Hereditary Breast and Ovarian Cancer testing now offered routinely at Mater Pathology

Mater Pathology is proud to be able to offer germline testing for hereditary breast cancer and ovarian cancer syndrome with estimated turnaround time for results of 20 business days for routine, and 10 business days for urgent testing, from receipt of sample in the laboratory.

Purchased through Mater Foundation with funds raised by the 2021 RACQ International Women's Day Fun Run for Mater Chicks in Pink, the Thermo Fisher AB3500XL Genetic analyser removes the reliance on outsourced testing, where results could take up to 4-5 months to return.

Testing can be requested by specialists such as oncologists, breast surgeons or clinical geneticists, and is often covered by Medicare when the conditions are met. An excerpt from the Medicare Benefits Schedule (current as of October 2022) is overpage for your reference.

Pre- and post-test counselling should be provided or arranged by the requesting specialist.

The following test are offered:

Test	Medicare details	Price if Medicare conditions are not met
BRCA1 and BRCA2 only	MBS (73295, 73296, 73304)	$450
HBOC Panel – 7 hereditary genes: BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11 and TP53	MBS (73296)	$500
HBOC extended panel – 20 hereditary genes: ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11 and TP53	Not covered by Medicare*	$750
Predictive testing in biological relative – BRCA1, BRCA2, CDH1, PALB2, PTEN, STK11 and TP53	MBS (73297)	$300

*(MLH1, MSH2, MSH6) are covered by MBS (73357) for predictive testing under Lynch syndrome or endometrial cancer (73354)

Medicare eligibility criteria for hereditary breast and ovarian germline testing:

73295	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible, requested by a specialist or consultant physician, to determine eligibility for treatment with a poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor under the Pharmaceutical Benefits Scheme (PBS). Maximum of one test per patient's lifetime.
73296	Characterisation of germline gene variants: a. including copy number variation in: i. BRCA1 genes; and ii. BRCA2 genes; and iii. one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53; and b. in a patient: i. with breast, ovarian, fallopian tube or primary peritoneal cancer; and ii. for whom clinical and family history criteria (as assessed, by the specialist or consultant physician who requests the service, using a quantitative algorithm) place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene variation identified in one or more of the genes specified in subparagraphs (a)(i), (ii) and (iii); requested by a specialist or consultant physician
73297	Characterisation of germline gene variants, including copy number variation: a. in one or more of the following genes: i. BRCA1; ii. BRCA2; iii. STK11; iv. PTEN; v. CDH1; vi. PALB2; vii. TP53; and b. in a patient who: • is a biological relative of a patient who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph (a); and • has not previously received a service to which item 73295, 73296 or 73302 applies; requested by a specialist or consultant physician
73304	Detection of germline BRCA1 or BRCA2 pathogenic or likely pathogenic gene variants, in a patient with metastatic castration-resistant prostate cancer, for whom testing of tumour tissue is not clinically feasible, requested by a specialist or consultant physician, to determine eligibility for olaparib under the Pharmaceutical Benefits Scheme. Applicable once per lifetime

Medicare eligibility criteria current as of October 2022 and may be subject to change or review. Always review existing Medicare Benefits Schedule for current eligibility, and include in clinical history.