



Australian Government

Department of Health

Targeted Consultation Survey on MSAC Application 1195.1 – F18 FDG PET for diagnosis of Alzheimer’s disease

(Version 1)

This feedback survey relates to the application form and Population, Intervention, Comparator and Outcome (PICO) Confirmation for new and amended requests for public funding (including but not limited to the Medicare Benefits Schedule (MBS)).

Please use this template, to prepare your feedback on the application form and/or the PICO Confirmation. You are welcome to provide feedback from either a personal or group perspective for consideration by the Department of Health when the application is being reviewed.

The data collected will be used to inform the Medical Services Advisory Committee (MSAC) process to ensure that when proposed healthcare interventions are assessed for public funding in Australia, they are patient focused and seek to achieve best value.

This feedback survey should take approximately 15 minutes to complete.

You may also wish to supplement your responses with further documentation or diagrams or other information to assist the Department in considering your feedback.

Thank you for taking the time to provide valuable feedback.

Responses may be provided to the MSAC, its subcommittees, a health technology assessment group and the applicant. Should you require de-identification please contact the HTA team (details below).

While stakeholder feedback is used to inform the application process, you should be aware that your feedback may be used more broadly by the applicant.

Please reply to the HTA Team:

Email: HTA@health.gov.au

Postal: MDP 910 GPO 9848 ACT 2601

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: Min Ku

Email: min.ku@asmirt.org

Phone No: (03) 9419 3336

2. (a) Is the feedback being provided on an individual basis or by a collective group? (please select)

Individual

Collective Group

(b) If individual, specify the name of the organisation you work for

(c) If collective group, specify the name of the group

Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)

3. How would you best identify yourself?

General Practitioner

Specialist

Researcher

Consumer

Care giver

Other

(a) If other, please specify

Professional Body

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application form

Nuclear Medicine Technologists perform the scans for FDG PET Alzheimer's cases.

5. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

This is an imaging tool that allows diagnosis on the extent and type of disease for the family. It provides for early intervention and far more effective disease management. Most importantly it allows accurate measurement of potential therapy response – which is a key instrument for drug trials.

6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

This intervention may cause distress to the person involved when attending medical appointments.

7. What other benefits can you see from having this intervention publically funded on the Medicare Benefits Schedule (MBS)?

This intervention is more time efficient compared to other studies and may provide further data on potential interventions.

8. What other services do you believe need to be delivered before or after this intervention, eg Dietician, Pathology etc?

N/A

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service as specified in Part 6a of the application form?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(a) Specify why or why not:

10. Have all the associated interventions been adequately captured in Part 6b of the application form?

- Yes
 No

(b) Please explain:

11. Do you agree or disagree that the comparator(s) to the proposed medical service as specified in Part 6c of the application form?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

12. Do you agree or disagree with the clinical claim made for the proposed medical service as specified in Part 6d of the application form?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(a) Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. Do you agree with the proposed MBS item descriptor, as specified in Question 53 of the application form?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(b) Specify why or why not:

If a therapy/intervention is to be used, the frequency of the FDG PET scan should be allowed to occur more than once in a 12 month period to determine the efficacy of the therapy/intervention. This will assist both the patient and Medicare.

14. Do you agree or disagree with the proposed MBS fee, as specified in Question 53 of the application form?

- Strongly Agree
 Agree
 Disagree
 Strongly Disagree

(c) Specify why or why not:

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

ASMIRT presents the following cases below for consideration. These are not unique situations.

- A patient/family living outside of a region which has access to PET, (for example, Bathurst) presents to a GP and receives a referral for a cerebral perfusion SPECT scan. The scan undertaken at a local imaging provider returns inconclusive results. This should not disqualify the patient/family from being able to access a Medicare funded more sensitive FDG PET scan, which may return a conclusive result.

- A patient presents for FDG PET scan of which the results are negative for Alzheimer's. Progress this timeline forward six months and the patient presents with rapid cognitive decline, becomes aggressive and loses orientation. Should the patient be excluded from a 2nd Medicare funded FDG PET scan?

FDG PET for Alzheimer's is an effective tool. ASMIRT are happy to endorse this application for MBS funding for FDG PET scans for Alzheimer's disease. This examination will assist in earlier diagnosis enabling the patient to access interventions earlier, which may assist in improving their quality of life when the symptoms are more pronounced.

ADDITIONAL COMMENTS

Please refer to the application form - F-18 Fluorodeoxyglucose positron emission tomography (FDG PET) for the diagnosis of Alzheimer's disease

Part 2 – Item 4, there is reference to the document Access Economics report for Alzheimer's Australia, 2009.

ASMIRT would suggest seeking a more up to date report or statistics on the prevalence of Alzheimer's disease.

Part 7 – item 50, It states that year 1 is 4,0000. *Perhaps this should read 4,000?*

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Again, thank you for taking the time to provide valuable feedback.