tumor Liquid Biopsy (NeoGenomics Laboratories)	81445*		
	Tempus xF: Liquid Biopsy Panel of 105 Genes (Tempus)	81455*		
Lung Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA)	Resolution ctDx Lung (Labcorp)	0179U*	C34	1
	OncoBEAM Lung2: EGFR, KRAS, BRAF (Sysmex Inostics, Inc.)	81210, 81235, 81275, 81479		
	InVisionFirst-Lung Liquid Biopsy (NeoGenomics Laboratories)	81445*		
Colorectal Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA)	OncoBEAM CRC1: KRAS, NRAS, BRAF, HRAS (Sysmex Inostics, Inc.)	81210, 81275, 81311, 81403*, 81479	C18-C21	3
Melanoma Focused Panel Tests via Circulating Tumor DNA (ctDNA)	OncoBEAM Melanoma1: BRAF, NRAS (Sysmex Inostics, Inc.)	81210, 81311, 81479	D03	4
Single Gene Molecular Profiling Tests via Circulating Tumor DNA (ctDNA)				
EGFR Variant Analysis via ctDNA	OncoBEAM Lung1: EGFR (Sysmex Inostics, Inc.)	81235	C34	1, 9, 10
	EGFR T790M Mutation Detection in ctDNA by Digital Droplet PCR (ARUP Laboratories)			
BRAF Variant Analysis via ctDNA	Cell-Free DNA BRAF V600, Blood (Mayo Medical Laboratories)	81210	C18-C21, C43	1, 3, 4, 8
	OncoBEAM Melanoma2: BRAF (Sysmex Inostics, Inc.)			
KRAS Variant	Cell-Free DNA KRAS 12, 13, 61, 146	81275, 81276	C18-C20	1, 3, 8

Analysis via ctDNA	Blood (Mayo Medical Laboratories)			
PIK3CA Variant Analysis via ctDNA	therascreen PIK3CA RGQ PCR Kit (QIAGEN)	0177U*	C50	5
	PIK3CA Mutation CDx - Plasma (NeoGenomics Laboratories)	81309		
Circulating Tumor Cell (CTC) Tests				
AR-V7 Androgen Receptor Splice Variant Analysis in Circulating Tumor Cells (CTCs)	AR-V7 Prostate Cancer (Johns Hopkins Medical Institutions - Pathology Laboratory)	81479	C61, Z19.2	2
	AR-V7 Nucleus Detect (Epic Sciences)			
Circulating Tumor Cell (CTC) Enumeration Analysis	Circulating Tumor Cell (University of Washington Medical Center)	86152*, 86153*	C00.0-C96.9	5

OTHER RELATED POLICIES

This policy document provides criteria for circulating tumor DNA (ctDNA) and circulating tumor cells testing (liquid biopsy). For other oncology-related testing, please refer to:

- ***Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies*** for criteria related to DNA testing of a solid tumor or a blood cancer.
- ***Genetic Testing: Hereditary Cancer Susceptibility Syndromes*** for criteria related to genetic testing to determine if an individual has an inherited cancer susceptibility syndrome.
- ***Oncology: Algorithmic Testing*** for criteria related to gene expression profiling and tumor biomarker tests with algorithmic analyses.
- ***Oncology: Cancer Screening*** for criteria related to the use of non-invasive fecal, urine, or blood tests for screening for cancer.
- ***Genetic Testing: General Approach to Genetic and Molecular Testing*** for criteria related to circulating tumor DNA or circulating tumor cell testing that is not specifically discussed in this or another non-general policy.

