Introduction

Breast Cancer Network Australia (BCNA) often hears from women about the high out of pocket costs associated with breast imaging. In particular, breast MRI scans are used by medical specialists for various reasons, often attract no Medicare rebate, and represent a significant out of pocket cost for women. For women who require regular breast MRI scans as part of their follow-up care and future screening, the cost is annual and ongoing.

*I am pleased with the peace of mind that this technology provides. I am not happy with the out of pocket cost.* - Survey Participant

Breast MRI scans currently only attract a rebate for screening purposes, if the woman is at a ‘high risk’ of developing breast cancer. Women who have *already had* breast cancer are excluded from accessing this rebate.

In 2012, an application was made to the Medical Services Advisory Committee (MSAC) to expand access to this screening rebate for women who have had cancer and are under 50\(^1\). We have heard anecdotally from our younger women that their annual follow up or screening MRIs constitute a significant proportion of the ongoing out of pocket costs associated with their breast cancer treatment.

BCNA wrote a submission in support of the application in May 2012.

*I am considered high risk of recurrence, not only because I had HER2, grade 3 cancer at 42, but also because my sister had breast cancer at the same age. However, I don't qualify for the*

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\(^1\) The application also seeks to expand the definition of ‘high risk’ to include women with a personal history of DCIS and LCIS, and women with a personal history of radiotherapy to the chest area undertaken between the ages of 10-35 years.
rebate because I don’t fit into the government’s definition of “high risk”. Very annoying and very expensive! - Survey Participant

Later in 2012, the Breast Surgeons Australian & New Zealand asked BCNA to support a letter to the Minister of Health requesting a Medicare rebate for pre-surgical planning. In November 2012, a formal application was made to MSAC that has now been accepted.

It is a shame that you don’t get a Medicare rebate for a MRI. My surgeon recommends having an MRI but it is very expensive. It seems unfair for this valuable test to only be available to women who can afford it. - Survey Participant

In order to better understand the impact of these issues on women, we conducted a survey utilising the BCNA Review & Survey Group. The survey’s key objectives were to:

- Better understand the out of pocket costs of breast MRI
- Better understand why women are being referred to breast MRI
- Understand whether women are foregoing breast MRIs because of the high cost.

The survey requested responses from any woman who has discussed breast MRI with her treating doctor. We were interested in hearing from women who chose not to proceed with their breast MRI, in addition to women who did.

My oncologist suggested that I have an MRI but my surgeon was against it. I was confused by their opposing reasons and why they could not agree so I decided not to do anything this year. I will bring the subject up again at my next follow up appointments. - Survey Participant

The Results

Demographics

265 women answered the survey. 214 participants were eligible to proceed with the entire survey (i.e. they discussed an MRI with their doctor at some stage).

The respondents broadly represented the constituency of
The vast majority of women (67%) were aged between 40 and 59. This group is younger than the normal breast cancer population (the average age of diagnosis is 60). This could be due to the nature of the survey (delivered electronically) and some selection bias as the average age of Review and Survey Group participants is 54.9. That said, MRI is typically performed on younger women for screening and symptom investigation due to the higher likelihood of denser breasts unsuited to mammography.

_I was only 27 when I was diagnosed with breast cancer. With no genetic precursors, I feel that I deserve to have Medicare access to the best screening possible. I am still young at 32, and work hard. I should not have to work so hard to pay the out of pocket expenses associated with my past illness._ - Survey Participant

Most women surveyed had their most recent breast MRI scan in 2012. We therefore feel confident the following results reflect the contemporary woman’s experience.
Why are women referred for breast MRI?

A total of 165 women had undergone a breast MRI scan. 49 women (23%) did not proceed with a breast MRI although it was discussed with them by their specialist. The most cited reason, by 19 women (60%), was ‘it was too expensive’. Other women explained that their doctor did not think it was necessary, especially in light of the sometimes prohibitive cost.

Women were asked to identify the reasons for discussing the MRI with their doctor. The most cited reason was: “I have had breast cancer treatment and the doctor now wants me to have breast MRI scans as part of my follow-up care.”

Participants were able to nominate multiple reasons for their breast MRI.

Results:

- “I am/was at high risk of developing breast cancer. Breast MRI scans were recommended to me for screening purposes”. N=25
- “I had symptoms of early breast cancer and the doctor wanted to include breast MRI scans as one of my tests”. N=51
It is clear from these results that women are being referred for, or considering, breast MRI scans for a variety of reasons. It confirms for us that breast MRI is being considered by women for a number of reasons in Australia, and gives us a starting point in order to identify any gaps in rebate accessibility.

