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Ms. Bonnie Lysyk
Office of the Auditor General of Ontario
20 Dundas Street West
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RE: “Slowness to introduce PET in Ontario.”

INTRODUCTION LETTER:

Dear Ms. Lysyk

I was delighted to see your reference to the underutilization of PET in Ontario in your 2017 Annual Report regarding “Cancer Treatment Services” in Ontario. I am one of Canada’s experts in PET and I have read over 5,000 scans and lectured widely to professional and lay groups. For over 15 years I have tried and failed to get the Ontario Liberal Government and its ‘medical experts’ from Cancer Care Ontario [CCO] and their colleagues at the School of Evidence Based Medicine at McMaster, to defend how they have assessed PET for Ontario patients. So far all I have accomplished is now having my license to practice medicine being threatened by CCO and the College of Physicians and Surgeons of Ontario [CPSO]. There is an election coming.

BRIEF INTRODUCTION TO PET/CT

You will be most familiar with CT and MR which are the most advanced forms of “anatomical/structural” imaging we have to investigate patients. Although they have exquisite ability to image ‘anatomy’ and abnormal ‘masses’, they have almost no ability to determine whether a mass, especially for example, residual masses after cancer therapy, is just scar tissue after a successful therapy, or still active cancer. An obvious critical difference for the patient.

I am a “Nuclear Medicine Physician” and the most advanced form of imaging in our specialty is Positron Emission Tomography, or PET. Our speciality images ‘cellular ‘function/metabolism’. This kind of imaging most often requires the intravenous injection of less than a billionth of a gram of a radioactive molecule to “trace” various metabolic pathways in the body. In the case of PET, more than 90% of studies use a radioactive form of glucose called Fluorodeoxyglucose, or FDG. The reason this has been so powerful in imaging cancer is because every cell in the body can use glucose for energy. However, cancer cells can only use glucose but do so very inefficiently Thus in most cases they take up significantly more glucose than normal tissue and therefore ‘stand out’ against the background.

PET scans are also acquired with a low-dose CT scan without contrast, although the CT scanners can be operated in diagnostic mode if required as may be the case. We do not need to inject iodinated contrast agents which can cause severe allergic reactions in some patients. The radiation doses to patients from a PET/CT scan are similar to that of a full body diagnostic CT scan with contrast. However the newest cameras have dramatically reduced the radiation doses to patients with higher quality images offering critical information impossible to do with CT and MR, which are on average are wrong in at least a third of cases.

- I believe cost of a PET/CT is ~ $1,300 and is slightly higher than CT for the area covered in body. However, using PET/CT we would require far fewer scans to appropriately manage patients compared to how physicians in Ontario are currently forced to do by CCO.
- It is difficult to know the cost of a CT, since they are given a budget to run them.

PET was declared the cornerstone of imaging management of cancer, dementia, head injuries, cardiac, inflammatory and other diseases in the era of Personalized Molecular Imaging a decade ago . In the case of lung nodules and lung cancer, PET has been the standard of care for almost 20 years and in places such as Chile and Argentina.

- A paper by Worsley et al from British Columbia pointed out that if oncologists used PET/CT to follow their patients, it helped them make better and more appropriate investigation and treatment decisions in over 80% of cases, compared to the CT exams. In Ontario, physicians are forced to use CT and MR exams which were the ‘Pre-PET’ standards of imaging management of cancer and other diseases. Yet if you contradict or embarass the government, they threaten you.

- ***<u>The implications for Ontario patients are devastating, and not infrequently lethal.</u>***

<u>Introductory Video on PET:</u>

1. https://www.youtube.com/watch?v=qCT3KQitrCQ

<u>CASE EXAMPLE OF WHY WORLD USES PET/CT NOT CT:</u>

- 16 YEAR OLD WITH LYMPHOMA
    - https://www.youtube.com/watch?v=lgFIzSqv-jU&t=6s

<u>KEY REFERENCE DOCUMENT ON THE STATUS OF PET IN CANADA AND THE ACTIONS OF THE ONTARIO GOVERNMENT:</u>

TRIUMF is Canada's premiere centre for atomic and high energy physics and is associated with the University of British Columbia. They commissioned a freelance journalist, Ms. Susan Martinuk, to write about the status of PET in Canada. I worked extensively with Susan on this article, introducing her to key experts and supplying her with the necessary documents and helped with the final editing. Susan has done an excellent job and it is a complete and thorough document of the situation up to 2010 in Canada. Since then, although Ontario has introduced new indications for PET scans, we still fall further behind the rest of the world as each year passes.

