INAHTA Briefs

Issue 2002/24

Title **Advanced Breast Biopsy Instrumentation (ABBI) System for Nonpalpable Breast Lesions, July 2001**

Agency **MSAC, Medical Services Advisory Committee**

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Reference MSAC application 1037. Assessment report, ISSN 1443-7120

Aim

To assess the safety and effectiveness of the service, and under what circumstances public funding should be supported for the service.

Conclusions and Results

Safety: Safety data differ widely. Adverse events associated with ABBI often relate to technical or equipment failure. Most other adverse events reported in case series and comparative studies are of low incidence and health significance.

More common adverse event	# studies/12	% of patients
Hematoma	11	1–12.5%
Wound infection	6	0–3%
Dehiscence/wound problems	3	1–3%
Bleeding	3	0.4–4.2%

*Effectiveness:*In the absence of randomized controlled trials, evaluation was based on comparative studies and case series. These show:

- Discordant biopsy rates were lower for ABBI compared to core needle biopsy and Mammotome,
- Technical success was slightly lower for ABBI compared to core needle biopsy, Mammotone, and open wire localized biopsy,
- Mean blood loss was considerably less than for needle localization with excisional breast biopsy, and
- Margins for ABBI were generally positive.

Cost-effectiveness: The evidence is insufficient for cost-benefit analysis. Some cost savings may result from using ABBI, but this may not necessarily translate into a better cost-benefit ratio.

Recommendations

1. Public funding of ABBI diagnosis should be supported where fees do not exceed existing comparators.
2. The evidence is insufficient to assess a therapeutic role for ABBI against breast cancer.
3. The use of ABBI equipment shall be limited to surgeons and radiologists with training and expertise in the procedure.
4. A costing study should be carried out to assess the appropriate Medicare Rebate.

Method

MSAC expanded on the existing review (MSAC 1999). The current review included a systematic review of the biomedical literature from 1999 to March 2001 by accessing biomedical electronic databases, the Internet, and international health technology agency websites. Relevant data from the manufacturer (subject to independent confirmation), textbooks, and conference proceedings were also considered.

Produced by the Centre for Clinical Effectiveness, Australia