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CRITERIA

It is the policy of Louisiana Healthcare Connections that the specific genetic testing noted below is **medically necessary** when meeting the related criteria:

MOLECULAR PROFILING PANEL TESTS VIA CIRCULATING TUMOR DNA (ctDNA)

Broad Molecular Profiling Panel Tests via Circulating Tumor DNA (ctDNA)

- I. Broad molecular profiling panel tests via [circulating tumor DNA](#) (liquid biopsy) (0239U*, 0242U*, 0326U*, 81445*, 81455*, 81462*, 81463*, 81464*) are considered **medically necessary** when:
 - A. The member/enrollee has a diagnosis, progression, or recurrence of one of the following:
 1. Advanced (stage IIIb or higher) or metastatic lung adenocarcinoma, **OR**
 2. Advanced (stage IIIb or higher) or metastatic large cell lung carcinoma, **OR**
 3. Advanced (stage IIIb or higher) or metastatic squamous cell lung carcinoma, **OR**
 4. Advanced (stage IIIb or higher) or metastatic non-small cell lung cancer (NSCLC) not otherwise specified (NOS), **OR**
 5. Locally advanced/metastatic pancreatic adenocarcinoma, **OR**
 6. Gastric cancer, **OR**
 7. Esophageal or esophagogastric junction cancer, **OR**
 8. Metastatic prostate cancer, **OR**
 9. Advanced (stage III or higher) cutaneous melanoma, **OR**
 10. Metastatic colorectal cancer, **OR**
 11. Hormone receptor positive/HER2-negative recurrent unresectable or stage IV breast cancer, **AND**
 - B. At least one of the following:

1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**
 2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**
 3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. Broad molecular profiling panel tests via [circulating tumor DNA](#) (liquid biopsy) (0239U*, 0242U*, 0326U*, 81445*, 81455*, 81462*, 81463*, 81464*) are considered **investigational** for all other indications.
- III. Broad molecular profiling panel tests via [circulating tumor DNA](#) (liquid biopsy) (0239U*, 0242U*, 0326U*, 81445*, 81455*, 81462, 81463, 81464) performed simultaneously with solid tumor tissue testing are considered **investigational**.

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Lung Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA)

- I. Lung cancer focused panel tests via [circulating tumor DNA \(ctDNA\)](#) (0179U*, 81210, 81235, 81275, 81479, 81445*) are considered **medically necessary** when:
 - A. The member/enrollee has a diagnosis or progression of any of the following:
 1. Advanced (stage IIIb or higher) or metastatic lung adenocarcinoma, **OR**
 2. Advanced (stage IIIb or higher) or metastatic large cell lung carcinoma, **OR**
 3. Advanced (stage IIIb or higher) or metastatic squamous cell lung carcinoma, **OR**
 4. Advanced (stage IIIb or higher) or metastatic non-small cell lung cancer (NSCLC) not otherwise specified (NOS), **AND**
 - B. At least one of the following:
 1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**
 2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**

3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. Lung cancer focused panel tests via [circulating tumor DNA \(ctDNA\)](#) (0179U*, 81210, 81235, 81275, 81479, 81445*) are considered **investigational** for all other indications.

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Colorectal Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA)

- I. Colorectal cancer focused panel tests via [circulating tumor DNA \(ctDNA\)](#) (81210, 81275, 81311, 81403*, 81479) are considered **medically necessary** when:
 - A. The member/enrollee has a diagnosis of metastatic colorectal adenocarcinoma, **AND**
 - B. Panel includes *KRAS*, *NRAS*, and *BRAF* analysis, **AND**
 - C. At least one of the following:
 1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**
 2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**
 3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. Colorectal cancer focused panel tests via [circulating tumor DNA \(ctDNA\)](#) (81210*, 81275, 81311, 81403*, 81479) are considered **investigational** for all other indications.

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Melanoma Focused Panel Tests via Circulating Tumor DNA (ctDNA)

- I. Melanoma focused panel tests via [circulating tumor DNA \(ctDNA\)](#) (81210*, 81311, 81479) are considered **medically necessary** when:
 - A. The member/enrollee has a diagnosis or recurrence of advanced (stage III or higher) cutaneous melanoma, **AND**
 - B. Panel includes *BRAF* and *NRAS*, **AND**
 - C. At least one of the following:

1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**
 2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**
 3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. Melanoma focused panel tests via [circulating tumor DNA \(ctDNA\)](#) (81210*, 81311, 81479) are considered **investigational** for all other indications.

