Medical Services Advisory Committee

Public Summary Document

Application No. 1014 – Transurethral Needle Ablation of the Prostate - 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 2003, MSAC advice to Government was that Transurethral Needle Ablation (TUNA) be funded on an interim basis for patients medically unsuitable for transurethral radical prostatectomy (TURP), subject to data collection on patient numbers and safety.

2. Current arrangements for public reimbursement

In November 2003, the Government acted on MSAC's advice and listed TUNA on the Medicare Benefits Schedule (MBS) – Item numbers 37201 and 37202. 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

In 2003, MSAC's advice to Government was:

"Based on the evidence available, while safe and efficacious in the short term, the long term effectiveness and cost-effectiveness of TUNA has not been proven. The MSAC therefore concludes that unrestricted Medicare Benefits Scheme funding of TUNA for the surgical management of symptomatic benign prostatic hyperplasia is not warranted at this time. TUNA may, however, have a limited role as an alternative treatment for symptomatic benign prostatic hyperplasia with the following restrictions:

a) that it is restricted to men with moderate to severe lower urinary tract symptoms that require specific treatment (i.e. those who would normally be recommended for a transurethral resection of prostate (TURP);
b) that the patients must not be medically suitable for a TURP; and
c) that interim funding for a period of three years is recommended, and that this funding be linked to the acquisition of data on the type of patients treated and safety data to monitor the use of TUNA under these interim arrangements."

4. Clinical need

TUNA is one of several minimally invasive thermal technologies for transurethral treatment of the prostate in symptomatic benign prostatic hyperplasia (that is, enlargement). TUNA is designed to provide selective thermal ablation of the interstitial prostatic tissue. This category of therapy is part of a group of procedures that aim to reduce prostate volume without the need for resection of tissue. The advantage of this approach is to minimise bleeding, allowing the ablated tissue to be slowly resorbed over a number of months after treatment.

5. Safety, clinical effectiveness and cost-effectiveness

In 2003, MSAC noted that Australia is a very small market and it would be difficult to establish long-term efficacy, and recommended that the indications for use should be tight and for the usage to be monitored over the interim funding period.

In 2009, the Department consulted with the profession on the clinical role of TUNA. The Urological Society of Australia and New Zealand (USANZ) confirmed that this specific technology remains available and is offered to patients in centres that have access to such a machine. Its indications for use are limited, but when a patient fits the category, TUNA remains an ideal option for treatment. The profession also confirmed the therapy is safe and efficacious, and urologists have not seen long term complications from TUNA usage. USANZ also suggested that a review of MBS item number descriptors that cover benign prostatic hyperplasia therapy may rationalise and simplify usage of item numbers.

In 2009, the original applicant, Medtronic, provided evidence from an international study showing TUNA safety, effectiveness and cost-effectiveness compared to the standard alternative treatment of TURP, and that whilst usage in Australia from 2001-09 was 255 services, more than 110,000 patients world wide have been treated with TUNA for symptomatic benign prostatic hyperplasia.

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

MSAC agrees that a full MSAC assessment to review the interim funded status of TUNA for patients who are medically unsuitable for TURP is not required.

MSAC ratified the Executive's decision to support public funding through the MBS. This decision was based on support from the profession for this procedure, international evidence, and the small likelihood that sufficient Australian evidence could be collected for a full MSAC assessment.

7. MSAC's advice to the Minister

MSAC supports the continuation of public funding through the MBS for Transurethral Needle Ablation of the Prostate (Item numbers 37201 and 37202).

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/internet/msac/publishing.nsf/Content/completed-assessments