

11 July 2018

Professor Robyn Ward  
Chair, Medical Services Advisory Committee  
Department of Health  
MDP 910  
GPO Box 9848  
CANBERRA ACT 2601

Dear Professor Ward

**RE: Australasian Lymphology Association's (ALA) Application for Medicare Item Number for complex lymphoedema therapy by a lymphoedema practitioner for 10 extended sessions per year under the Chronic Disease Management Plan**

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians personally affected by breast cancer. We support, inform, represent and connect people whose lives have been affected by breast cancer. BCNA represents more than 120,000 individual members and 300 Member Groups from across Australia.

BCNA is pleased to support the Australasian Lymphology Association's (ALA) MSAC application for a Medicare item number for complex lymphoedema therapy by a lymphoedema practitioner for up to 10 extended sessions of up to 60 minutes per year under the Chronic Disease Management Plan by a referring General Practitioner.

Approximately 20% of people diagnosed with breast cancer will develop breast cancer-related lymphoedema.<sup>i</sup> For women who develop lymphoedema following breast cancer, it is a chronic condition<sup>ii</sup> and can severely impact women's physical and emotional health and wellbeing. The early identification and treatment of lymphoedema are essential in helping to control swelling, increase people's range of motion, reduce the occurrence of infections and inflammation and prevent lymphoedema from worsening.<sup>iii</sup>

BCNA's *State of the Nation* project found that lymphoedema was a significant issue of concern to our members. State of the Nation was a project conducted by BCNA over an 18 month period and was informed by findings from a 2017 Member Survey of 10,318 Australians diagnosed with breast cancer, face-to-face consultations with 3,500 women in all states and territories, BCNA's 2017 Aboriginal and Torres Strait Islander Think Tank as well as previous consultations. Thirty-five per cent of the over 10,300 respondents to BCNA's 2017 Member Survey indicated that they had information needs about lymphoedema in the past 12 months. Lymphoedema was also continually raised in the consultations we ran across the country. Our members have told us that a lack of public lymphoedema services and closure of public services, long waiting lists and costs involved in accessing private treatment mean that it can be very difficult and expensive to get the treatment they need.

*Lymphoedema is a major problem for me, very limited treatment in my area, lots of travel and very expensive. – BCNA 2017 Member Survey respondent*

Due to the difficulties many of our members experience accessing timely and affordable lymphoedema treatment and care, lymphoedema was one of BCNA's top eight priorities for urgent action in the *State of the Nation* report. In *State of the Nation*, we emphasized urgent need for specialist lymphoedema clinics to be established in all metropolitan and regional cancer centres and for a National Lymphoedema Compression Garment scheme to be funded.

Twenty years ago lymphoedema was a major issue for women affected by breast cancer-related lymphoedema and, unfortunately, this seems still to be the case. Monique's story (provided as an attachment to this letter) illustrates some of the physical and emotional challenges women affected by breast cancer-related lymphoedema experience and the importance of being able to access affordable, high quality treatment and care.

In summary, BCNA believes that the introduction of a Medicare item number for complex lymphoedema therapy by a lymphoedema practitioner for up to 10 extended sessions per year under the Chronic Disease Management Plan by a referring General Practitioner would be of significant benefit, ensuring that women affected by breast cancer-related lymphoedema who currently face barriers accessing treatment would more easily be able to access the treatment and care they need.

Yours sincerely



Danielle Spence  
Director, Policy and Advocacy

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<sup>i</sup> DiSipio, T. et al. (2014). 'Incidence of unilateral arm lymphoedema after breast cancer: a systemic review and meta-analysis,' *Lancet Oncology*, 14(6): 500-15.

<sup>ii</sup> Lymphoedema Framework. Best Practice for the Management of Lymphoedema. International consensus. London: MEP Ltd, 2006.

<sup>iii</sup> BCNA. (2016). *Lymphoedema fact sheet*. [https://www.bcna.org.au/media/2141/bcna-lymphoedema-fact-sheet.pdf?\\_ga=2.182639840.791756299.1531285151-1573450235.1526009782](https://www.bcna.org.au/media/2141/bcna-lymphoedema-fact-sheet.pdf?_ga=2.182639840.791756299.1531285151-1573450235.1526009782).