Breast Cancer Network Australia
Submission to The Senate Community Affairs References Committee inquiry into out-of-pocket costs in Australian health care

12 May 2014

About Breast Cancer Network Australia
Established in 1998, 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. We work to ensure that Australians diagnosed with breast cancer receive the very best support, information, treatment and care appropriate to their individual needs.

BCNA represents more than 90,000 individual members and 300 member groups from across Australia.

Breast Cancer Network Australia (BCNA) welcomes the opportunity to provide a submission to the Senate Community Affairs References Committee inquiry into out-of-pocket costs in Australian health care.

Our submission reflects BCNA’s key area of expertise and interest – women with breast cancer.

_The financial stress was unbelievable. Not being able to work, medical expenses, living expenses. This is a really tough one that I think isn’t talked about enough._ - Nicole, BCNA member

Executive Summary

With one in eight women likely to be diagnosed in her lifetime, breast cancer has overtaken heart disease as the greatest health threat facing Australian women. This has a large economic impact on not only the Australian health budget, but on the budgets of those diagnosed and their families.

A report prepared by Access Economics for The Cancer Council New South Wales in 2007 found that individuals bear around 40.4% of the financial cost of their cancer, with government, society, family and friends, and employers sharing the remaining costs\(^1\).

\(^1\) Access Economics and The Cancer Council New South Wales, _Cost of Cancer in NSW_, April 2007
The report noted that these costs can be higher or lower depending on the life-stage at which the person is diagnosed and the type of cancer they have. It found that a 35-year-old woman with breast cancer faces up to $40,300 in out-of-pocket expenses and lost productivity, on average.

*My biggest expense was loss of income. I couldn’t work during my treatment, but I still had to pay rent, food and all the normal stuff.* – Merylee, BCNA member

*The emotional and financial stress of a breast cancer diagnosis is enormous. Even with full private medical insurance, the additional costs coupled with lack of income were very difficult.* – Lorraine, BCNA member

Many women incur significant out-of-pocket costs before they are even diagnosed. As part of the ‘triple test’ used to diagnose breast cancer, a woman may incur an out-of-pocket cost for a GP appointment, specialist appointment, mammogram, ultrasound, biopsy and, in some cases, breast MRI scan.

For women subsequently diagnosed, out-of-pocket costs are exacerbated by the length of treatment time usually required. Straightforward early breast cancer with a good prognosis will still see a woman undergoing up to a year of ‘active’ treatment, which can include surgery, chemotherapy, radiotherapy and 12 months of three-weekly intravenous Herceptin for women with a particular type of breast cancer. For up to 80 per cent of women, these treatments are followed by between five and ten years of daily hormone therapy tablets. There are also costs for ongoing annual breast cancer surveillance by specialist services for the rest of her life.

If the cancer metastasises, the costs increase greatly.

*Being a long term [breast cancer] patient, my family has incurred significant expense due to my health - $30,000 out of pocket over the years.* – Karen, BCNA member with secondary breast cancer

Other significant breast cancer related costs can include breast reconstruction following mastectomy, and management of lymphoedema. Approximately 20 per cent of women treated for breast cancer develop lymphoedema2.

Details of out-of-pocket costs associated with a breast cancer diagnosis are provided in detail in our submission.

The cost to Australia is not limited to spending in the health sector. Loss of earning power and resultant loss in productivity, not only for the woman diagnosed but sometimes also for her close family support, can also result in a significant cost to the economy and to women and their families.

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While the median age of a breast cancer diagnosis is 60, breast cancer is not just an older woman’s disease. In 2014, it is predicted that 1,830 (12 per cent of all women diagnosed) will be aged under 45\(^3\). Many of these will have young and/or dependent children, and many will also be in the paid work force. (More than 50% of women now work full or part-time.) Some will be the sole or major family wage earner but even if not, the family income is affected over the often long treatment period, with partners needing to take time off work to care for their spouse and any dependent children. This is exacerbated if the woman needs to travel from remote, rural or regional areas to get the health care she needs.

In a 2013 survey completed by 1,326 BCNA members, 240 women (18%) raised financial support as an important advocacy issue for BCNA\(^4\). Women commented on the need for financial assistance regardless of whether treatment was undertaken in the private or public health system.

