public health research&practice SaxInstitute

Capture of systemic anticancer medicines in Pharmaceutical Benefits Scheme (PBS) data likely higher than previously reported – Authors' reply

Nicola Creighton, Hanna E Tervonen, George W Zhao, David C Currow

Published 30 June 2020. https://doi.org/10.17061/phrp3022014
Citation: Creighton N, Tervonen HE, Zhao GW, Currow DC. Capture of systemic anticancer medicines in Pharmaceutical Benefits Scheme (PBS) data likely higher than previously reported – Authors' reply. Public Health Res Pract. 2020;30(2):e3022014.

Linked articles:
Original publication
Letter to the Editor

Citation

Authors' reply to Letter to the Editor

We thank Favell et al. for their interest in our Brief Report, C*apture of systemic anticancer therapy use by routinely collected health datasets* (*2020;30(1):e3012004*).[1]

We compared capture of systemic antineoplastic therapies in the Pharmaceutical Benefits Scheme (PBS), Medicare Benefits Schedule (MBS) and New South Wales (NSW) Admitted Patient Data Collection (APDC) to the NSW Clinical Cancer Registry (ClinCR), which recorded first-line therapies delivered in public hospitals in

12 NSW Local Health Districts that cover all Sydney metropolitan public hospitals and a substantial proportion of regional NSW. As noted[1], ClinCR is not population-based but capture of treatments at a person-level within the stated scope of the ClinCR is good.[2]

The authors suggest that treatment capture may be higher in the PBS than we reported. We agree with the authors and noted[1] that capture in the PBS for treatment in public hospitals is likely to have improved since mid-2012 due to individual processing of some chemotherapy items, and that capture in the PBS is higher in the private sector.

The stated scope of our Brief Report was chemotherapy and targeted therapies within 60 days from the treatment start date in the ClinCR, and it is likely that additional capture can be achieved if longer time windows were used. The decision to identify PBS medicines dispensed within 60 days from treatment start date in the ClinCR was used to identify medicines dispensed for that particular episode of care (rather than second-line therapies). We agree and noted[1] that treatments commenced as a public hospital inpatient would not be captured by the PBS but they would be captured by the APDC. We noted[1] that oral medicines (which include many hormonal therapies) dispensed in community pharmacies will be captured well in the PBS while their use is difficult to ascertain from hospital-based records and datasets such as the ClinCR.

The different funding mechanisms (Commonwealth or state) for systemic antineoplastic medicines in the NSW public system add complexity to measuring treatment use. Since 2012, the statewide rollout of electronic chemotherapy prescribing systems has facilitated the capture of chemotherapy in hospitals and the additional data can augment existing routinely collected datasets.

Both our Brief Report and the Letter to the Editor by Favell et al. highlight that there is no single source of truth for the complete capture of antineoplastic medicines for clinicians, researchers and health planners to get the full picture of treatment use in NSW. Given the large investment in chemotherapy and the rapid increase in targeted and biological therapies, monitoring the real-world effectiveness of these therapies using routinely collected datasets is important considering many do not yet have long-term data on harms.

Author details

References

1. Tervonen HE, Creighton N, Zhao GW, Ng M, Currow DC. Capture of systemic anticancer therapy use by routinely collected health datasets. Public Health Res Pract. 2020;30(1):e3012004. CrossRef | PubMed

2. Cancer Institute NSW. Whitepaper: CINSW clinical cancer data 2008–2012: an overview and guide for prospective researchers. Sydney: NSW Government, CINSW; 2020 [cited 2020 Jun 4]. Available from: www.cancer.nsw.gov.au/getattachment/data-research/cancer-related-data/request-unlinked-unit-record-data-for-research/E17-38991-Whitepaper-NSW-Clinical-Cancer-Registry-v1-3-10-March-2020.PDF?lang=en-AU

SUBMIT A PAPER

Keep up to date with our latest articles

Please enter your e-mail address here **SUBSCRIBE**

BROWSE BY TOPIC

Aboriginal and Torres Strait Islander health

Ageing and aged care

Alcohol and other drugs

Built environment

Cancer

Capacity building

Cardiovascular health

Child and adolescent health

Chronic disease

Communicable and infectious diseases

Complementary and alternative medicines

Consumer and community participation

Crime and justice health

Culturally and linguistically diverse communities

Diabetes

Environmental health

Evidence informed policy and practice

Genetics

Global public health

Health economics

Health information and technology

Health promotion

Health services planning and management

Health workforce

Healthcare access and equity

Hospitals, tertiary and acute care

Immunisation

Injuries and accidents

Integrated care

Legislation and regulation

Maternal and infant health

Men's health

Mental health

Nutrition

Obesity

Oral and dental health

People with disabilities

Physical activity

Prescribing and medicines

Primary care

Public health planning

Reporting, monitoring and surveillance

Research governance and design

Respiratory disease

Rural health

Safety and quality

Screening and diagnosis

Sexual and reproductive health

Social determinants of health

System improvement and reform

Tobacco

Women's health

Follow