

MEDICAL POLICY

POLICY TITLE	HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER
POLICY NUMBER	MP 9.047

Clinical benefit	<input type="checkbox"/> Minimize safety risk or concern. <input checked="" type="checkbox"/> Minimize harmful or ineffective interventions. <input type="checkbox"/> Assure appropriate level of care. <input type="checkbox"/> Assure appropriate duration of service for interventions. <input type="checkbox"/> Assure that recommended medical prerequisites have been met. <input type="checkbox"/> Assure appropriate site of treatment or service.
Effective date:	5/1/2026

POLICY

Autologous and allogeneic hematopoietic cell transplantation are considered **investigational** to treat advanced stage epithelial ovarian cancer. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-References:

MP 9.048 Hematopoietic Cell Transplantation Miscellaneous Solid Tumors in Adults

MP 9.052 Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO - Refer to FEP medical policy manual. The FEP medical policy manual can be found at: fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies.

DESCRIPTION/BACKGROUND

The use of hematopoietic cell transplantation (HCT) has been investigated to treat patients with epithelial ovarian cancer. Hematopoietic stem cells are infused to restore bone marrow function after cytotoxic doses of chemotherapeutic agents with or without whole body radiotherapy.

EPITHELIAL OVARIAN CANCER

Several types of malignancies can arise in the ovary; epithelial carcinoma is the most common. Epithelial ovarian cancer is the fifth most common cause of cancer death in women. New cases and deaths from ovarian cancer in the United States for 2025 were estimated at 20,890 and 12,730, respectively. Most ovarian cancer patients present with widespread disease, and the

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National Cancer Institute Surveillance, Epidemiology and Results Program reported a 51.6% 5-year survival for all cases between 2014 and 2012.

Treatment

Current management for advanced epithelial ovarian cancer is cytoreductive surgery with chemotherapy. Approximately 75% of patients present with International Federation of Gynecology and Obstetrics stage III to IV ovarian cancer and are treated with paclitaxel plus a platinum analogue (e.g. cisplatin), the preferred regimen for the newly diagnosed advanced disease. Use of platinum and taxanes has improved progression-free survival and overall survival in advanced disease to between 16 and 21 months and 32 and 57 months, respectively. However, cancer recurs in most women, and they die of the disease because chemotherapy drug resistance leads to uncontrolled cancer growth.

Hematopoietic Cell Transplantation

Hematopoietic cell transplantation (HCT) is a procedure in which hematopoietic stem cells are infused to restore bone marrow function in cancer patients who receive bone-marrow-toxic doses of drugs with or without whole body radiotherapy. Bone marrow stem cells may be obtained from the transplant recipient (autologous HCT) or a donor (allogeneic HCT). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood and placenta shortly after delivery of neonates. Although cord blood is an allogeneic source, the stem cells in it are antigenically “naïve” and thus are associated with a lower incidence of rejection or graft-versus-host disease. Cord blood is discussed in detail in **MP 9.001 Placental/Umbilical Cord Blood as a Source of Stem Cells**.

HCT is an established treatment for certain hematologic malignancies; however, its use in solid tumors in adults is largely experimental.

REGULATORY STATUS

The U.S. Food and Drug Administration regulates human cells and tissues intended for implantation, transplantation, or infusion through the Center for Biologics Evaluation and Research, under Code of Federal Regulation, title 21, parts 1270 and 1271. Hematopoietic stem cells are included in these regulations.

RATIONALE

SUMMARY OF EVIDENCE

For individuals who have advanced-stage epithelial ovarian cancer who receive HCT, the evidence includes randomized trials and data from case series and registries. Relevant outcomes are overall survival, disease-specific survival, change in disease status, and treatment-related mortality and morbidity. Although some observational studies have reported longer survival in subsets of women with advanced epithelial ovarian cancer than in women treated with standard chemotherapy, none of the randomized trial evidence has shown a benefit from HCT in this population. Overall, the evidence has not shown that HCT improves health outcomes in treating epithelial ovarian cancer, including survival, compared with conventional

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standard doses of chemotherapy. The evidence is insufficient to determine that the technology results in an improvement in net health outcomes.

DEFINITIONS

NA

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational when used for treatment of Epithelial Ovarian Cancer:

Procedure Codes								
38204	38205	38206	38207	38208	38209	38210	38211	38212
38213	38214	38215	38230	38232	38240	38241	S2140	S2142
S2150								

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MEDICAL POLICY

POLICY TITLE	HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER
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POLICY HISTORY

MP 9.047	02/27/2020 Consensus Review. No changes to the policy statements. References reviewed.
	02/03/2021 Consensus Review. No changes to policy statement. References updated.
	02/21/2022 Consensus Review. Policy statement unchanged. NCCN language added. FEP language updated. Background and References updated.
	02/15/2023 Consensus Review. No change to policy statement. Background, Rationale and References updated.

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03/11/2024 Consensus Review. No changes to policy statement. Updated background, references. Coding reviewed, no changes.
11/20/2024 Administrative Update. Removed NCCN statement.
02/14/2025 Consensus Review. No changes to policy statement. Updated background, references. Coding reviewed, no changes.
01/14/2026 Consensus Review. No changes to policy intent. Updated disclaimer, and references.

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