*The appalling cost of the whole program of treatment, surgery and breast reconstruction for women with private health cover.* – Member Survey participant

*Not everyone is privately covered and the cost is debilitating for some women.* – Member Survey participant

**Inquiry Terms of Reference**

BCNA is not in a position to comment on all aspects of the Inquiry, and will restrict our comments to items a, b, e, f and g.

**a. the current and future trends in out-of-pocket expenditure by Australian health consumers**

We understand that Medicare rebates for imaging have not increased since 1998, although imaging fees have increased, and that indexation of other items has not kept up with inflation or the cost of living. We also know that some tests and procedures not covered by Medicare for breast cancer are becoming increasingly used in the management of breast cancer: breast MRI, DXA bone mineral density scans and the Oncotype DX gene assay test, for example. The full cost of such tests and procedures are carried by patients.

We are also concerned about the length of time taken for new cancer drugs to be listed on the Pharmaceutical Benefits Scheme. Some women are paying high out-of-pocket costs to access new breast cancer drugs approved by the TGA but not yet listed on the PBS; while others are simply unable to afford them at all.

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\(^3\) Australian Institute of Health and Welfare, Cancer Australia *Breast Cancer in Australia: an overview*, October 2012

\(^4\) ZEST Health Strategies, *Breast Cancer Network Australia Member Survey 2013*, 11 November 2013
b. the impact of co-payments on:
   i. consumers’ ability to access health care, and
   ii. health outcomes and costs;

My experience at Medicare was emotional and frustrating. I had $2,500 worth of medical bills in the first week of diagnosis, and had to wait four weeks for rebates as the amount was too high [for a cash reimbursement]. The breast MRI was not covered, so I was substantially affected at this time. The most frustrating thing was being told by the Medicare office that if I was a man having an MRI for prostate cancer I would be covered. – Breast MRI survey participant

As noted in our introduction, women with breast cancer can require a wide range of tests, procedures and treatments as part of their breast cancer diagnosis, treatment and follow-up care. Some of these are subsidised by government through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), and some are not.

BCNA has conducted research with our members on out-of-pocket costs associated with a number of breast cancer tests, procedures and treatments. We found that, even where a Medicare rebate is payable, some women in the private health system incur high out-of-pocket costs.

We also found that sometimes women do not have the tests or treatments that are recommended by their medical team in order to avoid high out-of-pocket costs. They may choose more invasive treatment than may otherwise be recommended, mastectomy rather than breast conserving surgery for example, or chemotherapy where it may not necessarily be recommended.

Medicare-rebatable items

In a 2011 BCNA survey on radiotherapy, women told us that radiotherapy treatment as a private patient is a considerable financial burden. A number of women told us they were out-of-pocket by thousands of dollars. As radiotherapy is an outpatient procedure, private health funds do not provide a rebate for this treatment.

The total cost [of my radiotherapy treatment] was over $3,500, of which approximately $1,670 was refunded by Medicare. – Radiotherapy survey participant

The cost of radiotherapy if you are not a public patient, and the fact you cannot claim it on your private health cover [is of concern to me]. – Member survey participant

BCNA often advises women who are having their breast cancer treatment in the private health system to consider having their radiotherapy treatment in the public system in order to avoid the high out-of-pocket costs, and we know that women do this. If a higher Medicare rebate, and/or private health fund rebate, was available, more women may have their treatment privately, thus reducing the load on the public system.

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5 Breast Cancer Network Australia, Radiotherapy Skin Changes Survey, May 2011
I had my surgery and chemo in the private system, but went public for radiotherapy. – Linda, BCNA member

Breast reconstruction is another area where women having treatment in the private health system can incur thousands of dollars in out-of-pocket expenses. A 2010 survey that included 274 women who had breast reconstruction in the private system found all but one incurred an out-of-pocket cost. These costs ranged from less than $500 (25 women) to more than $15,000 (9 women). Forty per cent of respondents paid more than $5,000 in out-of-pocket costs.

