

I am the Director of an advanced manufacturing facility that was funded through a loan from the HSCGB to ensure that cancer patients in South Australia were not left behind compared to all the other states except NT.

The facility I run is called MITRU and resides in SAHMRI Ltd, where I am happy to have you and the team to visit any time.

However my discussion is regarding the Healthcare disparity that I have observed in the years since I set up the facility and achieved Federal sign off (in record Australian time) to manufacture radiopharmaceuticals for South Australians to the highest global standards.

The infrastructure in the Public health care system in SA for PET/CT scans, that are Medicare rebatable is one of the lowest in Australian states, implying that Cancer patients are not having access to the same cancer care that is trying to be provided by the Australian federal government. This could be resolved by provide access to PET/CT scanners in the infrastructure program discussed in the document and to be expanded a little.

I am saying that with the expansion of QE Hospital should include funding for a PER/CT scanner and most importantly the addition of a PET/CT scanner at Flinders Medical Cancer Centre. These simple steps would add a further two PET/CT scanners to the existing two PET/CT scanners based at the RAH, which has helped but with wait lists are several weeks and being co-located with a further two private PET/CT scanners has made a further disparity with the patients in the Central Area rather than the Southern or even the Northern areas.

Infrastructure with SAHMRI 2 Proton therapy will place Adelaide under scrutiny in the southern hemisphere to show how healthcare can be altered with the first system of its kind, especially in cancer.

Further I think in the newly planned Womens Hospital should house a PET/MR system to ensure that this latest current technology (available in all states except NT and ACT, soon in WA) used for children with cancers.

Therefore the points are

- Positron Emission Tomography – Computed Tomography (PET-CT) at Flinders Medical Centre (FMC) to service the Southern Adelaide Local Health Network (SALHN).
- Applications of PET-CT are for Oncology, Cardiology, Neurology, Immunology and these continue to expand
- PET/CT is mainly used in Oncology and can change 1 in 3 patients treatment plan saving the Healthcare budget in Cancer as the planning is more tailored, as seen at the PeterMac in Melbourne, where all cancer patients get a PET/CT scan, saving Millions on the cancer bill.
- PET-CT considered part of standard of care worldwide in Oncology imaging, see the UK NICE document and US Healthcare programme.

- Proven cost effectiveness in the evaluation of several cancers (evaluation of solitary pulmonary nodules, staging of lung cancer, lymphoma, recurrent colorectal cancers and Head and Neck Cancers)
- FMC is a large tertiary hospital servicing > 450,000 people in the broader SALHN community
- QE is a large tertiary hospital already being developed in the Stage 3 infrastructure plan.
- Population growth and aging community with rising incidence of cancer in SA – increasing demand on PET-CT services and Neurology access has been pushed to a lower rung on the ladder as cancer access is limited but agents are available for Dementia in the state if required.
- South Australia only had a single public PET scanner facility at RAH from 2001, which was a second-hand machine.
- RAH received 2nd PET-CT in 2017 and had their old one upgraded due to delays in the mover from the old to new RAH site.
- Now 4 PET-CTs in SA (2 public and 2 private), all within a 500m radius of the new Royal Adelaide.
- Marked disparity in provision/ access to PET-CT across the local health networks within SA – all within CALHN region and none in SALHN region
- Lack of an onsite facility at FMC can results in delayed diagnosis and initiation of treatment.
- PET/MR to be funded in the new Womens Hospital being planned in the next 5 years.

I am happy to discuss any of these points if they don't make sense.

Please note that I have only been in the state for almost 6 years so this disparity has been a shocking but this was the case in the UK, where I was born and these infrastructure funding cycles have helped resolve these access issues and changed disease management and cost savings.

Please note that these are my opinions and not SAHMRIs.