

# The Australian and New Zealand Society of Cardiac and Thoracic Surgeons

ABN 44 503 186 462



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25 March 2015

Health Technology Assessment Team  
C/- Claire  
Medical Benefits Division  
Department of Health

Dear Claire

The Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS) wish to thank the Department of Health for the opportunity to provide comment about a new procedure which has found its way into the thoracic surgical armamentarium of procedures.

We have approached surgeons with expertise in Thoracic surgery to comment.

Bronchoscopy with thermoplasty is a relatively new technique which has been practised, from what we can gather, for the last 4-5 years internationally. This procedure is indicated for moderate to severe asthma. This procedure is akin to other ablative therapies, such as catheter-based techniques for arrhythmias. A signal is delivered through a carefully positioned single-use catheter, through a bronchoscope, to create a mucosal circumferential lesion (usually a thermal burn), in selected major bronchi and occasionally sub-segmental bronchi. This is performed to disrupt the mucosa which is thought to give also disruption to smooth muscle signalling, and potentially also autonomic nervous response, in patients who have asthma.

A brief review of the literature around and discussions with several of our respiratory physician colleagues at the Royal Melbourne Hospital have revealed that indeed this is practised internationally for severe asthma, although the strict indications for this is relatively small. Asthma, even in its severest form, is commonly well treated with steroids, and other immuno-modulating agents. There is thought that thermoplasty may be more efficacious in some patients. This patient population however, is generally thought to be one that is refractory to standard control mechanisms, hence its appeal.

This procedure has not so far had strong compelling evidence to support that it is superior to standard treatments in asthma, although there is a growing amount of evidence to show that it may have a place, as stated previously, in a smaller subsection of patients.

This procedure is more complex than standard bronchoscopy, and differs from other descriptions currently in the MSAC descriptors for advanced bronchoscopy, including stenting, laser procedures, and removal of foreign bodies. Hence it is justified that it would have a separate number assigned to it, given that it is a slightly different procedure than previously stated.

We would recommend that it be issued to the MSAC committee for evaluation, although given that there is not a great deal of strong evidence supporting it thus far, there is a reasonable chance that it may not be accepted. Furthermore, we feel strongly that this procedure, given that it probably will find a use in a very targeted population, must be coordinated through a specialist group of physicians, with a particular interest in asthma.

Thus the item number prescribed may well need to reflect super-specialist referral, which therefore may need to restrict the use of this technique.

We hope you find these comments useful. Please do not hesitate to contact me for further information.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'Paul Bannon', with a stylized flourish at the end.

Paul Bannon  
President  
ANZSCTS