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SINGLE GENE MOLECULAR PROFILING PANEL TESTS VIA CIRCULATING TUMOR DNA (ctDNA)

***EGFR* Variant Analysis via ctDNA**

- I. *EGFR* variant analysis (81235) via [cell-free circulating tumor DNA \(ctDNA\)](#) is considered **medically necessary** when:
 - A. The member/enrollee has a diagnosis of any of the following:
 1. Advanced (stage IIIb or higher) or metastatic lung adenocarcinoma, **OR**
 2. Advanced (stage IIIb or higher) or metastatic large cell lung carcinoma, **OR**
 3. Advanced (stage IIIb or higher) or metastatic squamous cell lung carcinoma, **OR**
 4. Advanced (stage IIIb or higher) or metastatic non-small cell lung cancer (NSCLC) not otherwise specified (NOS), **AND**
 - B. The testing is being done at time of diagnosis, **OR**
 - C. The testing is being done at the time of progression, **AND**
 - D. Treatment with an *EGFR* tyrosine kinase inhibitor therapy (examples: erlotinib [Tarceva], gefitinib [Iressa], afatinib [Gilotrif], or osimertinib [Tagrisso]) is being considered, **AND**
 - E. At least one of the following:
 1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**

2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**
 3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. *EGFR* variant analysis (81235) via [cell-free circulating tumor DNA \(ctDNA\)](#), as a stand alone test, is considered **investigational** for all other indications.

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***BRAF* Variant Analysis via ctDNA**

- I. *BRAF* variant analysis (81210*) via [circulating tumor DNA \(ctDNA\)](#) is considered **medically necessary** when:
 - A. The member/enrollee meets one of the following:
 1. The member/enrollee has metastatic colorectal cancer, **AND**
 - a) Testing for *NRAS* and *KRAS* is also being performed, either as separate tests or as part of a panel, **OR**
 2. The member/enrollee has stage III or higher cutaneous melanoma, **AND**
 - a) Is being considered for adjuvant or other systemic therapy, **OR**
 3. The member/enrollee has locally advanced or metastatic pancreatic adenocarcinoma, **AND**
 - a) Is being considered for anticancer therapy, **AND**
 - B. The member/enrollee meets one of the following:
 1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**
 2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**
 3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. *BRAF* variant analysis (81210*) via [circulating tumor DNA \(ctDNA\)](#) for advanced or metastatic non-small cell lung cancer, when not part of a larger molecular profiling panel, is considered **investigational**.

- III. *BRAF* variant analysis (81210*) via [circulating tumor DNA \(ctDNA\)](#) is considered **investigational** for all other indications.

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***KRAS* Variant Analysis via ctDNA**

- I. *KRAS* variant analysis (81275, 81276) via [circulating tumor DNA \(ctDNA\)](#) is considered **medically necessary** when:
- A. The member/enrollee has metastatic colorectal cancer, **AND**
 - B. Testing for *NRAS* and *BRAF* is also being performed, either as separate tests or as part of an NGS panel, **OR**
 - C. The member/enrollee has locally advanced or metastatic pancreatic adenocarcinoma, **AND**
 - 1. Is being considered for anticancer therapy, **AND**
 - D. The member/enrollee meets least one of the following:
 - 1. The member/enrollee is medically unfit for invasive tissue sampling (biopsy), **OR**
 - 2. Biopsy was performed, but material was insufficient for molecular analysis, **OR**
 - 3. Biopsy was performed, but molecular analysis was not able to be completely assessed on tissue due to availability of testing methodologies.
- II. *KRAS* variant analysis (81275, 81276) via [circulating tumor DNA \(ctDNA\)](#) for advanced or metastatic non-small cell lung cancer when not part of a larger molecular profiling panel is considered **investigational**.
- III. *KRAS* variant analysis (81275, 81276) via [circulating tumor DNA \(ctDNA\)](#) is considered **investigational** for all other indications.

