



## **Medical Services Advisory Committee**

### **Public Summary Document**

#### ***Application No. 1041 – Intravascular Brachytherapy for Coronary Artery Restenoses - Review of Interim Funded Items***

**Sponsor:** Department of Health and Ageing  
**Date of MSAC consideration:** 48th MSAC meeting, 29-30 March 2010

#### **1. Purpose of review of interim funded items**

In 2002, MSAC advice to Government was that Intravascular Brachytherapy (IVBT) for Coronary Artery Restenoses be funded on an interim basis for three years.

#### **2. Current arrangements for public reimbursement**

In October 2002, the Government acted on MSAC's advice and listed IVBT on the Medicare Benefits Schedule (MBS).

As the three years' interim funding period has now elapsed, it was appropriate for the items to be reviewed, which included consultation with stakeholders.

#### **3. Background**

MSAC's 2002 advice to Government was:

“The MSAC recommends that on the strength of evidence pertaining to intravascular brachytherapy for the treatment of coronary artery restenosis, interim public funding should be supported. This recommendation is to be reviewed no later than three years from the date of this report to ascertain whether longer term safety, effectiveness and cost-effectiveness have been proven and to determine the place of evolving technologies such as drug-coated stents in the treatment of in-stent restenosis.”

#### **4. Clinical need**

Intravascular brachytherapy (IVB) is a technique that utilises ionising radiation to treat atherosclerotic plaques within arteries.

#### **5. Safety, clinical effectiveness and cost-effectiveness**

In its 2002 assessment MSAC found there was insufficient evidence to support public funding for radioactive stents, however, concluded that catheter based brachytherapy was a safe procedure with no evidence of adverse events during the procedure. The major adverse event from brachytherapy was late thrombosis, occurring up to six months post treatment.

There was good level 2 and level 3 evidence supporting the effectiveness of intravascular brachytherapy in reducing restenosis rates.

MSAC did not anticipate a large increase in patient numbers, and with new substitute therapies on the horizon, the procedure was unlikely to have a long-term role.

MSAC agreed there was enough short to medium term evidence on safety, effectiveness and cost-effectiveness to warrant public funding for this procedure provided adequate anti-coagulation treatment was given and patients did not receive new stents at the time.

In 2009, the Department consulted with the profession on the clinical role of IVBT. The Cardiac Society of Australia and New Zealand (CSANZ) confirmed that IVBT is not currently being used in any Australian centre, and is unlikely to be used in the foreseeable future. MBS statistics confirmed that usage in 2008-09 was four services, all in metropolitan areas.

## **6. Summary of consideration and rationale for MSAC's advice**

After considering the view of the profession and MBS usage data, MSAC agrees that IVBT for Coronary Artery Restenoses is no longer clinically relevant and should be removed from the MBS.

## **7. MSAC's advice to the Minister**

MSAC agrees that IVBT for Coronary Artery Restenoses is no longer clinically relevant and does not support the continuation of public funding through the MBS for this procedure.

## **8. Context for Decision**

This advice was made under the MSAC Terms of Reference:

- Advise the Minister for Health and Ageing on the strength of evidence pertaining to new and emerging medical technologies and procedures in relation to their safety, effectiveness and cost-effectiveness and under what circumstances public funding should be supported.
- Advise the Minister for Health and Ageing on which new medical technologies and procedures should be funded on an interim basis to allow data to be assembled to determine their safety, effectiveness and cost-effectiveness.
- Advise the Minister for Health and Ageing on references related either to new and/or existing medical technologies and procedures.
- Undertake health technology assessment work referred by the Australian Health Ministers' Advisory Council (AHMAC) and report its findings to the AHMAC.

## **9. Linkages to Other Documents**

MSAC's processes are detailed on the MSAC Website at: [www.msac.gov.au](http://www.msac.gov.au).

<http://www.msac.gov.au/internet/msac/publishing.nsf/Content/completed-assessments>