- http://www.edmontonjournal.com/Susan+Martinuk+Vancouver+based+freelance+journalist/11081705/story.html

This critical document will make clear why, or more importantly, how it came to be that Ontario patients have not just the most limited access to PET, *but the wrong indications.*

> The Use of Positron Emission Tomography (PET) for Cancer Care Across Canada
> Time for a National Strategy

Susan Martinuk 2011

- https://drive.google.com/file/d/0B4kxdxCm9_NQZnVYcHZSaUJ0REE/view?usp=sharing
- The summary of Ontario starts on page 89

Since at least 2005, Canadian and International Medical experts have been condemning the Ontario government and their 'medical experts' for what they are doing to our patients to block PET because of cost concerns.

Here is an Editorial from the President of the American Society of Nuclear Medicine, Dr. Sandy McEwen, and published in the Journal of Nuclear Medicine [JNM]. Dr. McEwen is Canadian, and Dr. McEwen and I did our first training sessions on PET together at Guy's and Thomas Hospital in England.

- https://drive.google.com/file/d/0B4kxdxCm9_NQQW9ZRDJVc1piR3c/view?usp=sharing

HOW DID THIS HAPPEN TO ONTARIO'S PATIENTS?

NOTE:

At the end of this document I will include a more rigorous timeline which I had originally planned to put on my website.

I suspect your investigative team is unaware of the reasons why, or more importantly how this situation arose. It was not by chance, but by a very concerted 'ongoing 20 year' effort by the Ontario government's 'medical experts' to discredit, delay and block PET. The massive unnecessary costs to the taxpayers are one thing, the impact on our patients, far more serious. And yes, it is about money which in our current provincial debt situation is a serious problem. However, introduced properly, PET would allow patients access to the current accepted world standards of imaging management of serious diseases in a far safer and a far more timely manner, but above all in a more humane approach to their care.

- *It would also be cheaper to the taxpayers.*

To do so, however, would mean the government would have to have the political will to take a stand against very powerful medical 'self interest groups'. I believe the figure for

Ontario radiologist incomes is that 2/7 earn more than a million/year. In Sault Ste Marie, one radiologist apparently earned close to three million. If PET/CT were properly introduced they could lose up to perhaps 60% of their incomes. Radiologists get paid to read CT and MR studies, not PET/CT studies, which are read by Nuclear Medicine Physicians.

THE ONE THING I HAVE ACCOMPLISHED

Because of my patient advocacy efforts I am currently being threatened by the Senior Executives of Cancer Care Ontario [CCO] with the approval of the Chairman of the Board of CCO, our Premiere Ms. Wynne, and until recently, our past Minister of Health, Dr. Eric Hoskins and our new Minister of Health, Dr. Helena Jaczek.

- *If I continue to speak to physicians or patients about PET or provide them documents detailing how CCO "assesses the quality of evidence on PET", or use case examples to emphasize the impact on patients and even without patient identifiers,* ***they will block my hospital privileges.***

Here is a video showing how my attempt to get a PET/CT scan for a patient with cervical cancer before her radical radiation therapy to her pelvis, based on the her 'compulsory CCO Standards of Investigation', lead directly to threats against me by CCO.

CCO MANDATED ASSAULT ON "CAROL" SHORT VERSION:

- https://www.youtube.com/watch?v=bvNuJWufoHk&t=158s

I will have a lot more to say about the issues surrounding "Carol" further on, but let me make something very clear:

- ***This happens to Ontario patients on a daily basis and not just cancer patients.***

This case also lead to me being investigated by the Registrar of the College of Physicians and Surgeons of Ontario [CPSO]. Even though the CPSO has all the documents in their possession outlining exactly what CCO is doing and continues to do to patients, including the 2005 motions from the Canadian Association of Nuclear

Medicine [CANM] that declared the CCO trials on cancer patients “unethical”, they are threatening me, not CCO.