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***PIK3CA* Variant Analysis via ctDNA**

- I. *PIK3CA* variant analysis (0177U*, 81309) via [circulating tumor DNA \(ctDNA\)](#) is considered **medically necessary** when:

- A. The member/enrollee has recurrent, unresectable, or stage IV hormone receptor-positive/HER2-negative breast cancer, **AND**
 - B. The member/enrollee is considering treatment with alpelisib plus fulvestrant, **AND**
 - C. The member/enrollee has had progression on at least one line of therapy.
- II. *PIK3CA* variant analysis (0177U*, 81309) via [circulating tumor DNA \(ctDNA\)](#), is considered **investigational** for all other indications.

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CIRCULATING TUMOR CELL TESTS

AR-V7 Androgen Receptor Splice Variant Analysis in Circulating Tumor Cells (CTCs)

- I. *AR-V7* androgen receptor splice variant analysis (81479) in [circulating tumor cells \(CTCs\)](#) is considered **medically necessary** when:
 - A. The member/enrollee has metastatic castration-resistant prostate cancer (M1 CRPC), **AND**
 - B. The member/enrollee has had a progression after first-line treatment with enzalutamide (Xtandi) or abiraterone (Zytiga).
- II. *AR-V7* androgen receptor splice variant analysis (81479) in [circulating tumor cells \(CTCs\)](#) is considered **investigational** for all other indications.

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Circulating Tumor Cell (CTC) Enumeration

- I. [Circulating Tumor Cell \(CTC\)](#) enumeration (86152*, 86153*) is considered **investigational**.

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NOTES AND DEFINITIONS

1. **Cell-free circulating tumor DNA (ctDNA)** is fragmented, tumor-derived DNA circulating in the bloodstream that is not being carried in a cell. ctDNA derives either directly from the tumor or from circulating tumor cells.
2. **Circulating Tumor Cells (CTCs)** are intact cells that have shed into the bloodstream or lymphatic system from a primary tumor or a metastasis site, and are carried around the body by blood circulation.

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CLINICAL CONSIDERATIONS

Cell-free circulating tumor DNA analysis should not be used in lieu of a histologic tissue diagnosis, however there are specific clinical considerations, outlined above, where the use of ctDNA may be considered.

Cell-free circulating tumor DNA analysis should not be performed simultaneously with tissue testing of a solid tumor.

If cell-free circulating tumor DNA analysis is negative, follow-up with tissue-based analysis is recommended.

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BACKGROUND AND RATIONALE

Broad Molecular Profiling Panel Tests via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

NCCN Prostate Cancer guidelines (3.2023) recommends evaluating tumor for alterations in homologous recombination DNA repair genes (such as BRCA1, BRCA2, ATM, PALB2, FANCA, RAD51D, CHEK2, and CDK12) in individuals with metastatic prostate cancer. When unsafe or unfeasible, plasma circulating tumor (ctDNA) assay is an option, preferably collected during biochemical (PSA) and/or radiographic progression in order to maximize diagnostic yield. Tumor molecular profiles may change with subsequent treatments and re-evaluation may be considered at time of cancer progression for treatment decision-making. (p. PROS-C 3 of 3)

NCCN Gastric Cancer guidelines (1.2023) recognize the use of liquid biopsy in patients with advanced disease who are unable to have a clinical biopsy for disease surveillance or management,

and that the DNA shed from gastric carcinomas can identify targetable alterations or the evolution of clones with altered treatment response profiles. Patients who have metastatic or advanced gastric cancer who may be unable to undergo a traditional biopsy for disease progression monitoring, testing using a validated NGS-based comprehensive genomic profiling assay performed in a CLIA-approved laboratory may be considered. A negative result should be interpreted with caution, as this does not exclude the presence of tumor mutations or amplifications. (p. GAST-B 5 of 6)

