

**Radiation Therapy Subcommittee
Of the SMFP Task Force**

Thursday, November 20, 2008

- I. Welcome and review of subcommittee purpose
- II. Discussion of comments
 - a. Planning district vs planning region
 - b. Estimated number of new cases: 60% vs 25-30%
 - c. Matrix of outstanding comments from SMFP review process (attached)
 - d. Additional issues
- III. Next meeting
- IV. Adjourn

Matrix of Comments

Comment	Response/decision
<p>12VAC5-230-280, 330: (radiation therapy):</p>	
<p>The formula used needs refinement, reference to greater than 150,000 persons is not sufficient.</p>	
<p>With the continued specialization and growing sophistication of linear accelerators, the number of treatment visits [proposed] ... is not appropriate for dedicated machines [with] a highly specialized and dedicated range of use.</p> <p>It would appear that volume standards should be revisited to reflect the significant advances in RT since the early 1990s.</p> <p>There are no proposed standards for review of SRT or SBRT services, although such services are clearly being provided. Standards should be drafted and incorporated into the SMFP</p>	
<p>12VAC5-230-330: (Stereotactic Radiosurgery)</p> <p>It is not clear how 350 treatments was determined to be a reasonable threshold for SRS services, and a more realistic annual treatment volume should be identified. Suggest using CPT codes to determine the weight of a treatment visit, which is recommended by the American College of Radiology.</p> <p>Section does not address linear accelerators equipped to perform hypo-fractionated radiation therapy. Does this mean anticipate continued acquisition of linear accelerators equipped only for standards radiation therapy?</p> <p>12VAC5-230-340 D: needs clarification and amplification in light of future technologies, i.e., proton beam therapy.</p>	