Here is the letter that was sent to the CPSO by my lawyer from the Canadian Medical Protective Association [CMPA]

- https://drive.google.com/file/d/1T3Jk0GkOTne3PAMmVvK9T8KQF2iL_TBy/view?usp=sharing

Motions from the 2005 Meeting of the CANM declaring the Ontario PET Trials “unethical”:

- https://docs.google.com/document/d/1Kh4DzGL5OKMXF7eYIHD_oq8fVYPX4i2dO5MHpNjayZw/edit?usp=sharing
- This motion was precipitated by the experiment they perpetrated on women with early stage breast cancer called the PET PREDICT Trial which I will cover in more detail further on.
    - *This trial begs the profoundly serious question of why the Research Ethics Board at McMaster University gave the okay to this trial and did not halt it when it was clear it was failing, since it was designed to fail.*
    - *Further, it begs another critical and disturbing question. If CCO has spent all this time, money and resources to block some of our sickest and most distressed patients from proper access to the ‘cornerstone of imaging management in the era of Personalized Molecular Medicine, just what else have they done to our patients to please their political masters? One can virtually guarantee this is not a ‘one off effort’ on behalf of the government’s ‘medical experts’.*

Here are two letters I recently sent to the CCO Imaging Group, and the PET Steering Committee asking them to justify the PET PREDICT Trial with as yet, no response:

- https://drive.google.com/file/d/1m7JUp8Esu5qbsle7JOu2lVbQ5RdK5w42/view?usp=sharing
- https://drive.google.com/file/d/1KIFt_A87geuesEg8_IwyIkFOQrI8Csh_/view?usp=sharing

I wrote the Auditor General's Office [AGO] several years ago regarding the issues that lead to your conclusion on access to PET in Ontario. I was told, and appropriately so, that this was not part of the mandate of the AGO which is to conduct value-for-money and financial audits of the provincial government, its ministries and agencies.

As I hope to demonstrate, there is far greater *'lack of value-for-money'* going on than I suspect your team would be aware of. In short, this prolonged effort in the 'name of saving health care dollars' has grossly increased health care expenses since the current "Evidence-Based, Patients First" health care platform of the Liberals is in reality based on:

- *The income expectations of certain physician groups.*

However, now that you have specifically mentioned PET in Ontario, without being too dramatic, you are effectively one of my last hopes that something can be done to stop what can truly be considered an assault on our patients. I have exhausted just about every available option to try and use the supposed 'safeguards' against government abuse of citizens and have gotten nowhere beyond the threats against me.

- As my example of "Carol" above demonstrates, Ontario physicians are forced to practice substandard, even incompetent medicine or worse, and in effect, *routinely assault our patients with unnecessary radiation, unnecessary high risk biopsies, missed opportunities that might have given cancer patients a better chance to survive, perpetuate toxic therapies that PET would demonstrate early on are failing, and above all an exponential increase in their already high levels of stress and discomfort to name but a few of the devastating impacts, not infrequently fatal, on our patients.*
- *In addition, PET is the world standard for imaging for other serious diseases such as dementia, head injuries and other Central Nervous System [CNS] disorders, cardiac and other uses in General Medicine.*

It is important for you to be aware that in Australia, criminal charges were laid against government officials for how they blocked PET.

THE DECISION IS MADE TO BLOCK PET AFTER THE GOVERNMENT REVIEWS THE INDEPENDENT REPORT BY 'NON-GOVERNMENT' EXPERTS ON ROLES FOR PET AND CCO SWINGS INTO ACTION

My colleagues and I know exactly how the strategy to discredit, delay and block PET was worked out with Cancer Care Ontario, who would then partner with the McMaster School of Evidence Based Medicine, to carry out their mandate. When I was President of the Ontario Association of Nuclear Medicine [OANM], we hired a lobbyist, Mr. Michael McCarthy. Mr. McCarthy set up meetings with numerous high level government officials, including our last meeting, with Mr. Ali Samian who was the Senior Assistant to Mr. George Smitherman.

a. Mr. Michael McCarthy was the individual responsible for handling the "Hepatitis C Tainted Blood Scandal" in Ontario.
b. Previous to this he had been the Senior Assistant to Mr. Tony Clement, when he was the Minister of Health for the Conservative government.
c. Mr. McCarthy was present at the meetings with CCO when the strategies of how to block PET were being developed, and thus we know who was at these meetings and what transpired.

    i. http://www.grossomccarthy.com/our_people.php

THE INTRODUCTION OF PET IN ONTARIO IS HALTED BY SOMETHING WRITTEN ON A COUPLE OF PIECES OF BRISTOL BOARD!

