

KRAS, NRAS, and BRAF Variant Analysis and MicroRNA Expression Testing for Colorectal Cancer

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Next Review: December 2018

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IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Variants in the KRAS, NRAS, and BRAF genes can substantially reduce the efficacy of certain antibody-based therapies for metastatic colon cancer. Testing for such variants can help to guide treatment decisions.

MEDICAL POLICY CRITERIA

- I. KRAS, NRAS, and BRAF variant analysis may be considered **medically necessary** to predict nonresponse to anti-EGFR monoclonal antibodies cetuximab (Erbix®) and panitumumab (Vectibix®) in the treatment of metastatic, unresectable, or advanced colorectal cancer.
- II. KRAS, NRAS, and BRAF variant analysis is considered **investigational** for colorectal cancer that is not metastatic, unresectable, or advanced.
- III. MicroRNA expression testing to predict anti-EGFR therapy response, including but not limited to the miR-31now™ test, is considered **investigational**.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

CROSS REFERENCES

1. [Genetic Testing for Inherited Susceptibility to Colon Cancer](#), Genetic Testing, Policy No. 06
2. [Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening](#), Genetic Testing, Policy No. 12
3. [Genetic and Molecular Diagnostic Testing](#), Genetic Testing, Policy No. 20
4. [BRAF Genetic Testing To Select Melanoma or Glioma Patients for Targeted Therapy](#), Genetic Testing, Policy No. 41
5. [Molecular Analysis for Targeted Therapy of Non-Small Cell Lung Cancer \(NSCLC\)](#), Genetic Testing, Policy No. 56

BACKGROUND

Cetuximab (Erbix®) and panitumumab (Vectibix®) are monoclonal antibodies that bind to the epidermal growth factor receptor (EGFR), preventing binding and activation of downstream signaling pathways vital for cancer cell proliferation, invasion, metastasis, and stimulation of neovascularization.

The *KRAS* gene can harbor oncogenic variants that may result in tumor resistance to therapies that target the epidermal growth factor receptor (EGFR). *KRAS* variants are found in approximately 30–50% of colorectal cancer tumors and are common in other tumor types.

The *NRAS* gene can harbor variants in codons 12, 13 and 61 that constitutively activate the EGFR-mediated signaling pathway similar to variants in *KRAS*. Thus, the *NRAS* oncogene may also have an impact on outcomes of anti-EGFR treatments for advanced colorectal cancer. Although *NRAS* variants account for some 15% of all *RAS* variants, they are rare compared to *KRAS* variants and are found in perhaps 2% to 7% of all CRC. As a consequence of the low prevalence of *NRAS* variants, it is difficult to assess their effect on cancer behavior or therapy.

BRAF encodes a protein kinase and is involved in intracellular signaling and cell growth and is a principal downstream effector of *KRAS*. *BRAF* variants occur in less than 10–15% of colorectal cancers.

It has been shown that patients with a *KRAS* mutant tumor do not respond to cetuximab or panitumumab. However, there are still patients with *KRAS* wild-type tumors that do not respond to these agents, suggesting that other factors, such as alterations in other EGFR effectors could drive resistance to anti-EGFR therapy, and therefore, *BRAF* variants are now increasingly being investigated in metastatic colorectal cancer. *KRAS* and *BRAF* variants are considered to be mutually exclusive.

REGULATORY STATUS

Most *KRAS*, *NRAS*, and *BRAF* variant and microRNA tests using PCR methodology are commercially available as laboratory-developed tests. Such tests are regulated under the Clinical Laboratory Improvement Amendments (CLIA). Premarket approval from the U.S. Food and Drug Administration (FDA) is not required when the assay is performed in a laboratory that is licensed by CLIA for high-complexity testing.