The out-of-pocket expenses ($6,000-$7,000) for this non-cosmetic procedure are simply unacceptable, especially after the nightmare of actually dealing with the cancer diagnosis. My out-of-pocket expenses for the anaesthetic alone were $1,400 and my anaesthetist charged the AMA recommended fee. … I cannot describe how angry, frustrated and disillusioned I am with the private health system and how devastated I am at having every cent I ever had taken by medical costs. – Breast reconstruction survey participant

Breast MRI for follow-up screening is not covered by Medicare, so women who require MRI as part of their annual ongoing follow up care incur the complete cost for it (see below).

Non Medicare-rebatable items

There are a number of tests and treatments that are recommended for women being treated for breast cancer that are not currently covered by Medicare, although applications have been submitted to the Medical Services Advisory Committee (MSAC). These include:

- Breast MRIs
- Bone mineral density scans (DXA)
- Onctoyte DX gene assay test
- PET scans.

A 2012 survey of women on the out-of-pocket costs of breast MRI was completed by 214 women who had been recommended an MRI by their doctor as part of their breast cancer assessment and/or follow-up screening and who did not qualify for a Medicare rebate. One hundred and sixty five of these women (77%) subsequently underwent a breast MRI. Nineteen women (9%) said they did not proceed with an MRI because ‘it was too expensive’.

The survey found the average out-of-pocket cost for a breast MRI was $555, but that some women paid up to $1,600 for an MRI scan.

It is a shame that you don’t get a Medicare rebate for an 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. – Breast MRI survey participant

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6 Breast Cancer Network Australia, *Breast Reconstruction Survey*, November 2010
Some women have told us that they have opted to have more invasive treatment as a precaution because they cannot afford the out-of-pocket costs of a breast MRI.

In October 2013 I was diagnosed with ductal carcinoma in situ (DCIS) in my left breast and had a mastectomy. In January 2014, my vigilant breast surgeon suggested I have an MRI on my right breast. As I was not eligible for a Medicare rebate, I paid the full fee of $450. The MRI showed a ‘suspicion’ of DCIS, which could only be confirmed with an MRI localisation ($1,738) or an MRI guided biopsy ($2,838). By this stage I could not afford either of those tests. I decided to have a second mastectomy, despite my surgeon’s slight misgivings and questioning by the pathologist and radiographer on the MDT [multidisciplinary team]. No matter what the outcome, I was content to proceed knowing the mastectomy would either remove a cancer or remove the need for an expensive MRI in the future. Before I made the decision to have the second mastectomy, I was feeling very lost as I did not have a definite diagnosis and could not afford the MRI to provide me with one. – Joy, BCNA member

Women required to have bone mineral density (DXA) scans as part of their breast cancer treatment are often unable to access a Medicare rebate. BCNA’s 2012 DXA bone mineral density test survey of 447 women found that more than 44 per cent of women who had a DXA scan incurred an out-of-pocket cost.

I won’t be having any more bone mineral density tests as I can’t afford the high cost. – DXA survey participant

The tests should definitely be covered by Medicare. Breast cancer is expensive enough without this complete out-of-pocket expense. When on Femara these tests are a must. I have lost 10% of my bone density in two years. – DXA survey participant

The Oncotype DX gene assay test is a tool that can help women with certain types of breast cancer to make their decision on whether or not to have chemotherapy treatment. This specialised test analyses 21 genes within the tumour and makes a prediction about the likelihood of the breast cancer recurring. If the test shows there is a high risk of recurrence, chemotherapy may be recommended. If the test shows a low risk of recurrence, chemotherapy may be able to be avoided and other less invasive treatments can be undertaken. Avoiding chemotherapy not only saves women from this harsh, invasive treatment, but provides the Australian Government, through the PBS, with significant cost savings.

Oncotype DX is not covered by Medicare. MSAC considered an application earlier this year and recommended it not be funded. BCNA is unaware of any private health funds that provide a rebate for it. Women incur the full cost, currently $4,100.