Quite literally what was used by the Ontario government to halt the introduction of PET in Ontario and start their own trials to assess PET, but in reality, to discredit, delay and block PET, came from a 35mm slide of a medical poster at an Australian medical meeting. A 'medical poster' is not a peer reviewed work, but just someone's idea and a look at the work in progress. It stated that PET wasn't useful in lung cancer, even though at that time PET was already virtually the 'Poster Child' for why PET was becoming the standard of investigation of lung nodules and cancer. The Independent Multidisciplinary Team that had put together the report on why 40,000 Ontario patients would benefit from a PET scan were told based on this 'poster':

- ***With all the uncertainty about roles for PET, we clearly need to do our own experiments to determine if their are any roles for PET.***

IF NOT BASED ON SCIENCE, HOW DOES THE GOVERNMENT AND CCO DETERMINE THE "QUALITY OF EVIDENCE" FOR OR AGAINST PET?

PET demonstrates exactly how CCO and the government makes critical decisions regarding what to fund under OHIP, including what investigations physicians can order, or treatments they can offer their patients. This may sound like a 'conspiracy theory'. I only wish it was.

- The government decides which indications they would like to fund in discussion with CCO.
- Then CCO along with their colleagues from the McMaster School of Evidence Based Medicine come up with the 'evidence' to justify the government's position.
- They use a tool perfected at McMaster called health technology assessment [HTA]. The beauty of the HTA is they can literally 'dial in' whatever answers they need.
    - ***There is absolutely no scientific evidence to support the use of HTA to evaluate any type of diagnostic imaging equipment whether it is PET, CT MR, US and so on.***
    - ***No one from CCO and McMaster is even trying to pretend there is any science to validate the use of HTA.***
- If not based on science, no one I have written has objected to accusing them of using an "agenda" to 'assess PET'. No one has challenged the statements of Professor Rodney Hicks of Australia, who is well aware of what has happened in Ontario and said in an email to me in 2016:

    - ***"Ontario has the most egregious and politically motivated agenda against PET in the world."***

POTENTIAL FOR MAJOR COST REDUCTIONS TO ONTARIO TAXPAYERS IF PET/CT WERE INTRODUCED PROPERLY

- You may now want to consider the enormous savings that could be achieved by shutting down the massive spending to run Cancer Care Ontario and it's various committees, as well as new agencies such as Health Quality Ontario. This is headed by one of key architects of blocking PET from the beginning, Dr. Andreas Laupacis. I will have a lot more to say about Dr. Laupacis.

    - *What I hope to make clear is that CCO is not the patient's friend. For physicians who have worked in other provinces, this is well understood that how critical health care decisions are made in Ontario is 'unique' in Canada.*

- There also is massive over ordering of inappropriate and expensive tests on patients, including harmful and unnecessary radiation exposure to patients.
    - *Risk of cancer from radiation exposure from all sources is cumulative over time. Your risk isn't reset to zero after some elapsed period of time.*
        - ***For cancer patients treated with radiation, the extra 'diagnostic radiation' they get from CT's reduces how much total radiation the patient can ultimately receive for their treatments.***
    - A huge cost saving example would be the following. In order to have a PET/CT scan *patients must have diagnostic CT scans, and usually multiple CT scans and often MR studies adding an enormous amount of unnecessary costs to the system.*
    - In the US, if a patient had a lung nodule identified on a plain chest x-ray, most ***private*** health insurers wouldn't pay for the diagnostic CT, but only for the PET/CT. Any 'anatomical information' that could be gained from the CT can be visualized with the low dose non-contrast CT performed with the PET.
    - *The critical information available only with the PET, is how much radioactive sugar is the mass taking up compared to normal tissue. Without question, the quickest way to determine the next step in the patients management, a biopsy or simply follow up, is with the PET/CT.*

        - ***Most cases of lung nodules would never need a diagnostic CT scan and thus the 'concern of my radiology colleagues'***

        .

