

10 October 2018

Professor Bruce Robinson  
Chair, MBS Review Taskforce

Via email: [MBSReviews@health.gov.au](mailto:MBSReviews@health.gov.au)

Dear Professor Robinson

### **Report from the Diagnostic Imaging Clinical Committee – Breast Imaging**

Thank you for providing the Royal Australian College of General Practitioners (RACGP) with the opportunity to comment on the recommendations for Breast Imaging services made by the Diagnostic Imaging Clinical Committee (the Committee) as part of the Medicare Benefits Schedule (MBS) Review.

This submission addresses:

- recommendation 2 to amend the clinical indications in the item descriptor for bilateral mammography (item 59300) to encourage appropriate use of state based/funded BreastScreen services
- recommendation 3 to create a new bilateral mammography item with an increased fee to encourage uptake of digital radiography mammography
- recommendation 5 to amend the item descriptor for breast magnetic resonance imaging (MRI) item 63464 to expand the item's list of eligible referrers
- recommendation 7 to create an explanatory note for breast biopsy items 31533 and 31548 to encourage the use of mechanical breast biopsy over fine needle aspiration (FNA)
- recommendation 8 to create a new item and explanatory note for the insertion of a breast marker clip.

#### **Recommendation 2**

Recommendation 2 proposes to amend the clinical indications outlined in the item descriptor for bilateral mammography (item 59300) to encourage appropriate use of state based/funded BreastScreen services.

Currently, '*past occurrence of breast malignancy in the patient or members of the patient's family*' is considered a clinical indicator for item 59300. The proposed amendments to the item descriptor specify that if the mammography is performed solely due to the presence of a positive family history of breast or ovarian cancer, the family history should be *significant*.

The RACGP agrees with this in principle. In general, the feedback we have received from members supports the notion that women with average family risk should be screened by BreastScreen. However, some members have noted that the new descriptor appears arbitrary, and as such, appears to reflect a cost and responsibility shift from federal (Medicare) to state government (BreastScreen), as opposed to supporting improved clinical outcomes for patients.

Amending the descriptor for this item provides an opportunity to include detailed, evidence-based guidance for Specialist General Practitioners (GPs) who are considering whether this service is appropriate for their patient. Better reflecting clinical guidelines<sup>1</sup> in the item descriptor would provide greater context, helping GPs to ensure they are complying with the item's intentions.

### **Recommendation 3**

Recommendation 3 proposes creating a new bilateral mammography item with an increased fee (compared to item 59300) to encourage uptake of digital radiography mammography.

The RACGP supports this recommendation. Evidence shows that digital mammography improves cancer detection in dense tissue, compared with previous film-screen techniques.<sup>2,3</sup> Our members recommend that the new item's descriptor specifies that women with known Category C and D mammographic density receive digital mammography.

### **Recommendation 5**

Recommendation 5 proposes amending the item descriptor for breast MRI (item 63464) and referring the proposed changes to the Medical Services Advisory Committee (MSAC) Executive for consideration.

This recommendation expands the list of eligible referrers to include BreastScreen service clinical coordinators. The RACGP recommends that GPs should also be included in the list of eligible referrers for this service.

In addition, the RACGP recommends that the proposed descriptor specify that only relevant practitioners (including general practitioners) can refer a patient for breast MRI, not any specialist (eg dermatologist).

### **Recommendation 7**

Recommendation 7 proposes creating an explanatory note (relating to breast biopsy items 31533 and 31548) to encourage use of mechanical breast biopsy over FNA, except in exceptional clinical circumstances. In its rationale for the recommendation, the Committee cites that *'If a service has access to high quality cytology with immediate reporting, then fine needle aspiration cytology (FNAC) may be used in addition to core biopsy, but not instead of it'*, and then states that *'in exceptional circumstances, FNAC may be used alone if core biopsy is not possible'*.

In line with this recommendation, RACGP members have identified that in exceptional circumstances, where core biopsy is not clinically appropriate, it would be necessary for FNAC to be used alone (eg for patients with a lactating breast, breast abscess, or lesion in the nipple papilla).

## Recommendation 8

Recommendation 8 proposes the creation of a new item (item '3153X') and explanatory note for the insertion of a breast biopsy localisation marker clip. The Committee has recommended that this new item be used in conjunction with the breast biopsy item 31548.

RACGP members have identified a need for a marker clip item that is not dependent on item 31548. Our members have advised that there is an increasing use of neoadjuvant chemotherapy for breast cancer, which necessitates insertion of a breast marking clip. In this circumstance the insertion of a marker clip is often performed on a separate occasion to the breast biopsy, after multidisciplinary discussion and recommendation for neoadjuvant chemotherapy. The new item proposed in Recommendation 8, as it stands, would not apply for such situations.

The RACGP recommends that either the proposed item 3153X is amended, or a new item is introduced, to support the insertion of a marking clip as a standalone procedure where required.

I trust this information is useful to you and the Committee. If you have any questions about the RACGP's submission, please contact me or Ms Susan Wall, Program Manager – Advocacy and Funding, on (03) 8699 0574 or via [susan.wall@racgp.org.au](mailto:susan.wall@racgp.org.au)

Yours sincerely



**Dr Bastian Seidel**  
President

## References

1. The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. 9th edn. East Melbourne, Vic: RACGP, 2016.
2. Kerlikowske K, Hubbard RA, D.L. M, Geller BM, Yankaskas BC, Lehman CD, et al. Comparative Effectiveness of Digital Versus Film-Screen Mammography in Community Practice in the United States. *Annals of Internal Medicine*. 2011;155(8):493-502.
3. Carney PA, Miglioretti DL, Yankaskas BC, Kerlikowske K, Rosenberg R, Rutter CM, et al. Individual and combined effects of age, breast density, and hormone replacement therapy use on the accuracy of screening mammography. *Ann Intern Med*. 2003;138(3):168-75.