



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Targeted Axillary Node Dissection (TAD)

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Criteria

For Medicare Members

Source)	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, Targeted Axillary Node Dissection (TAD) , for medical necessity determinations. Use the Non-Medicare criteria below.

For Non-Medicare Members

There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

A significant proportion of breast cancer women have axillary metastasis which is a crucial factor in determining local and systemic treatment. The standard of care for these women is total axillary lymph node dissection. However, total axillary lymph node dissection results in morbidities (Lucci et al., 2007) including numbness and lymphedema which is an incapacitating swelling of the arm. In addition to the complications, many women undergo chemotherapy (before the total node dissection) which convert them to node-negative status in approximately 40% to 75% of cases (Boughey et al., 2013; Mittendorf et al., 2014). Yet, a high percent of women undergoes extensive surgery which may no longer be necessary. Sentinel lymph node dissection (SLND) which is an alternative to complete axillary lymph node dissection (ALND) is less invasive, is shown to be promising but it has a high false negative rate (Caudle et al., 2015). New surgery, targeted axillary node dissection (TAD), which combines SLND and identification with removal of clipped node has been the center of attention.

Description of procedure: From Shin et al., 2016 (Shin et al., 2016): At the time of diagnosis/biopsy and in patients with node disease limited to axilla, cancerous nodes are clipped. Then patients undergo chemotherapy involving anthracycline-based, taxane-based, or a combination of both. At the completion of chemotherapy, the previously clipped cancerous nodes are identified with ultrasound and 125 I-radiolabeled seeds are placed to localize them. Implantation of seed is performed one to five days before the surgery and is ultrasound-guided. Both lymph node with radioactive seed are identified with gamma probe. During the surgery, the surgeon removes the sentinel

lymph nodes, which is sentinel lymph node dissection (SLND), and the cancerous clipped nodes. The clipped node is then sent to Pathologist for assessment. Radiography of the specimen during surgery is performed to assure the removal of lymph node and the seed. Eligible patients for TAD include women with N1 or N2 disease. In patients with N3 disease, clip placement is not performed because they need axillary lymph node dissection after chemotherapy.

Medical Technology Assessment Committee (MTAC)

Target Axillary Node Dissection

01/14/2019: MTAC REVIEW

Evidence Conclusion: In patients with biopsy-proven axillary metastasis in whom a clip placement was performed and who underwent chemotherapy, there is insufficient evidence to determine the efficacy and safety of targeted axillary node dissection (TAD) in comparison with complete axillary lymph node dissection (ALND) or Sentinel Lymph Node Dissection (SLND) in patients with axillary metastasis after chemotherapy.

Articles: PubMed was searched through September 19, 2018 with the search terms Targeted axillary lymph node dissection, TAD, clip placement, breast cancer with variations. The search was limited to English language publications and human populations. The reference lists of relevant studies were reviewed to identify additional publications. The search yielded several articles. However, three met the framework and were reviewed. These studies can be found in evidence table 1. Studies with small sample size or feasibility study were excluded. Studies with no assessment of TAD (SLND with clip placement and removal at time of surgery) were not included. See [Evidence Table](#).

The use of Target Axillary Node Dissection does not meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

Applicable Codes

Considered Not Medically Necessary:

CPT® or HCPC Codes	Description
No specific codes	

Date Created	Date Reviewed	Date Last Revised
02/05/2019	02/05/2019 ^{MPC} , 03/03/2020 ^{MPC} , 03/02/2021 ^{MPC} , 03/01/2022 ^{MPC} , 03/07/2023 ^{MPC}	

^{MPC} Medical Policy Committee

Revision History	Description
02/05/2019	MPC approved to adopt criteria of no coverage for TAD; added 01/2019 MTAC review.