NCCN Pancreatic Adenocarcinoma guidelines (2.2023) state that while testing of tumor tissue is preferred, cell-free DNA testing can be considered if tumor tissue testing is not feasible. This testing should be performed for patients with locally advanced or metastatic disease who are candidates for anti-cancer therapy (p. PANC-1A). Of note, the recommendation for molecular testing was included in all disease categories (i.e., clinical presentation, locally advanced, metastatic, disease progression and recurrence).

NCCN Esophageal and Esophagogastric Junction Cancers guidelines (2.2023) recognize the use of liquid biopsy in patients with advanced disease who are unable to have a clinical biopsy for disease surveillance or management, and the DNA shed from esophageal and EGJ carcinomas can identify targetable alterations or the evolution of clone with altered treatment response profiles. Patients who have metastatic or advanced esophageal/esophagogastric cancers who may be unable to undergo a traditional biopsy for disease progression monitoring, testing using a validated NGS-based comprehensive genomic profiling assay performed in a CLIA-approved laboratory may be considered. A negative result should be interpreted with caution, as this does not exclude the presence of tumor mutations or amplifications. (p. ESOPH-B 5 of 6).

NCCN Colon Cancer guidelines (2.2023) state that *RAS* and *BRAF* mutation analysis and HER2 amplification can be tested by individual genes or as part of a next generation sequencing panel, either by tissue or blood-based assay. (p. COL-4) Guidelines also state that determination of tumor gene status for *RAS* and *BRAF* mutations (individually or as part of tissue or blood-based NGS panel) is recommended for recurrent colon cancer. (p. COL-9).

NCCN Non-Small Cell Lung Cancer guidelines (3.2023) support the use of cell-free circulating tumor DNA (ctDNA) testing if a patient is not medically fit for invasive tissue sampling, if there is insufficient tissue for molecular analysis, or if the available tissue is unable to undergo all recommended genetic testing due to tissue sufficiency or available testing methodologies. If ctDNA testing is negative, there should be follow-up tissue-based analysis. NCCN recognizes studies have shown a high sensitivity, but a significantly compromised sensitivity, with up to 30% false-negative rate. This does not support the use of ctDNA testing in lieu of a histologic tissue diagnosis, when it is possible and feasible (p. NSCL-H 7 of 7).

NCCN Cutaneous Melanoma guidelines (2.2023) support the use of cell-free circulating tumor DNA (ctDNA) if tumor tissue is unavailable. (p. ME-C 3 of 8). *BRAF* mutation testing is recommended for patients with stage III at high risk for recurrence for whom future *BRAF*-directed therapy may be an option. For initial presentation with stage IV disease or clinical recurrence, obtain tissue to ascertain alterations in *BRAF*, and in the appropriate clinical setting, *KIT* from either biopsy of the metastasis (preferred) or archival material if the patient is being considered for

targeted therapy. Broader genomic profiling (e.g., larger NGS panels, BRAF non-V600 mutations) is recommended if feasible, especially if the test results might guide future treatment decisions or eligibility for participation in a clinical trial. If BRAF single-gene testing was the initial test performed, and is negative, clinicians should strongly consider larger NGS panels to identify other potential genetic targets (e.g., KIT and BRAF non-V600). (p. ME-C 4 of 8)

NCCN Breast Cancer guidelines (4.2023) support the use of liquid biopsy for detecting PIK3CA and ESR1 mutations in patients with hormone receptor positive/HER2-negative recurrent unresectable or stage IV breast cancer. (p. BINV-Q 6 of 14)

