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POSITION STATEMENT

Equity of access to Selective Internal Radiotherapy Treatment (SIRT)

Issue

Cancer patients with metastatic disease which has spread to the liver are able to have this highly effective procedure ONLY if their metastases are colorectal (attracts Medicare rebate) or if they have private health insurance. Public patients with other cancers which metastasise to the liver, find that SIRT does not attract a rebate on Medicare. This anomaly needs to be addressed.

Background

Cancer is the greatest disease burden and the greatest killer of Australians. Effective, low risk technology such as SIRT needs to adopted and supported to reduce this burden on the population and on individuals.

The Medical Services Advisory Committee (MSAC) gave "interim approval" for the use of SIRT, via SIR Spheres (Sirtex Pty Ltd) in 2005, which is expected to become permanent soon. The procedure is widely used in both public and private sectors and has extended the life and improved its quality for many Australian cancer patients. However, only public patients with colorectal cancer get the Medicare rebate, causing others either considerable financial distress or barring access due to cost. Minimal funding is available from public hospitals. The procedure, delivered by a multidisciplinary team, is safe with few side effects over a short period.

Scale of benefit: The cancers which metastasise to the liver and which would benefit similarly to colorectal are breast, ovarian, neuroendocrine, pancreatic, ocular melanoma, and lung and bile duct cancers. The market for these cancers is not large, but aggregated is of commercial interest. Australia still does not collect statistics for the development of metastases, but the new clinical cancer registries will hopefully address this unsatisfactory situation before long.

We are advised that cancer centres which offer SIRT currently treat the following cancers in approximately these proportions; best read in conjunction with the incidence of liver metastases for these cancers.

Colorectal:	40%	Neuroendocrine:	5%
Primary liver (HCC):	25%	Ocular melanoma:	1%
Breast:	5%	Bile duct:	12%

Other: 12% (incl. pancreas, ovarian, CUP, prostate, brain etc)

An application for HCC failed due to insufficient evidence for MSAC. While studies are underway for some other cancers they take many years to mature. Studies to provide MSAC level evidence for numerically smaller liver-metastasising cancers treated are unlikely to be done.

Present Position

Cancer Voices questions the rationale regarding the need for separate studies for different cancers. The technology and procedure developed for the effective use of SIRT, does not rely on any specific markers of a molecular profile, as does a targeted drug for instance. It works because there are cancer tumours in a liver, regardless of their molecular profile. We suggest that the evidence accepted for colorectal cancer should be equally acceptable for any cancer. However, the present process does not enable this logical approach to be actioned! And many non-colorectal cancer patients in the public system cannot afford another $8-10,000 dollars. We note that this is a great deal less than most cancer systemic drugs which *are* rebated and which do not have such a high success rate or so few side effects. Cancer Voices is in discussion with other cancer consumer organisations likely to be affected, through its facilitation of the Australian Cancer Consumer Network.

Recommendations

- That Government recognises the barrier created by the specific evidence rules of MSAC, and develops a special case for Medicare rebate for technologies and procedures like SIRT.
- That a team of interested stakeholders, including the potential proponent, clinicians, interventional radiologists, medical physicists and cancer consumers be established immediately to prepare a case to take to Government especially to our political representatives.

March 2016