Two companion diagnostic tests for *KRAS* variant analysis have been premarket approval from the FDA:

- “The cobas® KRAS Mutation Test, for use with the cobas® 4800 System, [which] is a real-time PCR [polymerase chain reaction] test for the detection of seven somatic mutations in codons 12 and 13 of the KRAS gene in DNA derived from formalin-fixed paraffin-embedded human colorectal cancer (CRC) tumor tissue. The test is intended to be used as an aid in the identification of CRC patients for whom treatment with Erbitux® (cetuximab) or with Vectibix® (panitumumab) may be indicated based on a no mutation detected result.”^[1]
- “The theascreen® KRAS RGQ PCR Kit is a real-time qualitative PCR assay used on the Rotor-Gene Q MDx instrument for the detection of seven somatic mutations in the human KRAS oncogene, using DNA extracted from formalin-fixed paraffin-embedded (FFPE), colorectal cancer (CRC) tissue. The theascreen® KRAS RGQ PCR Kit is intended to aid in the identification of CRC patients for treatment with Erbitux (cetuximab) and Vectibix (panitumumab) based on a KRAS no mutation detected test result.”^[1]

In 2015, the FDA prescribing information for panitumumab was updated to indicate that panitumumab was not indicated for treatment in colorectal cancer patients with variants in exon 2, 3, or 4 of either *KRAS* or *NRAS* in combination with oxaliplatin-based chemotherapy.

EVIDENCE SUMMARY

Human Genome Variation Society (HGVS) nomenclature^[2] is used to describe variants found in DNA and serves as an international standard. It is being implemented for genetic testing medical evidence review updates starting in 2017. According to this nomenclature, the term “variant” is used to describe a change in a DNA or protein sequence, replacing previously-used terms, such as “mutation.” Pathogenic variants are variants associated with disease, while benign variants are not. The majority of genetic changes have unknown effects on human health, and these are referred to as variants of uncertain significance.

The focus of the scientific evidence is on evidence related to the ability of test results to:

- Guide decisions in the clinical setting related to either treatment, management, or prevention, and
- Improve health outcomes as a result of those decisions.

KRAS

Agency for Healthcare Research and Quality (AHRQ) Technology Assessment^[3]

In 2010, AHRQ conducted a systematic review of the published evidence on *KRAS* variant testing and its ability to predict patient response to treatment with the anti-EGFR antibodies cetuximab and panitumumab. Forty-seven publications of *KRAS* variant testing met the eligibility criteria and were included in the review (45 in metastatic setting and two in neo-adjuvant setting). The review of evidence identified both small, retrospective studies and randomized controlled trials (RCTs). The assessment concluded that there is substantial and consistent evidence that *KRAS* testing can predict response to anti-EGFR therapy in colorectal cancer patients, and that,

“For all outcomes assessed, patients with *KRAS* mutations were less likely to experience benefit with anti-EGFR antibody treatment, compared to patients whose tumors were wild-

type for *KRAS* mutations. The direction of the association is consistent for overall mortality, disease progression and treatment failure by radiologic imaging.”

BlueCross BlueShield Association Technology Evaluation Center (TEC) Assessment

The 2008 BlueCross BlueShield Association TEC Assessment concluded that the data are sufficient to demonstrate both the analytical and clinical validity of *KRAS* variant testing.^[4] The evidence from five randomized trials and five single-arm studies is sufficient to indicate that metastatic colorectal cancer patients with mutated *KRAS* tumors do not respond to anti-EGFR monoclonal antibody therapy (either as monotherapy or in combination with other treatment regimens), do not derive survival benefit, and may experience decreased progression-free survival. Identifying patients whose tumors express mutated *KRAS* avoids exposing them to ineffective drugs, avoids exposure to unnecessary drug toxicities, and expedites the use of the best available alternative therapy.

