

# Proton Beam Therapy: A SOURCE OF HOPE



When President Biden met with doctors at the James Comprehensive Cancer Center at Ohio State University, his enthusiasm about cancer research and proton therapy was unequivocal. As he effusively described the innovation taking place there as “a source of hope,” he encouraged a continued “focus on proton therapy.”

Part of that hope comes from the innovative and groundbreaking research on, and utilization of, proton therapy. Recently, the Center for Medicare and Medicaid Innovation (CMMI) has modified the Radiation Oncology Alternative Payment Model (RO APM) that drastically reduces reimbursement for this treatment. Proton therapy should be excluded from a value-based model that fails to recognize its short- and long-term value to Medicare beneficiaries.

## BENEFITS OF PROTON THERAPY

- Unlike conventional X-ray radiation, proton therapy is much more targeted with enhanced biologic effectiveness. Proton therapy spares patients from experiencing a plethora of debilitating and costly short and long-term side effects that come with traditional radiation therapy.
- By sparing healthy tissue, proton therapy leads to a decrease in complications, better preservation of quality of life, and for some cancers, higher disease control and overall survival.

## WHAT THE RO APM DOES

- The RO APM undervalues proton therapy by establishing the same payment rates for all radiation treatment modalities without regard for the investment required to deliver this type of radiation. It sets complex adjustments and methodology that is intended to provide a glidepath to equal reimbursement for drastically different priced modalities.
- As a result, current and future centers that provide this innovative and advanced technology are facing untenable cuts in reimbursement for proton therapy.
- These substantial cuts in reimbursement put financial pressure on institutions already burdened by the impact of the ongoing pandemic, straining their ability to ensure quality care, participate in clinical research, and for some, forcing them to make the difficult choice to close their doors to patients.

## HOW THE RO APM HURTS PATIENTS

- The model creates a financial disincentive to use proton therapy. While other countries are actively expanding access to proton therapy, the RO APM will discourage the use and adoption of this cancer treatment in the United States.
- With only 38 cancer centers providing proton therapy, access for patients will be even more limited, leading to an even wider gap in disparities for cancer patients seeking advanced and specialized treatment.
- The RO APM creates a health disparity for individuals in rural areas and persons adversely affected by persistent poverty or inequality. CMMI should exclude proton therapy from the RO Model just as they have proposed to exclude brachytherapy due to its unique and complicated concerns over patient access to specialized care.
- As such, it places patients at risk of not receiving the optimal treatment modality for their cancer and exposing patients to unnecessary radiation and side effects and/or inferior cancer control outcomes.

## THE RO APM THREATENS CANCER PATIENTS' ACCESS TO PROTON THERAPY AND OTHER INNOVATIVE CANCER TREATMENTS

President Biden has committed to make cancer a priority in his Administration and end this disease as we know it. One critical step on the path to ending cancer is making sure that advanced cancer treatments such as proton beam therapy – the most advanced radiation oncology modality – are available as the future of cancer treatment. This technology and other advanced treatments should not be restricted but should be nurtured and encouraged so they are accessible to physicians delivering care and patients who receive it. Proton therapy should be excluded from the RO APM to ensure cancer patients will have access to this innovative and cutting-edge technology.