- Most people, even physicians, don't realize that radiologists reporting CT and MR studies will only report lymph nodes, common sites for cancer to spread, if they are enlarged. Even if enlarged, in most cases they cannot determine why without multiple follow up CT and/or MR studies to see if it is increasing in size, which doesn't guarantee malignancy. However, by looking at how much sugar the constituent cells making up the mass are metabolizing, *PET/CT routinely finds evidence of cancer in normal size lymph nodes.*

- *By the time they are enlarged, it may be too late for the patients.*
- *Therefore the province pays for typically four to eight CT exams or more before a PET/CT can even be considered. In most cases, investigation or treatment decisions can be made by one or possibly two PET/CT scans.*
- *This is just the 'tip of the iceberg' with the government willing to pay for tests that they've known since the beginning, that on top of everything else, will be demonstrated wrong by at PET/CT in at least 30% of patients.*
- Further, in cases such as dementia it is simply not possible for CT and MR to make this diagnosis.
    - *Yet the government has absolutely no problem paying for these useless tests, but refuses to pay for the only test that can identify and classify the various types of dementia with the most sensitivity and specificity and at an early enough stage to have the potential to have an impact on patient outcome.*
    - The only possible hope to deal with dementia is to detect it as early as possible in order to start treatment. Although current therapies are not highly effective, great strides are being made. Here is an article just published in the New York Times:

    - https://www.nytimes.com/2018/04/18/opinion/menopause-alzheimers-connection.html

    - In spite of the fact that PET was originally developed to image intact brains and the basis of most of what we know about human brain function in health and in disease, the position of CCO to this day is that:
        - ***There is no "quality evidence' to support the use of PET in brain imaging.***
        - *They will determine this using a scientifically baseless and Liberal political agenda based process which they call "Evidence-Based Medicine".*

- The reality is, that introduced properly, Ontario would have a surplus of CT and MR units. In July 2016 I wrote to Ms. Wynne and said that OHIP should only pay for tests that had a reasonable chance of advancing the patient's management.

    - https://drive.google.com/file/d/1l8nAyaH761F1qM6thkkotKe9OfBua8Cm/view?usp=sharing

- We would no longer need to run MR facilities 24 hours a day if MR was restricted to only cases where it was the most appropriate imaging device.
    - *Quebec has already dealt with the gross overutilization of MR's. I assist in knee replacements and we have never used an MR study to determine the need for surgery, or during the operation except in very rare and specific circumstances only an orthopedic surgeon would be familiar with. Yet most Ontario patients routinely will get an MR of their knees, and the radiologists never say no to these requests.*

- Many patients are forced to have higher risk, and more expensive biopsy procedures which can result in complications such as 'pneumothorax' with a collapsed lung which can require a chest tube and hospitalization. A PET/CT routinely identifies biopsy sites which are virtually risk free, less painful and far less stressful for already highly stressed, and often elderly cancer patients.

CASE EXAMPLE:

- An 83 year old woman has a compulsory needle biopsy of her lung mass when a PET/CT done after the biopsy demonstrated a much safer, less stressful and less costly biopsy site to get the diagnosis her physicians needed to treat her appropriately.

    - https://www.youtube.com/watch?v=yWb5br2PCR8&t=402s

- She developed a pneumothorax, a collapsed lung, due an air leak from the biopsy needle. She had to have a chest tube inserted, a very uncomfortable procedure, and spent several days in the hospital at unnecessary expense to an overburdened healthcare system.
    - Even though the PET/CT showed she had Stage IV lung cancer (mis-staged on CT), ***her compulsory 'CT guided biopsy was negative!***
    - In the rest of the world the PET/CT is done *before a biopsy is considered and can show safer sites outside the chest, and where to place needle in a mass even if the only biopsy location is in the lungs, to ensure the highest chance of getting a proper sample for pathology.*

        - ***In Ontario, the patient MUST have the biopsy before they can be considered for a PET/CT***

MOBILE PET/CT IN ONTARIO
POTENTIAL FOR HUGE SAVINGS FOR HEALTH CARE IN 0NTARIO

For almost five years the Liberals have been blocking a plan by my colleague, Dr. Kevin Tracey from Windsor, who owns the only functioning Mobile PET/CT in Ontario.