Lung Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

The NCCN Non-Small Cell Lung Cancer guidelines (3.2023) recommend biomarker testing for *EGFR* mutations (among others) for patients with advanced or metastatic disease of the following lung cancer pathologies: adenocarcinoma, large cell, squamous cell carcinoma, and non-small cell lung cancer not otherwise specified. (p. NSCL-18)

NCCN Non-Small Cell Lung Cancer guidelines (3.2023) state that broad molecular testing (either blood-based or tissue-based) should be considered at time of progression. (p. NSCL-22)

NCCN Non-Small Cell Lung Cancer guidelines (3.2023) support the use of cell-free circulating tumor DNA (ctDNA) testing if a patient is either not medically fit for invasive tissue sampling, if the tissue available is not able to undergo testing for all recommended biomarkers due to tissue quantity or available testing technologies, or if there is insufficient tissue for molecular analysis. If ctDNA testing is negative, there should be follow-up with tissue-based analysis. NCCN recognizes studies have shown generally high sensitivity, but a significantly compromised sensitivity with up to 30% false-negative rate and does not support the use of ctDNA testing in lieu of a histologic tissue diagnosis, when it is possible and feasible (p. NSCL-H 7 of 7).

Colorectal Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

NCCN Colon Cancer guidelines (2.2023) state that for patients with metastatic colorectal adenocarcinoma tumor testing should be done for *RAS* (*KRAS* and *NRAS*) and *BRAF* mutations. This testing can be done as part of a panel or individually, and the testing can be performed on formalin-fixed paraffin-embedded tissue (preferred) or blood-based assay. (p. COL-B 4 of 8)

NCCN Non-Small Cell Lung Cancer guidelines (3.2023) support the use of cell-free circulating tumor DNA (ctDNA) testing if a patient is not medically fit for invasive tissue sampling, if there is insufficient tissue for molecular analysis, or if the available tissue is unable to undergo all

recommended genetic testing due to tissue sufficiency or available testing methodologies. If ctDNA testing is negative, there should be follow-up tissue-based analysis. NCCN recognizes studies have shown a high sensitivity, but a significantly compromised sensitivity, with up to 30% false-negative rate. This does not support the use of ctDNA testing in lieu of a histologic tissue diagnosis, when it is possible and feasible (p. NSCL-H 7 of 7). Although this guideline applies to a different tumor histology, the specificity of the indications for ctDNA is felt to be useful in supporting the tumor-specific NCCN criteria, as tissue is still noted to be preferred when possible in the colon cancer guidelines for this testing.

Melanoma Focused Panel Tests via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

NCCN Cutaneous Melanoma guidelines (2.2023) state molecular testing may be performed on tumor tissue, or if not available, on peripheral blood (liquid biopsy). These guidelines note that *NRAS* mutations correlate with poor survival in localized and advanced melanoma, and may also help identify patients that do not benefit from additional molecular testing given the low chance of overlapping targeted mutations (p. ME-C 3 of 8). It is recommended that *BRAF* testing be performed for patients with stage III cutaneous melanoma at high risk for recurrence, or at stage IV, or clinical recurrence. (p. ME-C 4 of 8)

NCCN Non-Small Cell Lung Cancer guidelines (3.2023) support the use of cell-free circulating tumor DNA (ctDNA) testing if a patient is not medically fit for invasive tissue sampling, if there is insufficient tissue for molecular analysis, or if the available tissue is unable to undergo all recommended genetic testing due to tissue sufficiency or available testing methodologies. If ctDNA testing is negative, there should be follow-up tissue-based analysis. NCCN recognizes studies have shown a high sensitivity, but a significantly compromised sensitivity, with up to 30% false-negative rate. This does not support the use of ctDNA testing in lieu of a histologic tissue diagnosis, when it is possible and feasible (p. NSCL-H 7 of 7). Although this guideline applies to a different tumor histology, the specificity of the indications for ctDNA is felt to be useful in supporting the tumor-specific NCCN criteria, as tissue is still noted to be preferred when possible in the cutaneous melanoma guidelines for this testing.