Several studies published after the TEC and AHRQ assessments, including a meta-analysis and systematic review, continue to support the above findings.^[5-12]

NRAS

A 2014 meta-analysis evaluated the predictive value of *NRAS* variants on clinical outcomes of anti-EGFR therapy in CRC^[13] and included data from three nonrandomized studies.^[14-16] The investigators suggest that the pooled analyses showed a trend towards poor objective response based on 17 events, but with significant effects on progression free survival (PFS) (hazard ratio [HR] 2.30, 95% CI 1.30 to 4.07) and overall survival (OS) (HR 1.85, 95% CI 1.23 to 2.78) among patients with wild-type *KRAS*. These results are limited by the small pool of variants, with studies reporting a prevalence of 2.2-5%.

Sorich (2015) published a systematic review and meta-analysis of nine RCTs that included 5948 metastatic colorectal cancer patients evaluated for *KRAS* exon 2 variants and new *RAS* variants, which were defined as variants in exons 3 and 4 of *KRAS* and exons 2, 3, and 4 of *NRAS*.^[17] The prevalence of *NRAS* exon 2, 3, and 4 variants ranged from 0.5% to 4.8% and was similar to the prevalence of *KRAS* exon 3 and 4 variants, which ranged from 4.3% to 6.7% of tumors. Pooled data indicated that tumors without *KRAS* exon 2 variants or new *RAS* variants were found to have significantly superior PFS ($p < 0.001$) and OS ($p = 0.008$) with anti-EGFR monoclonal antibody (mAb) treatment compared to tumors with these variants. In addition, there were no differences noted in the PFS or OS of tumors with *KRAS* exon 2 variants when compared to new *RAS* variants. These results were consistent between different anti-EGFR mAb agents, lines of therapy, and chemotherapy. No PFS or OS benefit was observed with the use of anti-EGFR mAb agents in tumors with *KRAS* exon 2 variants or new *RAS* variants ($p > 0.05$). Based on these results, authors concluded that approximately 53% of metastatic colorectal tumors (~42% with *KRAS* exon 2 and ~11% with new *RAS* variants) are unlikely to have a positive response to anti-EGFR mAb therapy. Results from this pooled data analysis suggest *NRAS* variant results may be used to guide treatment decisions in patients with metastatic colorectal tumors, as patients with *NRAS* variants are unlikely to benefit from anti-EGFR mAb therapy.

A systematic review and meta-analysis by Lin (2016) evaluated the efficacy of cetuximab-based chemotherapy according to *RAS* and *BRAF* variant subgroups in nine studies.^[12] Cetuximab was associated with longer overall survival in tumors that had no variants in exon 2 of *KRAS* ($p = 0.004$), tumors with wild-type (exons 2, 3, and 4) *KRAS/NRAS* ($p = 0.0002$). There

were no significant differences in OS or PFS between tumors with *KRAS* exon 2 variants and other exon 2, 3, or 4 *KRAS* or *NRAS* variants.

Additional studies published since the systematic reviews have shown similar differences in response to EGFR inhibitors according to *RAS* variant status.^[18]

BRAF

Systematic Reviews

Pietrantonio (2015) published a systematic review and meta-analysis of randomized trials that compared cetuximab or panitumumab plus chemotherapy compared to standard therapy or best supportive care in patients with advanced colorectal cancer that have a *BRAF* variant.^[19] Pooled results were reported for the efficacy of anti-EGFR-based therapy according to variant status as a first-line, second-line or refractory setting. Nine phase III trials and one phase II trial with a total of 463 patients with metastatic colon cancer were analyzed. Treatment with cetuximab or panitumumab did not significantly improve PFS (HR 0.88, 95% CI 0.67 to 1.14), OS (HR 0.91, 95% CI, 0.62 to 1.34), or overall response rates (RR 1.31, 95% CI 0.83 to 2.08) compared to the control groups.

Rowland (2015) also published a systematic review and meta-analysis RCTs which evaluated the impact of *BRAF* variant status upon anti-EGFR mAb treatment outcomes in patients with metastatic colorectal cancer.^[20] Seven RCTs met inclusion criteria for OS and eight studies met inclusion criteria for PFS. Pooled data indicated that cetuximab and panitumumab did not improve PFS (HR 0.86, 95% CI 0.61 to 1.21) or OS (HR 0.97, 95% CI 0.67 to 1.41) in patients with *BRAF* variants.