- Dr. Kevin Tracey was one of the original members of the CCO PET Steering Committee. I believe he was the only member who was PET trained and qualified.
    - *He was forced to quit the PSC since he kept challenging the Chairman to defend the methodology being used to "assess the quality of evidence" of PET and designing experiments.*
        - *The scientifically baseless Health Technology Assessment [HTA].*
    - *Repeated attempts to get Dr. Tracey's position on the PSC filled by another physician qualified in PET were ignored.*

        - *A fundamental aspect of HTA is that they try to exclude anyone who actually has expertise and training in the topic being investigated or evaluated for "quality of evidence" since they would be 'biased'.*

- A few years ago in the US, 47% of PET was performed using Mobile units since there is no significant infrastructure costs to the hospitals, towns and cities they visited. Apparently this has risen to almost 60%. Siemens, a major PET manufacturer, is increasing the production of these units to meet the demand in Europe.
        - ***The current position of the MOH in their longstanding efforts to block Mobile PET is to state that: "The images are not of adequate quality" which of course, like every other reason they've put forward is an 'alternative reality.'***

    - They are fully capable self contained high quality units requiring only a 220-volt source and a local washroom for patients to use.
    - Mobile units are also widely used for CT and MR's.

In Ontario, with the costs of Travel Grants for patients having to get to major centers for their PET scans, ***it is cheaper to bring the Mobile Units to the patients***. In Sudbury

at least 30% of cancer patient's who could get critical benefit from a PET scan are too sick to travel south for the scans or not willing to risk driving on dangerous highways in their already highly stressed state.

Dr. Tracey's plan would supply Mobile PET/CT to seven Ontario communities, including Sudbury while we await the installation of our permanent PET which will require a multimillion dollar addition to our hospital.

- https://docs.google.com/presentation/d/1fmHwvZxd8mHRtY40GE3n57v27h5ImrDx5NEbJB6Cofw/edit?usp=sharing

In spite of the fact that Ms. Wynne desperately needs some political 'brownie points', the government has gone out of their way, including 'pouring money into Sudbury' to shut down our efforts for Mobile PET over the last seven or eight years. I was in charge of the very first Mobile PET in Canada. I worked with our hospital administration on three business plans for the Mobile. The government told the hospital to shut done every effort. The last business plan I suggested in June 2015 would have actually worked, but again the hospital was told to abandon this plan.

In November 2015 Dr. Hoskins and Sudbury MPP Glenn Thibeault showed up with a check for 1.6 million dollars, in the 'bank as of April 2016, to pay for the operating costs for a permanent PET/CT in Sudbury. They tried to make it look like it was for the local "Sam Bruno PET Fund" named in honour of a remarkable and noble man who died of colon cancer. The community had been previously told by the government that if they raised 100% of the cost of a PET/CT, that the government would fund it. They also tried to make it look that suddenly they were being 'generous' by offering to fund it.

- http://www.thesudburystar.com/2015/10/24/sam-brunos-persistence-inspires-sudburians

In spite of ongoing claims from Mr. Thibeault that he has done everything he can to bring "Sam's vision" to fruition, and his personal inspiration for doing so:

- *Nothing could be further from the truth.*

  The Liberal government and the Ombudsman's Office would go out of their way to shut down Sam's requests for access to PET in Ontario and a scanner in Sudbury. The Liberal Minister of Health (before Thibeault's time, but he is aware) Ms. Deb Matthews went out of her way to personally call Sam "just to see how he

was doing and express her concern." When Sam died, Ms. Matthews would write a letter in the Sudbury Star saying what a wonderful man he was. But then she would 'insult Sam' when he couldn't defend himself by saying:

- ***"But Sam got a few things wrong."***

- *Sam of course had gotten nothing wrong since I gave him all the facts,*

All of the Sudbury news media knew this was a lie, but printed it without challenging Ms. Matthews, and then the Sudbury Star wouldn't print my short rebuttal to Ms. Matthews cruel statement.

Ms. France Gelinas from Sudbury and like her predecessor Ms. Shelley Martel, is the NDP Health Critic. Like Ms. Martel, Ms. Gelinas knows more than most provincial politicians about the issues Sam tried in vain to get out regarding and how PET was being assessed in Ontario.

