RACGP
Royal Australian College of General Practitioners

Healthy Profession.
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18 July 2024

Medical Services Advisory Committee (MSAC)
Via email: commentsMSAC@health.gov.au

Dear Medical Services Advisory Committee (MSAC),

Re: MSAC 1781 – Risk assessment in prostate cancer using the Stockholm3 multiparametric blood test

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health and Aged Care for the opportunity to respond to MSAC application 1781 - Risk assessment in prostate cancer using the Stockholm3 multiparametric blood test.

The RACGP provides responses to relevant questions from the MSAC consultation *Survey for Medical, Health and Other organisations (non-consumer)* and additional comments for consideration.

Survey questions

1. What is the organisation's experience with the proposed health service or technology, or with the related health condition.

Every year more than 22 million Australians visit their General Practitioner for their essential health care making general practice the most accessed service across Australia's healthcare system. General practitioners (GPs) have a key role in prostate cancer management and care. As the first point of contact for patients, GPs are best placed to discuss the potential benefits and harms of prostate-specific antigen (PSA) testing and different treatment options before deciding whether to be tested. The holistic, patient-centred, and relationship-based approach of general practice can help ensure patients receive appropriate shared multidisciplinary care.

3. Is the proposed approach to delivery of the health service or technology appropriate?

Changes to current practice

The RACGP disagrees that the addition of the reflex Stockholm3 test has no impact on healthcare requirements. For the Stockholm3 test to be performed, detailed information must be collected from the patient and appropriately entered into the pathology request form. This level of information sharing is uncommon in current practice and would require changes to be implemented and additional time for each consultation. Furthermore, it would involve conducting additional complex consent discussions for each test.

Education and resources

The implementation of Stockholm3 testing would require investment in public and clinical education, along with accompanying resources. This requirement has not been acknowledged in the application, instead it has been described in terms of simply collecting an additional tube of blood.

7. Where the application is for an item on the Medicare Benefits Schedule, does the organisation support the proposed fee for the health service or technology?

Financial implications

If 40-60% of all PSA screening tests result in a reflex Stockholm3 test costing $750, a health economic analysis needs to be conducted. Patients need to be aware of the financial implications of having the test and informed

financial consent from patients would be necessary if the Medicare Benefits Schedule (MBS) coverage was restricted to 75% or 85% of the cost of the test.

Additional comments

Comparison with guidelines

The Stockholm3 test is intended to be used together with a PSA test as compared to the current single PSA test. The RACGP's recently updated Guidelines for preventive activities in general practice 10 edition (Red Book) and Cancer Council of Australia guidelines (accessed May 2023) recommends:

- For men aged 50–69 years at average risk of prostate cancer who have been informed of the benefits and harms of testing and who decide to undergo regular testing for prostate cancer, offer PSA testing every 2 years, and offer further investigation if total PSA is greater than 3.0 ng/mL.
- For men aged 50–69 years with initial total PSA >3.0 ng/mL, offer repeat PSA within 1–3 months. For those with initial total PSA >3.0 ng/mL and up to 5.5 ng/mL, measure free-to-total PSA percentage at the same time as repeating the total PSA.

It is important that current usual care is accurately described when comparing the proposed approach using Stockholm3. The above criteria should have been used as the usual care comparison in the application as the relative benefits of PSA test and reflex Stockholm3 test at reducing further investigations (MRI and/or biopsy) would be less. In the application usual care did not allow the opportunity to re-test a slightly raised PSA. Therefore, the benefits of Stockholm3 will be overstated.

Comparison of patient algorithms

Improved sensitivity and specificity for clinically significant prostate cancer compared to 'usual care' is based on published evidence that used different patient algorithms to the proposed algorithm in the application. For example, some studies incorporated MRI as standard care in the comparison group; another used PSA of 1.5 ng/mL as the cut off for standard of care instead of current Australian standard of 3.0 ng/mL and another used Stockholm3 cut off of 15 instead of the proposed cut off of 11.

It is also unclear why the retesting timeframe of 11 months has been requested given that all the proposed patient algorithms recommend retesting with Stockholm3 at 2 to 6 years.

Market implications

The Stockholm3 test will result in a monopoly as it relies on a single provider of DNA SNPs test and a proprietary algorithm to issue a score.

Thank you again for the opportunity to provide feedback. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on (03) 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President