I had the Oncotype DX test in January 2009. It was very expensive as the Aussie dollar was down to 62c to the American dollar and we paid $5,800. … On seeing the results, my oncologist advised against chemo and said it [Oncotype DX] was money well spent. I must say though that we were fortunate to have some money set aside (we were going to renovate the bathroom before I was diagnosed). I would think that offering everyone who

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8 Breast Cancer Network Australia, DXA bone mineral density survey, May 2012
qualified for this test the possibility of it could cause despair and frustration due to the cost and no Medicare rebate or private health insurance cover. I am extremely grateful for having it available for my decision making. – Helena, BCNA member

**Pharmaceutical Benefits Scheme**

The Pharmaceutical Benefits Scheme (PBS) provides excellent financial support for Australians requiring medical treatment. BCNA acknowledges the role it plays in reducing the out-of-pocket costs for important drugs. We also acknowledge the Federal Government initiative introduced in December 2011, under which cancer patients pay a script fee only the first time a chemotherapy prescription is filled; with repeats filled free of charge.

Like many involved in the cancer field, however, BCNA is concerned about the length of time it can take for new cancer medicines to be listed on the Pharmaceutical Benefits Scheme.

Currently there are four breast cancer drugs that have been approved by the Therapeutic Goods Administration for use in Australia but are not listed on the PBS. Two of these received positive recommendations from the Pharmaceutical Benefits Advisory Committee in 2013, but have not yet been listed.

All four drugs are for the treatment of secondary breast cancer. Women living with secondary breast cancer are often not medically able to wait for new treatments to be subsidised, and so are forced to self-fund or, where that is not possible, go without. While some pharmaceutical companies offer patient access programs, these can still be expensive, particularly when women may have already incurred high out-of-pocket costs for previous treatments and cancer care. Out-of-pocket costs for the four drugs not currently subsidised through the PBS are:

- **Halaven (eribulin)** – approximately $4,500 per treatment (treatment every three weeks for as long as it is showing benefit)
- **Kadcyla (trastuzumab emtansine)** – $10,843 to $21,687 (dosage based on the woman’s weight) paid upfront for the first three treatments, then provided free of charge by the pharmaceutical company if clinical benefit is shown
- **Perjeta (pertuzumab)** – $12,864 paid upfront for the first three treatments, then provided free of charge by the pharmaceutical company if clinical benefit is shown
- **Afinitor* (everolimus)** – no charge if accessed through the pharmaceutical company’s patient access program.

*On 24 April 2014, the Health Minister announced that Afinitor will be added to the PBS on 1 June 2014, 11 months after receiving a positive recommendation from the PBAC in July 2013.*

I am lucky that I have been able to afford to pay for the first three treatments [of Kadcyla] under the drug company’s patient access scheme. It was almost $15,000; that’s a lot of money to find upfront, especially as I’ve already paid thousands of dollars for other treatments before this one. – Lynne, BCNA member
e. key areas of expenditure, including pharmaceuticals, primary care visits, medical devices or supplies, and dental care

Women diagnosed with breast cancer can incur out-of-pocket costs across a wide range of items:

- diagnostic tests – mammogram, ultrasound, MRI, biopsy
- treatments including any or all of
  - breast cancer surgery
  - chemotherapy
  - radiotherapy
  - targeted therapy
  - hormone therapy
- consultation fees – specialists, GPs
- pathology fees
- script fees for treatment-related medicines, e.g. anti-nausea medications
- treatment-related imaging including DXA bone mineral density scans, Multi Gated Acquisition (MUGA) scans, echocardiograms
- allied health provider fees – physiotherapists, counsellors, dietitians, lymphoedema practitioners
- breast reconstruction surgery
- wigs and turbans
- creams and wound dressings
- post-surgery bras
- post-surgery swimming prostheses and swimwear
- lymphoedema compression garments
- lymphoedema treatments
- complementary therapies and medicines
- Follow up screening – mammogram, ultrasound, MRI
- travel, accommodation and parking
- child care
- home help, including cleaning

Women travelling from remote, rural or regional areas for treatment often incur significant additional costs for travel, meals and accommodation, not just for themselves but also for a partner, carer and/or young children travelling with them. While state government patient travel assistance schemes provide some financial support, most do not adequately cover the real costs of travelling for treatment.

Women living with secondary breast cancer can have ongoing costs for treatments, scans, tests and health care over many years.