- *Ms. Gelinas made no attempt to come to 'Sam's' defense when Ms. Matthews made this blatant false statement, and would then sit next to Sam's wife Cheryl on the Sam Bruno PET Fund Committee and do nothing of significance to challenge Ms. Mathews or her successor, Dr. Eric Hoskins.*

    - *Ms. Gelinas efforts for PET are restricted to 'safe tactics' such as getting a petition for a PET in Sudbury, and anything else that makes her look like she and the NDP are concerned about the plight of cancer patients so long as they do not have to publicly deal with the actual issues.*

The 1.6 million dollar cheque from the Liberal's had nothing to do with this fund. ***The cheque was to block Mobile PET/CT in Ontario.*** In the 'fine print', and only 'for the eyes' of our hospital administrators, was a clause stating that not a penny of this money, sitting in a bank account since April 2016, could be used to help bring Mobile PET to Sudbury.

- Why the money was even needed is because the government refuses to pay the actual cost of performing the PET scan, so the hospital would incur a debt of about $500/patient.

- They also neglected to mention when they arrived ‘cheque in hand’ that not only did the Sudbury community have to raise 100% of the cost of the PET/CT, *but also 100% of the cost for a facility to house it.*

I spoke publicly about needing the Mobile PET/CT for the North.

- http://www.thesudburystar.com/2016/11/12/sudbury-doctors-calls-for-mobile-pet

Dr. Hoskins responded in the media with this:

- http://www.thesudburystar.com/2016/11/15/ministry-nixes-mobile-pet-scanne-for-sudbury

Every reason offered by the Ministry of Health to block the Mobile Unit, including some in response to an interview I had done on CBC the previous winter, varied from the *laughable to outright ‘alternative truths’ a favourite ‘mis-information device’ of the Liberals.* Repeated attempts to get Dr Hoskins and the Ministry Spokesperson, Mr David Jensen to defend their statements were ignored.

- They claimed the Mobile was unsafe to be on the road.
- The Ministry had just given it a complete safety certificate to operate just a matter of weeks before this public statement was made.

The following fall, when Mr. Thibeault was involved in a scandal involving how he was nominated as the Sudbury candidate was in full swing, Hoskins and Thibeault again show up in Sudbury with a cheque for the full cost of building on to the hospital to house the scanner, for some 5 million dollars.

- *To provide full funding for the addition had NEVER happened before this point in time.*

This was an unabashed effort by the Liberals to save Mr. Thibeault’s seat in Sudbury.

- *Much like their current tactic of taking money, which is taxpayers money not theirs, and using it to try and buy votes from Ontario citizens, and as you know dramatically increasing the debt load to passed on to our children.*

In discussions with Dr. Tracey he demonstrated how with an investment of perhaps three million, which could easily come from the private sector, he could provide the

seven communities with the Mobile PET/CT for ***for less than the 1.6 million sitting gathering dust in a 'Sudbury dedicated bank account' and for only a SINGLE scanner at that!***

- *And after now some 10-11 million dollars from local donations and government 'gifts' will have been spent to get the PET/CT in Sudbury:*
    - ***We will only be able to use it 1.5 days a week since the whole LHIN will only be allowed to scan some 900 patients/year.***
    - *Contrast this with Quebec with roughly the same number of scanners, but half the population of Ontario performing the standard rate of:*
        - ***~ 3,000 patients/camera/year***
    - *In Thunder Bay I was involved in them getting the most advanced PET/CT scanner at the time installed in the hospital.*
        - ***They were only allowed to scan six patients /week.***
        - *The rest of the time, as will be the case in Sudbury, it is used only for the CT.*

So why doesn't Ms Wynne announce tomorrow Mobile PET/CT for these seven Ontario communities which would be profoundly more convenient and safer for these highly stressed patients, ***<u>and cheaper to the taxpayers</u>***? I gave a press conference in February 2017 at Queen's Park on this issue. There clearly must be a pretty large 'downside'.There is:

- *With more widespread access to PET would invariably come more widespread knowledge and awareness amongst physicians and patients of just how 'less than Third World' access to the proper indications for PET* ***and 'incompetent indications'*** *that Ontario patients have. And the Liberals could no longer:*