Other Studies

An updated analysis of the CRYSTAL trial reported increased follow-up time and an increased number of patients evaluable for tumor *KRAS* status and considered the clinical significance of the tumor variant status of *BRAF* in the expanded population of patients with *KRAS* wild-type tumors.^[8] The impact of *BRAF* tumor variant status in relation to the efficacy of the chemotherapy regimen consisting of cetuximab plus folinic acid (leucovorin), 5-FU, and irinotecan (FOLFIRI) was examined in the population of patients with *KRAS* wild-type disease ($n = 625$). There was no evidence of an independent treatment interaction by tumor *BRAF* variant status. The authors concluded that *BRAF* variant status was not predictive of treatment effects of cetuximab plus FOLFIRI but that *BRAF* tumor variant was a strong indicator of poor prognosis for all efficacy end points compared with those whose tumors were wild-type. Other studies have been published that report mixed results.^[8,21-29]

The data regarding the utility of variant testing as a predictive marker which informs the use of anti-EGFR mAb is less substantial for *BRAF* testing than for *KRAS* or *NRAS* testing. However, the evidence suggests that *BRAF* variant testing may be useful in directing treatment decisions, as anti-EGFR therapies do not improve PFS or OS in metastatic colorectal cancer patients with *BRAF* variants.

MICRORNA

Several studies have evaluated the association between the expression of the miR-31-3p microRNA and colorectal cancer progression in patients treated with anti-EGFR therapies.^[30-33] For example, an industry-sponsored study published by Laurent-Puig (2018) reported that

individuals with low miR-31-3p expression derived more benefit from cetuximab than bevacizumab (PFS HR 0.74, 95% CI 0.55 to 1.00, $p=0.05$; OS HR 0.61, 95% CI 0.41 to 0.88, $p<0.01$).^[30] However, no studies have assessed the use of microRNA expression test results to guide treatment decisions or impact health outcomes.

PRACTICE GUIDELINE SUMMARY

NATIONAL COMPREHENSIVE CANCER NETWORK

The National Comprehensive Cancer Network (NCCN)^[34] guidelines (version 2.2017) on the treatment of colon cancer make the following recommendations regarding *KRAS*, *NRAS*, and *BRAF* variant testing:

“All patients with metastatic colorectal cancer should have tumor tissue genotyped for *RAS* (*KRAS* and *NRAS*) and *BRAF* mutations. Patients with any known *KRAS* mutation (exon 2 or non-exon 2) or *NRAS* mutation should not be treated with either cetuximab or panitumumab. *BRAF V600E* mutation makes response to panitumumab or cetuximab highly unlikely.”

The guidelines did not discuss microRNA testing.

SUMMARY

There is enough evidence to show that cetuximab and panitumumab are not effective treatments for colorectal cancers with *KRAS*, *NRAS* or *BRAF* variants. Clinical guidelines based on research recommend testing patients with metastatic colorectal cancer for variants in the *KRAS*, *NRAS*, and *BRAF* genes to help with treatment decisions. Therefore, *KRAS*, *NRAS* and *BRAF* variant analysis may be considered medically necessary to predict nonresponse to anti-EGFR monoclonal antibodies in the treatment of metastatic colorectal cancer.

Anti-EGFR monoclonal antibodies are approved to treat advanced forms of colorectal cancer. These therapies are not approved for patients with non-metastatic, resectable colorectal cancer. Therefore, *KRAS*, *NRAS*, and *BRAF* variant analysis is considered investigational for colorectal cancer that is not metastatic, unresectable, or advanced.

There is not enough research to show that testing for microRNA expression can improve treatment decisions or health outcomes for patients with colorectal cancer. In addition, there are no clinical guidelines based on research that recommend microRNA testing for these patients. Therefore, microRNA expression testing to predict anti-EGFR therapy response, including but not limited to the miR-31now™ test, is considered investigational.