Since my diagnosis, we are more than $20,000 out of pocket. I can’t work anymore, so we live on my husband’s salary and we constantly 'rob Peter to pay Paul'. The financial strain hugely compounds the stress of dealing with cancer. – Tracey, BCNA member with secondary breast cancer
f. the role of private health insurance

I am a single parent with two children. I have private health insurance, which is a huge cost in itself, but to my horror I found that the out of pocket costs in treating this disease can be quite huge, especially when there is no time to budget for it. This journey from diagnosis through all the treatment is exhausting and stressful and you cannot get off it if you want to continue to live. – Jenny, BCNA member

I was diagnosed with breast cancer in 2012. I have a good outcome, but financially it has been a great burden as I went through the private hospital system. Even though I have private health insurance, I still had to pay a lot over and above any rebates. I have paid approximately $9,000 over and above rebates. – Julie, BCNA member

For women having treatment in the private health system, out-of-pocket costs can be significant, even with private health insurance. Often, women who have been paying private health insurance for a long time do not realise that it might not cover all of their costs, or that their level of cover may not be sufficient to meet all their health care needs. Many women have complained to us about out-of-pocket costs for their breast cancer treatment – surgery, chemotherapy and radiotherapy. Breast reconstruction following mastectomy often also comes at a high cost for women in the private health system.

Specialists' fees are often set well above the Medicare Schedule Fee, leaving women to pay the gap over and above any Medicare and private health insurance rebates. Many people who are privately insured do not understand the potential financial disadvantage of being cared for within the private health system. Often they have paid private health insurance for many years and made very few claims, and feel justifiably angry that they incur such high out-of-pocket costs when they do need to use their private health insurance.

Given the push by Australian governments, past and present, to encourage more Australians to take up private health insurance, systems need to be put in place to ensure that people having treatment through the private health system are not financially disadvantaged.

BCNA would like to see higher rebates from private health funds, and more breast cancer specialists and plastic surgeons entering into gap cover agreements with funds.

We have included two real-life case studies with our submission. Case study 1 (page 11) outlines the out-of-pocket costs incurred by an ACT woman who has private health insurance – almost $12,000 and still growing.

g. the appropriateness and effectiveness of safety nets and other offsets

BCNA was disappointed with the announcement in the 2013-14 Budget that the net medical expenses tax offset is to be phased out. For Australians with high medical costs, including those living with cancer, the offset provided some respite.
h. any other related matter

The problem with out-of-pocket costs does not relate just to expense, but also to the issue of inequality in access to health care. People being treated in the private health system do not have equal access to those in the public system. For example, DXA bone mineral density scans may be provided free of charge to patients in the public system, but as there is no Medicare reimbursement they are not covered for private patients.

The costs apply not to just new, emerging technologies and expensive items but often to relatively cheap interventions. In these situations, applications may not be submitted to MSAC for Medicare reimbursement – lymphoedema treatments, for example. The issue therefore is not just cost of treatments, but ensuring that the processes for Medicare reimbursement are such that cheaper interventions can be added to the MBS to reflect new evidence around their use.

Attached are two brief case studies received from BCNA members this year. Both women have been diagnosed with early breast cancer and outline the cost of their treatment to date. Note that neither woman has completed her treatment.

Thank you for the opportunity to contribute to the Committee's inquiry. BCNA would welcome the opportunity to speak to the submission at a Public Hearing.

For further information, please contact Kathy Wells

Yours sincerely

Hon. Maxine Morand  Kathy Wells
Chief Executive Officer  Policy Manager
Case Study 1 – Jan, ACT

I was diagnosed with breast cancer in both breasts on 17 December 2013. Because of significant delays in the public system in Canberra, I opted to have my treatment privately in Sydney. I have private health insurance. My costs to date are:

