Prostate Cancer Foundation of Australia

RESEARCH AWARENESS SUPPORT

6 October 2017

Jeanette Radcliffe
Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Jeanette

Inquiry into the availability and accessibility of diagnostic imaging equipment around Australia

I refer to your invitation to provide a written submission to the inquiry into the availability and accessibility of diagnostic imaging equipment around Australia.

Prostate Cancer Foundation of Australia is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners and families, recognising the diversity of the Australian community.

Within the past five years, two diagnostic imaging technologies – multiparametric MRI and PSMA-PET/ CT scanning - have entered standard Australian clinical practice in the diagnosis, staging and management of prostate cancer.

Multiparametric MRI (mpMRI)

A multiparametric MRI is comprised of three separate imaging techniques: T2-weighted imaging, diffusion-weighted imaging and dynamic contrast-enhanced imaging. It requires a high magnetic field strength MRI machine to obtain high signal to noise ratio images and a specialist trained radiologist to interpret those images.

Men with an elevated PSA are now routinely referred for mpMRI prior to prostate biopsy. The benefits to the screening and management of prostate cancer are:

- An estimated 27% reduction in the number of unnecessary prostate biopsies[1], reducing discomfort to the patient, risk of infection and health system cost
- Improved diagnostic accuracy for intermediate and high-risk prostate cancers with up to 18% more cases of clinically significant cancer detected

[1] Diagnostic accuracy of multi-parametric MRI and TRUS biopsy in prostate cancer (PROMIS): a paired validating confirmatory study. Ahmed, Hashim U et al. The Lancet, Volume 389, Issue 10071, 815-822

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- An estimated 5% reduction in the detection of low-risk, indolent prostate cancers
- More confident recommendation of active surveillance where appropriate, reducing the number of unnecessary radical treatments and health system cost.

Prostate Specific Membrane Antigen-PET/ CT scanning (PSMA-PET/ CT)

Prostate Specific Membrane Antigen (PSMA) is a protein on the surface of prostate cells. Up to 1,000 times more PSMA is found on prostate cancer cells than those that are non-cancerous. In PSMA-PET/CT scanning, a radioactive tracer is injected into the patient and attaches itself to PSMA enabling the prostate cancer, including cancer that has spread to distant parts of the body, to be accurately imaged.

Men who have received primary treatment for prostate cancer (radical prostatectomy, radiation therapy or androgen deprivation therapy) have regular PSA tests to monitor for disease recurrence. A rising PSA indicates recurrence of prostate cancer but gives limited information to guide appropriate secondary treatment.

PSMA-PET/ CT scanning provides precise information on the extent and location of secondary prostate cancer which can be used appropriately manage treatment. For example, if the scan shows spread to a lymph node near the prostate bed, surgery might be appropriate, whereas if the scan shows bone metastases, chemotherapy might be appropriate.

Current issues with affordability and availability of prostate cancer diagnostic imaging

1. There is currently no Medicare rebate for mpMRI or PET scanning. Hence, the cost, which is of the order of $500-$600 per scan, is borne directly by the patient. Our research[2] indicates that this represents a significant burden for many patients, especially those who are retired and on limited incomes, creating a disparity that imaging technologies which significantly improve diagnosis, staging and management of prostate cancer are effectively unavailable to everyday Australians.

   Affordable access to mpMRI would reduce the number of unnecessary biopsies, thereby reducing risk of infection and health system costs; improve diagnostic accuracy for intermediate and high-risk prostate cancers; reduce the detection of indolent prostate cancers; and improve the confident recommendation of active surveillance where appropriate.

   Affordable access to PSMA-PET/ CT scanning would improve the staging and clinical management of advanced prostate cancer.

   Accordingly, we urge the Committee to recommend that mpMRI and PSMA-PET/CT scanning are covered by Medicare to improve affordability to everyday Australians.

[2] The Financial Impact of Prostate Cancer in Australia. Centre for Applied Health Economics, Griffith University. 2013.

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2. Availability of mpMRI and PSMA-PET/ CT scanning is currently limited to large metropolitan medical centres. This further adds to the disparity that rural and regional Australians are some 21% more likely to die of prostate cancer than their metropolitan counterparts[3].

   Improving access to mpMRI and PSMA-PET/CT scanning for rural and regional prostate cancer patients would improve diagnosis, staging and management of prostate cancer, thereby reducing the disparity in outcomes between rural/ regional and metropolitan men from the disease.

   Accordingly, we urge the Committee to consider ways in which mpMRI and PSMA-PET/CT scanning may be made more accessible to rural and regional Australians.

Your sincerely

Associate Professor Anthony Lowe
Chief Executive Officer

[3] Urban–rural differences in prostate cancer mortality, radical prostatectomy and prostate-specific antigen testing in Australia. Michael D Coory and Peter D Baade. Med J Aust 2005; 182 (3): 112-115.