REFERENCES

1. Spindler, KL, Pallisgaard, N, Andersen, RF, Jakobsen, A. Changes in mutational status during third-line treatment for metastatic colorectal cancer--results of consecutive measurement of cell free DNA, *KRAS* and *BRAF* in the plasma. *International journal of cancer Journal international du cancer*. 2014;135(9):2215-22. PMID:
2. den Dunnen, JT, Dalgleish, R, Maglott, DR, et al. HGVS Recommendations for the

- Description of Sequence Variants: 2016 Update. *Human mutation*. 2016 Jun;37(6):564-9. PMID: 26931183
3. Agency for Healthcare Research and Quality ©2010. Technology Assessment: Systematic Reviews on Selected Pharmacogenetic Tests for Cancer Treatment: CYP2D6 for Tamoxifen in Breast Cancer, KRAS for anti-EGFR antibodies in Colorectal Cancer, and BCR-ABL1 for Tyrosine Kinase Inhibitors in Chronic Myeloid Leukemia. Issue date: 2010. Available at: <http://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=76&bc=BAAgAAAAAAAA&>. Accessed on 12/5/2017.
 4. TEC Assessment 2008. "KRAS Mutations and Epidermal Growth Factor Receptor Inhibitor Therapy in Metastatic Colorectal Cancer." BlueCross BlueShield Association Technology Evaluation Center, Vol 23, Tab 6.
 5. Qiu, LX, Mao, C, Zhang, J, et al. Predictive and prognostic value of KRAS mutations in metastatic colorectal cancer patients treated with cetuximab: a meta-analysis of 22 studies. *Eur J Cancer*. 2010 Oct;46(15):2781-7. PMID: 20580219
 6. Dahabreh, IJ, Terasawa, T, Castaldi, PJ, Trikalinos, TA. Systematic review: Anti-epidermal growth factor receptor treatment effect modification by KRAS mutations in advanced colorectal cancer. *Ann Intern Med*. 2011 Jan 4;154(1):37-49. PMID: 21200037
 7. Douillard, JY, Siena, S, Cassidy, J, et al. Randomized, phase III trial of panitumumab with infusional fluorouracil, leucovorin, and oxaliplatin (FOLFOX4) versus FOLFOX4 alone as first-line treatment in patients with previously untreated metastatic colorectal cancer: the PRIME study. *J Clin Oncol*. 2010 Nov 1;28(31):4697-705. PMID: 20921465
 8. Van Cutsem, E, Kohne, CH, Lang, I, et al. Cetuximab plus irinotecan, fluorouracil, and leucovorin as first-line treatment for metastatic colorectal cancer: updated analysis of overall survival according to tumor KRAS and BRAF mutation status. *J Clin Oncol*. 2011 May 20;29(15):2011-9. PMID: 21502544
 9. Peeters, M, Price, TJ, Cervantes, A, et al. Randomized phase III study of panitumumab with fluorouracil, leucovorin, and irinotecan (FOLFIRI) compared with FOLFIRI alone as second-line treatment in patients with metastatic colorectal cancer. *J Clin Oncol*. 2010 Nov 1;28(31):4706-13. PMID: 20921462
 10. Maughan, TS, Adams, RA, Smith, CG, et al. Addition of cetuximab to oxaliplatin-based first-line combination chemotherapy for treatment of advanced colorectal cancer: results of the randomised phase 3 MRC COIN trial. *Lancet*. 2011 Jun 18;377(9783):2103-14. PMID: 21641636
 11. Bokemeyer, C, Van Cutsem, E, Rougier, P, et al. Addition of cetuximab to chemotherapy as first-line treatment for KRAS wild-type metastatic colorectal cancer: pooled analysis of the CRYSTAL and OPUS randomised clinical trials. *Eur J Cancer*. 2012 Jul;48(10):1466-75. PMID: 22446022
 12. Lin, LI, Chen, LL, Wang, Y, Meng, XY, Liang, C, Zhou, FX. Efficacy of cetuximab-based chemotherapy in metastatic colorectal cancer according to RAS and BRAF mutation subgroups: A meta-analysis. *Molecular and clinical oncology*. 2016 Jun;4(6):1017-24. PMID: 27284437
 13. Therkildsen, C, Bergmann, TK, Henrichsen-Schnack, T, Ladelund, S, Nilbert, M. The predictive value of KRAS, NRAS, BRAF, PIK3CA and PTEN for anti-EGFR treatment in metastatic colorectal cancer: A systematic review and meta-analysis. *Acta Oncol*. 2014 Jul;53(7):852-64. PMID: 24666267
 14. Douillard, JY, Oliner, KS, Siena, S, et al. Panitumumab-FOLFOX4 treatment and RAS mutations in colorectal cancer. *N Engl J Med*. 2013 Sep 12;369(11):1023-34. PMID:

