



# INTERVENTIONAL RADIOLOGY SOCIETY OF AUSTRALASIA INC

ABN 99 043 289 493

Our ref: IRSA-MSAC-Vertebroplasty

October 28, 2016

To the Medicare Services Advisory Committee

Re: Application for MBS funding of vertebroplasty

The Interventional Radiology Society of Australasia (IRSA) supports the application for Medicare funding of vertebroplasty.

Vertebroplasty is a percutaneous imaging guided procedure performed by Interventional Radiologists. IRSA is the association that represents Interventional Radiology in Australia. The MBS item number for vertebroplasty (35400) was removed in 2011 on advice of MSAC assessment 27.1. The conclusion of this report was entirely based on two negative placebo controlled trials of vertebroplasty. This was a controversial decision causing a split in the MSAC expert advisory panel with both IRSA representatives, Dr Murali Guduguntla and Dr William Clark as well as the College of Surgery representative, Dr Graeme Brazenor opposing it. Their argument was that the main group of patients likely to benefit from vertebroplasty, elderly patients with fractures less than 6 weeks duration and severe pain, were largely missed by these two placebo trials.

MSAC 27.1 assessment report acknowledged a deficit of blinded data in this patient sub-group and recommended in the Conclusion section on page 211:

*"Vertebroplasty may have a role in the management of a subgroup of patients with acute, unstable vertebral fractures and intractable pain, but further information is required from unbiased research before any such treatment effect can be confirmed."*

Based on this recommendation Dr William Clark, an IRSA member, assembled a team to conduct a placebo controlled trial of vertebroplasty (the VAPOUR trial), targeting this patient sub-group exactly. Recent publication of the VAPOUR trial in The Lancet provides robust local evidence for the clinical efficacy of vertebroplasty in elderly patients with severe back pain due to recent fracture within 6 weeks of onset. It is the first placebo controlled trial to include inpatients and to restrict inclusion criteria to patients with both severe pain and fracture duration less than 6 weeks at the time of intervention.



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We endorse the recommended fee structure in the application. This fee of \$700 is the same as previously applied in the MBS in 2010, adjusted for CPI increase. This is an appropriate fee for a highly skilled procedure requiring, on average, about an hour to complete.

This application is made on behalf of an elderly, sick patient group experiencing severe pain. Interventional Radiologists can provide this therapy to reduce their pain and disability. Given the previous controversy aroused by vertebroplasty, it is imperative that all MSAC committees ensure that this assessment is completely impartial and without conflict of interest.

Yours Sincerely

Dr John Vrazas

President IRSA