

CIRCULATING TUMOR CELL (CTC) TESTING PRE-CHEMOTHERAPY
Compiled by Charles (Chuck) Maack – Prostate Cancer Activist/Mentor

DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

For patients moving to chemotherapy with docetaxel/Taxotere from failed androgen deprivation therapy - or initially because of advanced, aggressively developing prostate cancer - you may want to review information by opening the below papers then discussing with your treating physician the consideration of having a Circulating Tumor Cell (CTC) level determined prior to beginning chemotherapy with docetaxel/Taxotere to see if such tumor cells are circulating in your blood stream, and if so, again checking that level three weeks following the first cycle of docetaxel as indicated/explained in the two papers referenced. By so doing, “elevated CTC counts after chemotherapy indicated as much as a five-fold higher risk of death, and for patients who’s CTCs dropped by 50 percent or more, the risk of death was cut in half. The study demonstrates CTCs are an important biomarker for cancer research and treatment. “The significance of these findings is that looking at CTCs before and three weeks after the first cycle of chemotherapy is an early indicator of whether these men would do well with treatment and how long they may live,”

Keck Medicine of USC research indicates measure of circulating tumor cells may be better predictor of prostate cancer survival than PSA test

<http://tinyurl.com/nng5mjg>

Circulating Tumor Cell Counts Are Prognostic of Overall Survival in SWOG S0421: A Phase III Trial of Docetaxel With or Without Atrasentan for Metastatic Castration-Resistant Prostate Cancer

<http://tinyurl.com/nbu2ved>

One of the top Medical Oncologist regarding prostate cancer, Dr. Howard Scher, MD., Chief, Genitourinary Oncology Service, Sidney Kimmel Center for Prostate and Urologic Cancers, at the prestigious Memorial Sloan-Kettering Cancer Center in NYC provides an explanation regarding what the CTC test can provide the physician regarding the prognosis of his patient's survivability as well as determining treatment that will be most appropriate depending on results. Please review

<http://www.practiceupdate.com/expertopinion/183>

The following papers indicate that the CTC test is not usually prescribed unless there is reason to suspect metastasis. You should also keep in mind that this may be an expensive test, so first determine if your health insurance covers the test, particularly after providing them your current cancer circumstances. If they will not, check with Quest Labs to determine what would be your out-of-pocket cost. This test is covered by Medicare but please review the following:

In the event any of you are unaware, the Circulating Tumor Cell (CTC) test is now covered by Medicare. Important is to know how to go about getting the test appropriately ordered by your physician, since many physicians have no idea how to order the test. The CTC test is more often used to determine circulating tumor cell levels in the blood stream of patients already experiencing more advanced disease or metastases.

I suggest it prudent that if a CTC test is planned that your physician's staff first call Medicare to clear coverage for this test. For men on Medicare, the clinics need only to phone 1-800-Medicare and asked for the 'Provider's Phone Line.' The clinic should keep this important Phone Line for using proper codes of any and all prostate cancer testing. Though the codes are provided below, it would still be prudent to make sure these continue to be the appropriate codes. Provide this information to the oncology medical staff suggesting they keep the Medicare phone number for future use on obtaining Medicare coverage for prostate cancer

serum testing. This is not a phone number for patient use; its use is only for physicians or their staff. If your oncologist runs into any problem getting Medicare to pay for the \$1,000 'Veridex CellSearch CTC' blood tests by Quest Labs [CPT #86152 and #86153], advise them to have their clinic use the proper Medicare diagnostic codes of "185 and 196.6." These codes assure reimbursement. Again, for the CTC test, the proper Medicare diagnostic code is 185 and 196.6. The proper blood test number is 16812 and the proper CPT [Current procedural Technology] codes [2 of them] for the CTC is #86152 and #86153.

Reference information:

<http://www.questdiagnostics.com/testcenter/TestDetail.action?ntc=16812> .
<http://tinyurl.com/n2qskf6>

Your oncologist should know the method of drawing blood for this test and where to send that blood for examination. See: <http://tinyurl.com/n7ph9lm>

and specifically:

Specimen Requirements:

- 10 mL room-temperature whole blood (CellSave Preservative Tube); 7.5 mL minimum.
- Ship promptly: specimen must be tested within 96 hours. Provide collection date and time.
- Allow at least 7 days after administration of doxorubicin before sample collection

CPT CODES: 88346 x2, 88361, 88313

Here is another paper that makes note the Quest provides this test:

<http://tinyurl.com/8xolzjq>

As noted:

“Quest Diagnostics decided to offer the assay because it wanted to “provide patient care at the highest level possible,” says Gary Milburn, PhD, national director of genomics and esoteric testing services at Quest, Chantilly, Va. “We felt that this assay, having been FDA cleared for breast cancer recurrence, gives us an opportunity to impact patient care.” Dr. Milburn predicts clinicians will use it as a

more sensitive alternative to traditional follow-up, such as physical examination and bone scan. “Obviously more studies need to be done to demonstrate what to do with patients who have increased CTCs,” Dr. Milburn says. “But from my discussions with physicians, they seem willing to react exactly as if a patient had an additional lump or an indication from bone scan that there may be recurrence.” Dr. Milburn heads a team of a dozen professionals whose job is to give talks at hospitals to help educate physicians about Quest’s new tests.”