24024839

15. Peeters, M, Oliner, KS, Parker, A, et al. Massively parallel tumor multigene sequencing to evaluate response to panitumumab in a randomized phase III study of metastatic colorectal cancer. *Clinical cancer research : an official journal of the American Association for Cancer Research*. 2013;19:1902-12. PMID: 23325582
16. De Roock, W, Claes, B, Bernasconi, D, et al. Effects of KRAS, BRAF, NRAS, and PIK3CA mutations on the efficacy of cetuximab plus chemotherapy in chemotherapy-refractory metastatic colorectal cancer: a retrospective consortium analysis. *Lancet Oncol*. 2010;11:753-62. PMID: 20619739
17. Sorich, MJ, Wiese, MD, Rowland, A, Kichenadasse, G, McKinnon, RA, Karapetis, CS. Extended RAS mutations and anti-EGFR monoclonal antibody survival benefit in metastatic colorectal cancer: a meta-analysis of randomized, controlled trials. *Annals of oncology : official journal of the European Society for Medical Oncology / ESMO*. 2015 Jan;26(1):13-21. PMID: 25115304
18. Peeters, M, Oliner, KS, Price, TJ, et al. Analysis of KRAS/NRAS Mutations in a Phase III Study of Panitumumab with FOLFIRI Compared with FOLFIRI Alone as Second-line Treatment for Metastatic Colorectal Cancer. *Clinical cancer research : an official journal of the American Association for Cancer Research*. 2015 Dec 15;21(24):5469-79. PMID: 26341920
19. Pietrantonio, F, Petrelli, F, Coinu, A, et al. Predictive role of BRAF mutations in patients with advanced colorectal cancer receiving cetuximab and panitumumab: a meta-analysis. *Eur J Cancer*. 2015 Mar;51(5):587-94. PMID: 25673558
20. Rowland, A, Dias, MM, Wiese, MD, et al. Meta-analysis of BRAF mutation as a predictive biomarker of benefit from anti-EGFR monoclonal antibody therapy for RAS wild-type metastatic colorectal cancer. *Br J Cancer*. 2015 Jun 9;112(12):1888-94. PMID: 25989278
21. Mao, C, Liao, RY, Qiu, LX, Wang, XW, Ding, H, Chen, Q. BRAF V600E mutation and resistance to anti-EGFR monoclonal antibodies in patients with metastatic colorectal cancer: a meta-analysis. *Mol Biol Rep*. 2011 Apr;38(4):2219-23. PMID: 20857202
22. Moroni, M, Veronese, S, Benvenuti, S, et al. Gene copy number for epidermal growth factor receptor (EGFR) and clinical response to antiEGFR treatment in colorectal cancer: a cohort study. *Lancet Oncol*. 2005 May;6(5):279-86. PMID: 15863375
23. Tol, J, Nagtegaal, ID, Punt, CJ. BRAF mutation in metastatic colorectal cancer. *N Engl J Med*. 2009 Jul 2;361(1):98-9. PMID: 19571295
24. Cappuzzo, F, Varella-Garcia, M, Finocchiaro, G, et al. Primary resistance to cetuximab therapy in EGFR FISH-positive colorectal cancer patients. *Br J Cancer*. 2008 Jul 8;99(1):83-9. PMID: 18577988
25. Sartore-Bianchi, A, Di Nicolantonio, F, Nichelatti, M, et al. Multi-determinants analysis of molecular alterations for predicting clinical benefit to EGFR-targeted monoclonal antibodies in colorectal cancer. *PLoS One*. 2009;4(10):e7287. PMID: 19806185
26. Van Cutsem, E, Kohne, CH, Hitre, E, et al. Cetuximab and chemotherapy as initial treatment for metastatic colorectal cancer. *N Engl J Med*. 2009 Apr 2;360(14):1408-17. PMID: 19339720
27. Phillips, B, Kalady, M, Kim, R. BRAF testing in advanced colorectal cancer: is it ready for prime time? *Clin Adv Hematol Oncol*. 2010 Jun;8(6):437-44. PMID: 20733556
28. De Roock, W, Claes, B, Bernasconi, D, et al. Effects of KRAS, BRAF, NRAS, and PIK3CA mutations on the efficacy of cetuximab plus chemotherapy in chemotherapy-refractory metastatic colorectal cancer: a retrospective consortium analysis. *Lancet Oncol*. 2010 Aug;11(8):753-62. PMID: 20619739

