



Australian Government

Department of Health

Consultation Survey on MSAC Application 1634

Comprehensive genomic profiling of non-small cell lung cancer tumour tissue specimens using next generation sequencing assays

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 959 GPO 9848 ACT 2601

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: Patricia Schluter, Advocacy and Policy Manager Lung Foundation Australia

Email: patricias@lungfoundation.com.au

Phone No: 07 3251 3645

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

Collective Group

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

LUNG FOUNDATION AUSTRALIA

3. How would you best identify yourself?

Consumer

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

Lung Foundation Australia is the only charity and leading peak body of its kind in Australia that funds life-changing research and delivers support services that give hope to people living with lung disease or lung cancer. Since 1990, we have been working to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change and research investment, raising awareness about the symptoms and prevalence of lung disease and championing equitable access to treatment and care.

Lung Foundation represents the collective views of our members and supporters; people living with lung disease and people caring for or treating people experiencing lung disease.

We developed a survey, based on the application made to MSAC, which was answered by 36 members and supporters from our lung cancer community. The results are in the attached document.

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?

SEE ATTACHED SURVEY RESULTS

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?

SEE ATTACHED SURVEY RESULTS

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

SEE ATTACHED SURVEY RESULTS

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

SEE ATTACHED SURVEY RESULTS

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

- (a) Specify why or why not:

Lung cancer diagnoses are steadily increasing each year in Australia. Recent data from the Australian institute of Health and Welfare estimates that more than 13,200 Australians will be diagnosed with lung cancer in 2020. Non-small cell lung cancer (NSCLC) is the most commonly diagnosed lung cancer and there are a wide variety of genomic subtypes, such as EGFR, ALK and ROS1 that drive cancer cell growth. Targeted therapies, such as entrectinib, provide an effective response to particular oncogenic drivers. Based on current data and trends, it is anticipated that there will continue to be an increase in Australians diagnosed with NSCLC, therefore early identification of the genomic driver will facilitate timely and accurate treatment for thousands of Australians, extending lives and reducing health system costs.

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

Yes

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

These are the current tests for EGFR, ALK, ROS1 markers.

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

- (a) Specify why or why not:

We consider that the evidence supports the conclusion that this NGS assay is:

- More sensitive than alternative testing methodologies, that it is, it will reliably detect genomic subtypes, and
- More efficient than alternative testing methodologies, as it can capture a range of genomic subtypes.

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

(b) Specify why or why not:

The descriptor accurately describes that the purpose of the test is to facilitate access to a targeted therapy. This is a direct patient benefit.

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

(c) Specify why or why not:

A fee has not been nominated.

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?

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.