My breast surgeon said a MRI was available if wanted to have one, but that the cost was about $500. The cost of this on top of my mammogram & ultrasound was too expensive. A MRI as well as my other tests would have been more reassuring for me that I was cancer free post treatment. - Survey Participant

My surgeon required me to have an MRI before surgery, and I was glad that I did, but was annoyed that there was no Medicare rebate, especially as it wasn't an optional test. - Survey Participant

Although there were fewer respondents nominating ‘screening’ as the reason for considering breast MRI, this is very likely due to selection bias again. The women who are Review and Survey Group members are BCNA members, meaning they have more than likely already been
diagnosed. We do not have a great deal of access to younger high-risk women who are undergoing screening and have not been diagnosed.

**Cost of Breast MRI**

- The average cost of a breast MRI **without** a Medicare rebate was reported as $555.

- The average cost of a breast MRI **with** a Medicare rebate was reported as $431.

- 113 women (67%) did **not** receive a Medicare rebate, whereas 35 women (21%) did (others were unsure). This is likely due to the high number of respondents who identified follow-up and pre-operative scans as the reasons for their breast MRI, as there are no rebates available for these indications.

As you can see in the following graph, most women paid between $301 and $400 for their breast MRI. Two respondents stated they paid $1600 for their breast MRI (no rebate – one in regional NSW and the other in metropolitan Queensland), with nine women in total stating they paid more than $801.

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Public vs. Private Costs

194 women answered questions related to where they received their breast cancer treatment.

- 34% (66) were treated in a combination of the public and private systems
- 20% (39) were treated in the public system
- 46% (89) were treated in the private system

29% of women treated in a combination of public and private systems received a rebate, whereas only 15% and 11% of public and private patients respectively received a rebate.

As you can see in the below graph, women treated for breast cancer in the private system are paying, on average, a higher amount for their breast MRI scans.

<table>
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<tr>
<th>Average Cost by System</th>
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<td>$600 $500 $400 $300 $200 $100 $</td>
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<tr>
<td>Combination of Public and Private</td>
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<td>$389</td>
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We also asked question about where women had their breast MRI scans performed. As you can see in the following graph, there was a good spread of women between private hospitals, public hospitals and private imaging clinics.

Unsurprisingly, private hospitals had the higher average cost at $554, compared with an imaging clinic at $420.

*MRI was ordered when I was an inpatient (at no cost to me); however as an outpatient I had to pay $482.00! I should have stayed in hospital! - Survey Participant*
Discussion

These results support our understanding that breast MRIs represent a significant out of pocket cost for women with breast cancer. The high response rate to the survey (265) indicates that breast MRI scans are commonplace, particularly for follow-up care and pre-operative planning purposes.

Follow-up Care

Only 13% (21) of participants in our 2009 survey, *The out of pocket cost of follow-up care: Mammogram, ultrasound and MRI* had undergone a follow-up MRI scan. The commentary in the survey report states “the use of MRI is not part of the regular regime of follow-up care after breast cancer treatment”. While this may still be the case, the high number of women responding to this survey who indicated they received a breast MRI for follow up care suggests that the high cost of these scans impact on a significant number of Australian women.

There is no current rebate for a follow-up breast MRI. The Medical Services Advisory Committee is currently considering an application to extend an MRI rebate to young women (under 50) who have had breast cancer for screening purposes. It is hoped that a decision to extend this screening rebate to women with a personal history of breast cancer will ensure that...
a large amount of women will no longer be significantly out of pocket for their follow-up care after treatment. However, we note that the survey results show that 67% of women who had a breast MRI for follow-up purposes were over the age of 50.

*I find it unbelievable that I was not eligible for a rebate because I was symptomatic and over 50. Just because I am over 50 does not mean I do not have dense breast tissue. I also found it disconcerting that there is a huge range in costs of MRI. Some places cost several hundred dollars more than others. Many women would not have known to shop around.* - Survey Participant

**Pre-operative Planning**

We are now in a position to strongly advocate for a Medicare rebate for pre-operative breast MRI scans, given we know that a significant number of women are being asked to have one by their surgeons. Although we appreciate there is some controversy about the efficacy of pre-operative breast MRI in medical circles, this survey (as well as our discussions with surgical members of our Board and Strategic Advisory Group) indicates that referral for this purpose is commonplace. It is our position that women referred for MRI by their treating physicians should receive a Medicare rebate. We will use the results of this survey to support this view.

**Conclusion**

These survey results address the most common indications for a breast MRI and provide us with a good idea of the associated out of pocket costs for women. Many survey participants specifically requested we advocate for better, more affordable access to breast MRI. We now have good data to support our advocacy efforts and can use these figures and quotes to strengthen our submissions, media quotes and position statements.

*Please help to legislate with the Australian Government that some of the cost of yearly MRIs for women with a history of breast cancer is rebated. It is unfair that a woman in this country may miss the opportunity of having an MRI as part of their ongoing medical review purely due to financial constraints.* - Survey Participant