29. Cui, D, Cao, D, Yang, Y, Qiu, M, Huang, Y, Yi, C. Effect of BRAF V600E mutation on tumor response of anti-EGFR monoclonal antibodies for first-line metastatic colorectal cancer treatment: a meta-analysis of randomized studies. *Mol Biol Rep.* 2014 Mar;41(3):1291-8. PMID: 24390240
30. Laurent-Puig, P, Grisoni, ML, Heinemann, V, et al. Validation of miR-31-3p Expression to Predict Cetuximab Efficacy When Used as First-Line Treatment in RAS Wild-Type Metastatic Colorectal Cancer. *Clinical cancer research : an official journal of the American Association for Cancer Research.* 2018 Aug 14. PMID: 30108104
31. Ramon, L, David, C, Fontaine, K, et al. Technical Validation of a Reverse-Transcription Quantitative Polymerase Chain Reaction In Vitro Diagnostic Test for the Determination of MiR-31-3p Expression Levels in Formalin-Fixed Paraffin-Embedded Metastatic Colorectal Cancer Tumor Specimens. *Biomarker insights.* 2018;13:1177271918763357. PMID: 29568219
32. Pugh, S, Thiebaut, R, Bridgewater, J, et al. Association between miR-31-3p expression and cetuximab efficacy in patients with KRAS wild-type metastatic colorectal cancer: a post-hoc analysis of the New EPOC trial. *Oncotarget.* 2017 Nov 7;8(55):93856-66. PMID: 29212194
33. Mlcochova, J, Faltejskova-Vychytilova, P, Ferracin, M, et al. MicroRNA expression profiling identifies miR-31-5p/3p as associated with time to progression in wild-type RAS metastatic colorectal cancer treated with cetuximab. *Oncotarget.* 2015 Nov 17;6(36):38695-704. PMID: 26497852
34. National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology™. Colon Cancer. v.2.2017. [cited 12/5/2017]; Available from: http://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
35. BlueCross BlueShield Association Medical Policy Reference Manual "KRAS and BRAF Mutation Analysis in Metastatic Colorectal Cancer." 2.04.53

CODES

Codes	Number	Description
CPT	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)
	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)
	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)
	81403	Molecular pathology procedure, Level 4
	81404	Molecular pathology procedure, Level 5
	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
	0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
HCPCS	None	

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