EGFR Variant Analysis via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

The NCCN Non-Small Cell Lung Cancer guidelines (3.2023) recommend biomarker testing for *EGFR* mutations (among others) for patients with advanced or metastatic disease of the following lung cancer pathologies: adenocarcinoma, large cell, squamous cell carcinoma, and non-small cell lung cancer not otherwise specified. (p. NSCL-18)

The NCCN Non-Small Cell Lung Cancer guidelines (3.2023) state that the use of cfDNA tumor testing “can be considered” in specific clinical situations including:

- A patient is not medically fit for invasive tissue sampling
- If there is not sufficient tumor material for molecular analysis and an oncogenic driver mutation has not previously been identified, and/or
- If tissue-based testing is performed but did not completely assess all recommended biomarkers due to tissue quantity and/or availability of testing methodologies. (p. NSCL-H 7 of 7)

College of American Pathologists, International Association for the Study of Lung Cancer, and Association for Molecular Pathology

The College of American Pathologists, the International Association for the Study of Lung Cancer, and the Association for Molecular Pathology (2018) published a guideline on molecular testing for the selection of lung cancer patients for treatment with targeted tyrosine kinase inhibitors (TKIs) and noted the following recommendations regarding liquid biopsy for activating *EGFR* mutations and a consensus opinion regarding liquid biopsy for the T790M resistance mutation:

- Recommendation: "In some clinical settings in which tissue is limited and/or insufficient for molecular testing, physicians may use a cfDNA [cell-free DNA] assay to identify [activating] *EGFR* mutations." (p. 337)
- Expert Consensus Opinion: "Physicians may use plasma cfDNA methods to identify *EGFR* T790M mutations in lung adenocarcinoma patients with progression or secondary clinical resistance to *EGFR* targeted TKIs; testing of the tumor sample is recommended if the plasma result is negative." (p. 337)
- No recommendation: "There is currently insufficient evidence to support the use of circulating tumor cell molecular analysis for the diagnosis of primary lung adenocarcinoma, the identification of *EGFR* or other mutations, or the identification of *EGFR* T790M mutations at the time of *EGFR* TKI resistance." (p. 326)

US Food and Drug Administration (FDA)

“On June 1, 2016, the U. S. Food and Drug Administration approved cobas *EGFR* Mutation Test v2 (Roche Molecular Systems, Inc.) using plasma specimens as a companion diagnostic test for the detection of exon 19 deletions or exon 21 (L858R) substitution mutations in the epidermal growth factor receptor (*EGFR*) gene to identify patients with metastatic non-small cell lung cancer (NSCLC) eligible for treatment with Tarceva® (erlotinib). The cobas *EGFR* Mutation Test v2 is already approved for this indication using formalin-fixed paraffin-embedded (FFPE) tissue specimens. The new use is for detection of these specific mutations in circulating-free tumor DNA (cfDNA) isolated from plasma specimens, also called liquid biopsy specimens, to aid physicians in identifying patients who may be treated first with TARCEVA (erlotinib). This is the first “liquid biopsy test” approved for use by the FDA. This new test may benefit patients

who may be too ill or are otherwise unable to provide a tumor specimen for *EGFR* testing. Patients positive by cobas *EGFR* Mutation Test v2 using plasma specimens for the presence of *EGFR* exon 19 deletions or L858R mutations are candidates for treatment with Tarceva (erlotinib). Patients who are negative by this test should undergo routine biopsy and testing for *EGFR* mutations with the FFPE tissue sample type.” (First paragraph of statement)

BRAF Variant Analysis via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

NCCN Colon Cancer guidelines (2.2023) state all patients with metastatic colorectal cancer should have tumor genotyped for KRAS, NRAS, and BRAF mutations. This analysis can be done either individually or as part of an NGS panel. Additionally, it is noted molecular testing can be performed on tissue as a preferred specimen type or blood-based assay. Finally, KRAS, NRAS, and BRAF mutation analysis can be performed on either primary colorectal tumors or on metastases. (p. COL-B 4 of 8)

