# STATEMENT OF PRINCIPLES: BREAST CANCER IMAGING IN AUSTRALIA

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Approximately 16,000 women and 150 men are expected to be diagnosed with breast cancer in 2016 and more than 3,000 will die.[1] With a 1 in 8 lifetime risk of developing the disease, breast cancer is now the most common cancer affecting Australian women. We must ensure that all Australians with breast cancer receive high quality, clinically appropriate and cost effective care for their condition – during assessment, diagnosis, treatment and follow-up monitoring.

Patient rebates for diagnostic imaging have been frozen for 18 years (since 1998) and do not reflect the increasing costs of providing these services, 60% of which is staff and professional costs which rise each year. Australians diagnosed with breast cancer encounter many different diagnostic imaging services – mammography, diagnostic ultrasound, ultrasound-guided biopsy or fine needle aspiration, MRI and localising procedures.

The journey is often confusing, expensive and distressing due to the complexity of the current Medicare funding schedule and rules. The role of BreastScreen, private radiology services and public hospital radiology services is also unclear for patients, who often have to visit several imaging providers during their breast cancer journey.

It is our recommendation that the Government address issues that occur during the patient journey, specifically in relation to breast imaging:

- Unfreeze and increase Medicare patient rebates
- Remove the multiple services rule
- Expand access to breast MRI
- Improve onsite radiologist supervision

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[1] Australian Institute of Health and Welfare 2014. Cancer in Australia: an overview 2014. Cancer series no 90. Cat. No.CAN 88. Canberra: AIHW.
Australian Institute of Health and Welfare & Cancer Australia 2012. Breast cancer in Australian: an overview. Cancer series no. 71. Cat. No. CAN 67. Canberra: AIHW.
http://www.aihw.gov.au/cancer/breast/

As peak organisations with an interest in the diagnosis, treatment and follow-up care of people with breast cancer, we call on the Australian Government to:

- Reduce the gap payments that people incur for a diagnostic mammogram

  Most patients who present to their GP with symptoms of breast cancer are referred for a diagnostic mammogram, which has an inadequate Medicare rebate of $76.10 (and has been frozen since 1998). Diagnostic mammography has one of the lowest bulk billing rates of all imaging procedures (around 50%), making it very difficult for patients to access this service if they cannot afford to pay a sometimes significant gap.

- Remove the multiple services rules for breast imaging

  When patients present for a diagnostic ultrasound at a practice with a radiologist on site, it may be beneficial to conduct the core biopsy or fine needle aspiration (FNA) on the same day (when indicated by the results of the ultrasound, or when the patient has had to travel a long distance for the service). Even when the facility and the radiologist are available to perform this service following the diagnostic ultrasound appointment, Medicare does not fund a core biopsy or FNA on the same day as a diagnostic ultrasound. In our practices, we are hearing from patients every day about the distress caused by this unnecessary fragmentation in their clinical care.

- Improve patient access to breast MRI

  Around 10% to 15% of newly diagnosed breast cancer patients may benefit in clinical decision-making by the additional diagnostic information obtained from a breast MRI, but this service is not funded by Medicare[2]. If they can afford it, these patients pay around $600 for an MRI because to date MSAC has not approved the use of breast MRI for some indications. The MBS is not being kept in line with clinically recommended, cost-effective practice. In response to an application to MSAC for Breast MRI for eight indications, only two were supported and subsequently funded. A new application for breast MRI has been submitted with new evidence in support of other indications.

- Ensure a radiologist is always on site

  The result of a mammogram and ultrasound may indicate the need for an ultrasound-guided core biopsy or fine needle aspiration (FNA) which needs a radiologist on site to deliver those services. However, more and more women referred for a diagnostic breast ultrasound are attending practices that do not have a radiologist on site, due to loopholes in the professional supervision rules. If a core biopsy or FNA is required, the patient may be asked to attend a different practice for the service, and would often have the diagnostic ultrasound unnecessarily repeated.

This Statement of Principles has resulted from a Roundtable held on 9 November 2016.

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[2] Based on data from two audits at Royal Perth Hospital and Mater Hospital, North Sydney as quoted in MSAC Application 1464.

THIS STATEMENT OF PRINCIPLES IS ENDORSED BY:

ABN 44 005 379 162

Australasian College of Physical Scientists & Engineers in Medicine

Australian Diagnostic Imaging Association

Australasian Society for Ultrasound in Medicine

Australian Society of Medical Imaging and Radiation Therapy

Australasian Sonographers Association

Breast Surgeons of Australia & New Zealand

Medical Imaging Nurses Association

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Breast Cancer Network Australia