

21 September 2018

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

Dear Professor Ward

RE: 1357: F-18 Fluorodeoxyglucose (FDG) positron emission tomography (PET) for the evaluation of breast cancer

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 welcomes the opportunity to provide an updated submission on the Medical Services Advisory Committee Consultation Decision Analytic Protocol (DAP) for the use of F-FDG PET (PET) in proven locally advanced, suspected locally and regionally recurrent, and suspected metastatic breast cancers. This submission is in addition to our original comments dated 21 March 2014.

BCNA strongly supports the proposed application to list PET for the purposes within the MSAC application. We are deeply concerned by the high out-of-pocket costs incurred by our members who are recommended to have a PET scan.

Last year I had 2 PET scans within 6 month period to see the active cancer pre and post chemo...Each scan cost me \$800 out of pocket. But I wanted whatever I could afford through fear. Fear is the driver.

We note findings from the Report from the Medicare Benefits Schedule Review Taskforce Diagnostic Imaging Clinical Committee 2018 in regards to PET item numbers. Page 27 of the report states:

The Committee notes that most MBS PET item descriptors date back to 2002 and, despite rapidly changing technology, the Schedule has not been updated since that time. Only a limited number of cancers are covered by the existing MBS PET item numbers, and each new PET item currently requires a lengthy and detailed submission to MSAC. This means that many Australian patients, especially those with less common cancers, are currently disadvantaged by being unable to access MBS-rebated PET scans.

We agree with the Committee's findings that PET items are out of line with the changed clinical landscape and we are concerned that Australians with breast cancer are disadvantaged by the inability to have this test through Medicare if clinically indicated. This includes patients with locally advanced/high risk breast cancer for whom PET scans may be a helpful staging tool and those with occult metastases or abnormalities visible on other scans that are unclear or difficult to biopsy, such as bone abnormalities in ribs.

We note the 2015 Monash study of 154 patients with locally advanced breast cancer which demonstrated that PET provided significant therapeutic implications with respect to radiation therapy management and changed treatment recommendations in 1 in 5 women with locally advanced breast cancer.¹ We believe this is a significant study and agree with the authors' conclusion that imaging with PET/CT should be considered in all patients undergoing primary staging for locally advanced breast cancer.

In addition we note feedback from key clinicians who advise us that PET can be a good test to monitor response of metastatic disease or in the neoadjuvant setting. Although patients who are enrolled in clinical trials may have access to PET for these purposes, many vulnerable patients who cannot access trials will miss out on this technology.

In summary, BCNA believes that the introduction of a Medicare item number for PET for the evaluation of breast cancer would be of significant benefit, ensuring that women in certain clinical settings would be able to access the treatment and care they need. We believe it would be a missed opportunity for MSAC to not make a positive finding for a Medicare-funded PET service for breast cancer considering the recommendations of the MBS Diagnostic Imaging Clinical Committee.

Yours sincerely



Danielle Spence
Director, Advocacy, Policy and Programs

¹ Ping Ng, S. et al. (2015). 'Impact of Pretreatment Combined ¹⁸F-Fluorodeoxyglucose Positron Emission Tomography/Computed Tomography Staging on Radiation Therapy Treatment Decisions in Locally Advanced Breast Cancer,' *International Journal of Radiation Oncology*, 93(1): 111-117.