NCCN Cutaneous Melanoma guidelines (2.2023) state for patients with cutaneous melanoma of at least stage III or higher and who are being considered for adjuvant therapy or clinical trial, BRAF mutation testing is a part of the recommended workup (p. ME-4, ME-4A, ME-5A). Additionally, these guidelines state that molecular testing on tumor tissue is preferred, but may be performed on peripheral blood (liquid biopsy) if tumor tissue is not available (p. ME-C 3 of 8).

NCCN Pancreatic Adenocarcinoma guidelines (2.2023) state that tumor molecular profiling is recommended for patients with advanced or metastatic disease who are candidates for anti-cancer therapy. They suggest including the following genes that have known mutations that have actionable findings: BRAF, BRCA1/2, KRAS, PALB2. They indicate that tumor tissue is the preferred specimen for this testing, but cell-free DNA can be considered if testing on tissue is not feasible (p. PANC-1A).

NCCN Non-Small Cell Lung Cancer guidelines (3.2023) strongly advises broad molecular profiling for advanced or metastatic disease (p. NSCL-18). They define broad molecular profiling as molecular testing for their recommended biomarkers (EGFR, KRAS, ALK rearrangements, ROS1 rearrangements, NTRK1/2/3 gene fusions, BRAF V600E, METex14 skipping, RET rearrangements, ERBB2/HER2, and PDL-1) as well as emerging biomarkers, either in a single assay or a limited number of assays (p. NSCL-18, NSCL-19). NCCN also states that in situations where tissue is minimal, peripheral blood (plasma circulating tumor DNA) can be a surrogate sample for tumor tissue (p. NSCL-H 1 of 7).

KRAS Variant Analysis via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

NCCN Colon Cancer guidelines (2.2023) state that all patients with metastatic colorectal cancer should have tumor genotyped for KRAS, NRAS, and BRAF mutations. This analysis can be done either individually or as part of an NGS panel. Additionally, it is noted that molecular testing can be performed on tissue as a preferred specimen type or blood-based assay. Finally, KRAS, NRAS, and BRAF mutation analysis can be performed on either primary colorectal tumors or on metastases (p. COL-B 4 of 8).

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PIK3CA Variant Analysis via Circulating Tumor DNA (ctDNA)

National Comprehensive Cancer Network (NCCN)

NCCN Breast Cancer guidelines (4.2023) states patients with hormone receptor positive/HER2 negative breast cancer, *PIK3CA* mutation testing can be done on tumor tissue or ctDNA in peripheral blood (liquid biopsy). If the liquid biopsy is negative, tumor tissue testing is recommended. Assessing for *PIK3CA* mutations in patients with hormone receptor positive/HER2 negative breast cancer is recommended to identify candidates for therapy via alpelisib plus fulvestrant. It is also recommended that these agents be used as a preferred second- or subsequent-line therapy (p. BINV-Q 6 of 14).

AR-V7 Androgen Receptor Splice Variant Analysis in Circulating Tumor Cells (CTCs)

National Comprehensive Cancer Network (NCCN)

NCCN Prostate Cancer guidelines (3.2023) suggest the consideration of AR-V7 tests to help guide selection of therapy for patients with disease progression in the post-abiraterone/enzalutamide metastatic castration resistant prostate cancer setting (p. PROS-15A).

Circulating Tumor Cells (CTC) Enumeration Analysis

National Comprehensive Cancer Network (NCCN)

NCCN Breast Cancer guidelines (4.2023) recognize patients with metastatic breast cancer and persistently increased CTC after 3 weeks of first-line chemotherapy have a poor PFS and OS; however, while CTC count has prognostic ability, it has failed to show a predictive value at this time (p. MS-75).

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	12/23	2/27/24

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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