

Medicare to list 30-minute breast cancer treatment

31 August 2015, by David Stacey

An innovative radiotherapy technique that has the potential to revolutionise the treatment of early breast cancer will become available and affordable for all eligible women under Medicare from tomorrow.

Leading [breast cancer](#) surgeon Professor Christobel Saunders, deputy head of UWA's School of Surgery and consultant surgeon at Fiona Stanley Hospital, Royal Perth Hospital and St John of God Hospital (Subiaco), said it was exciting to see Medicare approve a new treatment for the first time in many years.

Researchers from The University of Western Australia trialled the "targeted intra-operative radiotherapy" or TARGIT technique on almost 300 patients at the Queen Elizabeth II Medical Centre as part of a worldwide study examining its effects on a total of more than 2,000 patients aged over 45.

The research found that 30 minutes of in-theatre radiation using TARGIT, could replace the more expensive and time-consuming six weeks' external beam radiotherapy. Side-effects of the treatment were also less. The latest results of the randomised clinical trial were published in 2014 in the prestigious medical journal *The Lancet*.

"We're delighted to see good evidence-based research translated into policy for the benefit of so many women, and at times, in the face of some fierce opposition," Professor Saunders said.

"For eligible patients with early breast cancer, 30 minutes of in-theatre radiation could replace the more expensive and inconvenient six weeks of external beam radiotherapy. As well as the obvious benefits of completing all the necessary radiotherapy in a single session at the time of surgery, this method also almost completely avoids irradiation of other parts of the body such as the heart, lung and oesophagus.

Co-chairman of the TARGIT steering committee and consultant radiation oncologist at Sir Charles Gairdner Hospital, Clinical Professor David Joseph said the Medicare-subsidised treatment would also mean reduced waiting lists and substantial savings for health-care systems in which breast cancer may account for a third of the workload in radiotherapy departments.

"The side effects of the TARGIT [treatment](#) were also less than those experienced with [external beam radiotherapy](#)," Professor Joseph said.

Provided by University of Western Australia

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