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
<th>Medicare rebate</th>
<th>Out-of-pocket cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists fees – breast cancer surgery</td>
<td>$5,581.05</td>
<td>$2,122.70</td>
<td>$3,458.35</td>
</tr>
<tr>
<td>Plastic Surgeon – consultation</td>
<td>$220.00</td>
<td>$72.75</td>
<td>$147.25</td>
</tr>
<tr>
<td>Plastic Surgeon – reconstruction surgery</td>
<td>$3,969.00</td>
<td>$1,232.05</td>
<td>$2,736.95</td>
</tr>
<tr>
<td>Surgical Assistant</td>
<td>$500.00</td>
<td>-</td>
<td>$500.00</td>
</tr>
<tr>
<td>Hospital excess</td>
<td>$500.00</td>
<td>-</td>
<td>$500.00</td>
</tr>
<tr>
<td>Prescription medicines</td>
<td>$104.20</td>
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<td>$104.20</td>
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<tr>
<td>GP consultation fees (total)</td>
<td>$485.00</td>
<td>$215.50</td>
<td>$269.50</td>
</tr>
<tr>
<td>Scan/X-ray – Item 56807</td>
<td>$635.00</td>
<td>$483.80</td>
<td>$151.20</td>
</tr>
<tr>
<td>Scan/X-ray – Item 170114</td>
<td>$575.85</td>
<td>$407.65</td>
<td>$168.20</td>
</tr>
<tr>
<td>Oncotype DX test</td>
<td>$4,050.00</td>
<td>-</td>
<td>$4,050.00</td>
</tr>
<tr>
<td>Lymphoedema compression sleeve</td>
<td>$100.00</td>
<td>-</td>
<td>$100.00</td>
</tr>
<tr>
<td>Physiotherapy – six appointments</td>
<td>$690.00</td>
<td>-</td>
<td>$690.00</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$17,410.10</strong></td>
<td><strong>$4,534.45</strong></td>
<td><strong>$12,875.65</strong></td>
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<tr>
<td>Less private health insurance rebates</td>
<td>-</td>
<td>-</td>
<td>–$1,118.15</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$11,757.50</strong></td>
</tr>
</tbody>
</table>

My next treatment will be hormone therapy, and I have been advised the costs will be:

- Letrozole tablets - $36.90 per month for at least two years ($885.60)
- Zolodex injections - $346.90 per month for at least two years ($8,325.60)
- Calcium and Vitamin D tablets for at least two years

I will have further breast reconstruction surgery later in the year, which will also attract a substantial gap.

My costs above do not include travel to and from Sydney, lengthy stays for my husband in hotel accommodation, and post-surgery bras (a total of 4 so far).

My husband and I are what you would call a middle-class family. Having such huge costs has severely impacted us. As well as the out-of-pocket expenses, my husband has had to have substantial time away from work resulting in a reduced family income.

We have also paid more than $50,000 in out-of-pocket costs over the years for treatment of another health condition.
Case Study 2 – Faye and David, NSW

Faye was diagnosed with breast cancer in December 2013 and elected to have a double mastectomy at a private hospital. We do not have private health insurance, and the costs of this treatment have been crippling.

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
<th>Rebate</th>
<th>Out-of-pocket cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP consultation</td>
<td>$110.00</td>
<td>$70.30</td>
<td>$39.70</td>
</tr>
<tr>
<td>Mammogram/CT/Bone scan</td>
<td>$1,211.65</td>
<td>$891.65</td>
<td>$310.00</td>
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<tr>
<td>Breast MRI</td>
<td>$657.60</td>
<td>-</td>
<td>$657.60</td>
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<tr>
<td>Breast Surgeon Consultation</td>
<td>$200.00</td>
<td>$72.75</td>
<td>$127.25</td>
</tr>
<tr>
<td>Private hospital</td>
<td>$6,832.00</td>
<td>-</td>
<td>$6,832.00</td>
</tr>
<tr>
<td>Assistant Surgeon</td>
<td>$284.30</td>
<td>$189.60</td>
<td>$94.70</td>
</tr>
<tr>
<td>Breast Surgeon</td>
<td>$1,421.92</td>
<td>$947.90</td>
<td>$474.02</td>
</tr>
<tr>
<td>Anaesthetist</td>
<td>$2,452.75</td>
<td>$514.05</td>
<td>$1,938.70</td>
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<tr>
<td>Pathology</td>
<td>$2,083.45</td>
<td>$838.45</td>
<td>$1,245.00</td>
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<tr>
<td>Specialist consultation</td>
<td>$167.00</td>
<td>$70.30</td>
<td>$96.70</td>
</tr>
<tr>
<td>Imaging – lymph nodes</td>
<td>$471.10</td>
<td>$295.00</td>
<td>$156.00</td>
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<tr>
<td>Pathology</td>
<td>$240.50</td>
<td>$190.50</td>
<td>$50.00</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>$4,080.50</strong></td>
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