australian diagnostic imaging association

ADIA SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO EQUITABLE ACCESS TO DIAGNOSIS AND TREATMENT FOR INDIVIDUALS WITH RARE AND LESS COMMON CANCERS, INCLUDING NEUROENDOCRINE CANCER

August 2023

Thank you for the opportunity to provide a submission to this Inquiry. ADIA would also appreciate the opportunity to assist the Committee further by participating in a public hearing.

If you have any questions about this submission, please contact Chris Kane (CEO) on .

1. ABOUT ADIA

ADIA is the peak industry body representing private and not-for-profit radiology practices in Australia, with our member practices providing services in more than 750 locations across the country. ADIA promotes the ongoing development of policy, standards, and appropriate funding to ensure that all Australians have affordable access to quality radiology services.

ADIA also works to advocate for and support the radiologists who oversee radiology services at our member practices. Highly-qualified and experienced medical specialists, radiologists use increasingly sophisticated imaging techniques to provide expert medical advice as well as image-guided treatments to patients and their referring doctors. Their work helps deliver better diagnosis and treatment for almost half the Australian population every year.

2. RADIOLOGY AND RARE CANCERS

Radiology plays an essential role in the diagnosis and monitoring of rare cancers.

By the nature of the organ systems which rare cancers preferentially effect, the detection and surveillance of rare cancers is generally more dependent on radiology than is the case for other more common cancers. For example, for the surveillance of lymphoma and ovarian cancers blood tests may be used, while for melanoma skin checks are standard. On the other hand, for many rare cancers, radiological imaging is the essential datapoint.

As with all cancers, early detection and continued surveillance generally results in increased effectiveness of treatment.

However, due to the inflexibility or unavailability of relevant Medicare items, as well as the MRI 'licencing' system, there are certain indications and stages of treatment for which the clinically preferable radiology modality is not funded through Medicare.

For all Australian rare cancer patients to receive the best possible diagnosis and treatment, changes must be made to both Medicare items, and the MRI 'licensing' system.

3. MAGNETIC RESONANCE IMAGING (MRI)

MRI item descriptors

The organ systems which many rare cancers preferentially effect are generally best imaged using MRI, for example pancreas neuroendocrine tumours. However, in practice, in some clinical circumstances CT scans are used to image rare cancers because of restrictive Medicare item descriptors for MRI.

This is because Medicare item descriptors for MRI generally use highly targeted language. This means that the clinical opinion of the treating clinician regarding the best imaging modality for the given indication is not necessarily followed.

ADIA considers that clinical judgement should be paramount and guide decisions around imaging. This is particularly the case when it comes to diseases which in almost all cases will be diagnosed by specialists, and which are particularly rare.

Accordingly, ADIA supports the introduction of more flexible language in Medicare item descriptions for MRI for rare cancers, allowing usage for diagnosis, surveillance and restaging as considered clinically necessary.

Recommendation

Create Medicare items for MRI for diagnosis, surveillance and restaging of rare cancers.

MRI licencing

Even if MRI scans were funded through Medicare in all circumstances where MRI was the most appropriate service for the diagnosis and treatment of rare cancers, there would be a significant proportion of MRI machines in Australia not able to provide patients with Medicare-funded scans.

This is because of a licencing system which means that only machines subject to a Deed of Undertaking (often referred to as a licence) can provide Medicare eligible services. MRI is the only radiology service for which access to Medicare rebates is restricted by Government policy in this way.

Patient access to Medicare-funded MRI has been managed by this system since 1998. In that year, 68 machines were granted licences. This number has expanded in a stop-start manner in the years since, with the addition of 'partial' licences, which unlike 'full licences', are only able to provide Medicare-funded services for a very limited number of MRI items.

While the introduction of MRI licences was an appropriate policy for its time, enabling Government to control expenditure on a relatively new, expensive technology, it is no longer fit for purpose.

An important reform occurred in late 2022, when any MRI equipment located at accredited comprehensive practices in Modified Monash (MM) 2-7 areas was granted the ability to provide Medicare eligible MRI services.

However, a significant proportion of machines in MM 1 (metropolitan) areas remain unlicensed, or only hold 'partial' licences. The maintenance of the licencing system in metropolitan areas hinders equitable access to appropriate radiology services for rare cancer and other patients, in a number of ways. For example:

- Licences are skewed towards high socio-economic areas,
- Patients are referred for less appropriate examinations,
- The system of full and partial licences is confusing for patients and referrers.

Accordingly, ADIA recommends incrementally removing the remaining MRI licensing system in MM 1 locations, as a first step.

Recommendation

Remove the licencing requirement for specific paediatric and cancer MRI services. This initial increment could be conducted as a pilot, with evaluation to include the actual cost to the Budget of the measure; the impact on patient access to MRI; and a timetable for ultimately removing licence restrictions on all MRI items. ADIA has previously produced a detailed proposal in relation to this particular recommendation in 2020, and would be happy to provide more detail.

4. POSITRON EMISSION TOMOGRAPHY (PET)

For certain rare cancers, Positron Emission Tomography (PET) scans can be more accurate in staging, leading to better treatment decisions, patient outcomes and cost-effectiveness. ADIA was thus very pleased with the creation of the MBS Item 61612 in late 2022, which funds the initial staging of rare or uncommon cancers that are FDG-avid. This was the first phase of the "Proposed streamlining of MSAC assessment of positron emission tomography" project.

However for most rare cancers, PET scans are not currently funded other than for initial staging of rare cancers. Clinically appropriate treatment in most cases will be for PET to be used in diagnosis, restaging and in surveillance. MSAC has recommended Medicare funding for assessment of treatment response and suspected recurrence, and ADIA strongly supports that this item is listed as soon as possible.

ADIA strongly supports continuing the steam lining project, by expediting MSAC consideration of Medicare items for diagnosis and restaging. This would be a substantial improvement to service availability for Australians with rare cancers.

We note that a Medicare item was introduced in July 2022 for PET restaging of recurrent prostate adenocarcinoma, which can be claimed only twice in the patient's lifetime. From a funding perspective this maximum cap on restaging scans is understandable given the high proportion of Australians who will be diagnosed with prostate cancer during their lifetimes.

On the other hand, rare cancers are of course rare, and so it is less necessary to have a cap on services per patient over their lifetime given the substantial clinical benefit the service provides.

Recommendations

List FDG-PET for assessment of treatment response and recurrence for patients with rare or uncommon cancers, as recommended by MSAC.

Expedite MSAC consideration of Medicare items for PET diagnosis and restaging of rare cancers, and do not place a lifetime cap on access to these items.