



MEDICAL POLICY

Date Reviewed: 12/87, 12/96, 10/21/99, 02/25/00, 03/22/02, 03/26/04, 06/23/06, 04/20/07, 02/15/08, 01/23/09, 02/05/10, 04/15/11

Subject: Antineoplaston Cancer Therapy

Description: Antineoplaston cancer therapy is an alternative form of cancer treatment that uses chemicals found in blood and urine to treat tumors. The antineoplastons may either be given orally or intravenously.

Indications of Coverage:

Not covered.

Limitations of Coverage:

Antineoplaston Cancer Therapy and related services (for example, office visits, services and supplies related to the treatment, and any laboratory or radiological studies performed to evaluate the effectiveness of the antineoplaston therapy) are considered investigational. There is insufficient peer-reviewed medical literature documenting the effectiveness of this treatment.

Documentation Required:

Office notes

Chemotherapy flowsheet

Rationale: The possible anti-cancer effects of antineoplastons have been studied for more than 30 years; however, antineoplaston therapy has not been approved by the FDA and there is no peer-reviewed literature from controlled clinical trials supporting the effectiveness of antineoplaston cancer therapy. Numerous clinical trials regarding the use of antineoplastons for the treatment of specific cancers are ongoing (see listing at clinicaltrials.gov). Currently, there is insufficient evidence that antineoplaston therapy is effective or is as effective as standard treatments.

References: Burzynski SR, Janicki TJ, Weaver RA, Burzynski B. Targeted therapy with antineoplastons A10 and AS2-1 of high-grade, recurrent, and progressive brainstem glioma. *Integr Cancer Ther.* 2006 Mar; 5(1):40-7.

Clinicaltrials.gov. 2011. US National Institutes of Health. Available at: clinicaltrials.gov/. Accessed: 3 Mar 11.

Green S. 'Antineoplastons' An unproved cancer therapy. *JAMA.* 1992; 267:2924-2928.

National Cancer Institute (NCI). Antineoplastons. Bethesda, MD. Last modified: 09/17/10. Available at: www.cancer.gov. Accessed: 3 Mar 11.

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Approved by the Medical Director