

Medical Services Advisory Committee (MSAC) Application 1319: The use of Image Guided Radiation Therapy (IGRT) in the treatment of cancer

What is IGRT?

This procedure aims to replace portal imaging (which uses post-treatment verification scans and modification to the treatment area), as it more closely targets the radiation dose to the tumour and reduces the dose to surrounding tissue. IGRT is a procedure that uses imaging, including CT scans, X-rays and ultrasound to guide and more precisely deliver radiation in patients undergoing radiation therapy for certain types of cancer. Imaging can help to better identify the size, shape and position of the cancer as well as the surrounding normal tissues. An individual treatment program is planned for each patient, using information from imaging tests. This is done to pinpoint the target tumour and calculate an appropriate schedule of treatment that best targets the cancer, while avoiding as much healthy tissue as possible.

Why was the application for MBS funding supported?

MSAC considered a range of clinical and economic reasons to support listing the procedure on the Medicare Benefits Schedule (MBS). The committee recommended that the procedure be listed because:

- it was found to be safe, clinically effective and cost-effective; and
- radiation therapy delivered using the IGRT technique is likely to benefit patients.

What alternatives are available?

Portal imaging is available on the MBS under items 15700, 15705 and 15710.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the procedure is now funded by Medicare and listed as item 15275 on the MBS (www.mbsonline.gov.au).

What out-of-pockets expenses are involved?

Each service listed in the MBS has a unique item number along with a description of the service and the Medicare fee. The amount of rebate for the Medicare service differs depending on whether the service is provided in hospital (75% of the Medicare fee) or out of hospital (85% of the Medicare fee). Medicare benefits do not always cover the full costs of treatment. Doctors may bill patients above the Medicare rebate, and this leads to a gap between the Medicare benefits paid to the patient and doctors' fee. If a patient has private health insurance (for in hospital services only), this will cover some or all of this gap. Patients should ensure they are aware of all costs involved in their treatment, including out-of-pocket costs, before they receive it. For MBS services performed out-of-hospital, Medicare Safety Nets provide families and singles with an additional benefit, once an annual limit (or threshold) is reached. Further information about Medicare Safety Nets is at: <https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Where can I find out more?

A full summary of MSAC's decision is at www.msac.gov.au

People should talk with their doctor if they have any concerns about their health. Every Australian citizen, and some other people, are entitled to free public hospital care under Medicare. Patients with private health insurance can retain the right to be treated as either public or private patients in public hospitals.