

Decision Summary

Meeting Date	Friday 17 October, 2008		
Application #	08013N		
Title of TCP	CT Colonography (CTC)		
<input checked="" type="checkbox"/> New TCP	<input type="checkbox"/> Substitute/replacement for existing	<input type="checkbox"/> Extended use of existing	<input type="checkbox"/> Other
Based on evidence of effectiveness and cost effectiveness, the Australian Medical Services Advisory Committee (MSAC) recommends the use of CTC for exclusion of colorectal neoplasia in symptomatic or high risk patients who are either ineligible for colonoscopy due to patient contraindications or where there is an inability to perform or complete a colonoscopy.			
CONFLICT OF INTEREST DECLARATION			
Applicant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No conflict of interest	
Committee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No conflict of interest from any TCPC members or invitees present	
SAFETY			
<input checked="" type="checkbox"/> Safer than current practice	<input type="checkbox"/> Equivalent to current practice	<input type="checkbox"/> Less safe than current practice	
Health Technology Assessment undertaken by MSAC found that CTC is safer than double contrast barium enema and colonoscopy.			
EFFECTIVENESS			
High quality evidence?	MSAC review		
Consistent, clinically important benefit?	Yes		
Applicable to Southern Health?	Yes		
CTC was found to be highly sensitive and specific for diagnosis or exclusion of cancers or polyps >10mm in symptomatic or high risk patients, however the accuracy decreased with smaller lesions. CTC is less sensitive and specific than colonoscopy. It is not recommended for screening. Recommendations for use as above			
COST			
No additional costs to Southern Health			
CLINICAL FEASIBILITY			
Resource implications	Adequate resources are available to perform these procedures		
Credentialing and competency assurance undertaken	Staff required to undertake detailed training schedule prior to credentialing.		
Details to be forwarded to Richard Nasra, Medical Governance Officer for approval by Credentialing Committee.			
ISSUES RELATED TO ACCESS & EQUITY AND LEGAL & ETHICAL IMPLICATIONS			
All expected referrals can be treated within current systems and funding arrangements. To be instigated at DDH. Adequate access to reporting suite at DDH to be ensured prior to commencement at MMC Clayton. Patient Information will require minor amendments (change 'optical colonoscopy' to 'standard endoscopic colonoscopy'). Data to be collected on all patients and reports provided to TCPC at six monthly intervals.			
Final decision by the Southern Health Technology/Clinical Practice Committee			
<input type="checkbox"/>	Recommended: Approved with no further need for assessment.		
<input checked="" type="checkbox"/>	Restricted Recommendation – Audit: Approval subject to implementation under audit conditions. Conditions are specific to the technology.		
<input type="checkbox"/>	Restricted Recommendation – Clinical Trial: Endorsed, however approval subject to implementation in clinical trial with Southern Health Human Research and Ethics Committee approval.		
<input type="checkbox"/>	Restricted Approval – Operational Restrictions: Endorsed, however financial or operational restrictions apply.		
<input type="checkbox"/>	Not Recommended		
Conditions <ul style="list-style-type: none"> ▪ Adequate access to reporting suite at DDH to be ensured prior to commencement at MMC Clayton ▪ Patient Information to be amended ▪ Data collection tool (spreadsheet/database) to be forwarded to TCPC ▪ Data to be collected on all patients and reports provided to TCPC at six monthly intervals for two years ▪ Adverse events to be reported immediately to TGA and TCPC 			

Progress Reporting Due Dates		
	Due date of first progress report (Oct – Dec 2008)	27 February 2009
	Due date of second progress report (Jan – Jun 2009)	28 August 2009
	Due date of third progress report (Jul – Dec 2009)	26 February 2010
	Due date of fourth progress report (Jan – Jun 2010)	27 August 2010
	Due date of fifth progress report (Jul – Oct 2010)	25 February 2011

SH Policy	Quality and Risk Management	ACHS	Leadership and Management
Reviewer	Director, Centre for Clinical Effectiveness	Last review date	January 2008
Authoriser	Chair, Technology/Clinical Practice Committee	Next review date	August 2010

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