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Media Release

SYMPTOMATIC BREAST HYPERTROPHY: ACCESS TO BREAST REDUCTION SURGERY NEEDS IMPROVEMENT

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HEALTH care systems in all Australian states should support access to breast reduction surgery for both private and public patients with symptomatic breast hypertrophy, a procedure that is currently regarded by policy makers as non-therapeutic.

Research, published today by the *Medical Journal of Australia,* has shown that breast reduction for women with symptomatic breast hypertrophy indicated that it is cost-effective for improving their health-related quality of life.

The authors, led by Dr Tamara Crittenden, a medical scientist from the Flinders Medical Centre, analysed data from adult women with symptomatic breast hypertrophy who were assessed for bilateral breast reduction at the Flinders Medical Centre, between April 2007 and February 2018. They used health care costs (for the surgical admission and other related hospital costs within 12 months of surgery) and SF-6D utility scores (measures of health-related quality of life) to calculate incremental costs per quality-adjusted life-year (QALY) gained over 12 months, extrapolated to a 10-year time horizon.

"In the intervention group, the mean SF-6D utility scores increased from 0.313 at baseline to 0.626 at 12 months; in the control group (which included women with breast hypertrophy who had not undergone surgery), it declined from 0.296 to 0.270," Crittenden and colleagues reported.

"The mean QALY gain was consequently greater for the intervention group. The mean hospital cost per patient was $11 857, the incremental cost-effectiveness ratio (ICER) for the intervention was $7808 per QALY gained.

"The probability of breast reduction surgery being cost-effective was 100% at a willingness-to-pay threshold of $50 000 per QALY and 88% at $28 033 per QALY."

Crittenden and colleagues concluded that the procedure "is cost-effective in Australian public health care".

"The incremental cost per QALY gained is considerably lower than the implicit cost-effectiveness threshold.

"This finding is strengthened by the fact that the probability of the intervention being cost-effective was high across a range of feasible willingness-to-pay values.

"Our study provides evidence that healthcare systems in all Australian states should support access to breast reduction surgery for both private and public patients."

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