    - ***Hide the lie that is Cancer Care Ontario.***

<u>WHAT IF SUDDENLY ONTARIO PATIENTS WERE MOVED INTO 21ST CENTURY MEDICINE, HOW WOULD WE COVER THE COSTS OF SCANNERS?</u>

- *<u>Clearly the only way to do this would be by the use of Mobile PET/CT's</u> even if only temporarily while more infrastructure was put in place over time and it was time to upgrade the scanners.*
- In addition the OANM suggested in 2005 that the government could let the private sector pay for the units, the maintenance costs and so on. The government will always be on the 'hook' for the cost of performing the scans, but

we have an opportunity for a perfect 'Public/Private Partnership' that would have significant potential of 'value for money for taxpayers. Ontario voters are already comfortable with the fact that private individuals can own and operate imaging equipment in Independent Health Care Facilities [IHF's]
    - *Does it really matter if these devices are in a private building across the street from the hospital, or in the hospital itself?*
- All the government needs to do is make sure that OHIP payment:
    - ***Actually covers the real costs of performing the scans, plus enough of a margin so that the private investors can recover their investment costs and make a reasonable profit for their efforts.***

Therefore I believe the potential for major cost savings to the public, combined with appropriate control and ordering of imaging tests, presents a unique opportunity for us to finally provide a more effective, far more humane, and cheaper public health care system in Ontario.

- ***A good place to start would be to review the tests that US Health Insurance companies will pay for. Since the 'bottom line' is their key focus, their indications of paying for imaging tests are most likely to be the ones that solve the patients issues the quickest and at the least overall cost.***

OTHER EXAMPLES OF SOURCES OF UNNECESSARY COSTS TO TAXPAYERS

- Radiologists are said to act like pharmacists, allowing most requests for tests they are aware are not helpful, to be carried out.
- In many private and even many hospital based practices, radiologists will suggest another radiological investigation, in some cases, as much as 70% of the time.
    - In an IHF I worked in for 27 years, my partner and I were severely criticized by the clinic owners for not ordering other radiological investigations on virtually everything we identified on a bone scan where we might see perhaps 10 findings, most not even relevant to the questions being investigated and of no consequence to the patient. These would have absolutely no benefit to the patients, would expose them to unnecessary radiation exposure along with grossly unnecessary costs to the taxpayers, but was great 'for the clinic owner's bottom line'.
    - We were eventually fired from the clinic.

- A radiology colleague of mine told me that when he was on call at the hospital over one weekend he had interpreted more than 700 diagnostic imaging tests. Are there really that many sick patients in a town the size of Sudbury that would require all these imaging test?
    - *A major issue is that physicians are extremely poorly educated about the proper ordering of medical imaging tests. In our local medical school there is almost no teaching of where Nuclear Medicine tests may be of use, and often with significantly lower radiation exposure to the patients, less risk and not to mention, the correct information the physicians need to manage their patients. I am sure this is not unique. Dealing with the graduates of other medical schools makes that crystal clear. And radiologists aren't the ones to be 'educating' them about appropriate ordering of these tests.*
    - *A previous precedent for the government restricting what physicians could order was with respect to thyroid blood tests. It was clear that physicians did not understand the tests they were ordering. I recall figures of saving some 70 million plus dollars/year once what they could order was restricted.*
    - For my whole career I have taken the approach with colleagues that we don't want the government telling us what we can order, with PET being the perfect example. My position is that we must police ourselves, or it will be, and indeed should be perhaps now, done for us by an 'outside independent body' has fallen on 'deaf ears'. We are reaching that point where physicians do not have the credibility to be allowed to order almost any test they want regardless of whether the tests are helpful or not.

- Another example of 'self-interest and self-referral' physicians involves Cardiologists who have gradually pushed their way into reading what now apparently is more than half of the nuclear cardiac studies which is one of the most expensive Nuclear Medicine tests. Cardiologists with minimal training to interpret these studies also are the ones becoming the majority of those ordering these tests. An egregious example of 'self-referral'. (This is another example of where it was the CPSO that removed the restrictions on who could read Nuclear Medicine Tests from what had been established ***AND DELIBERATELY LOWERED THE STANDARDS REQUIRED TO READ NUCLEAR STUDIES***:

- Beyond Ontario's borders and before 2005, only fully qualified Nuclear Medicine Physicians were allowed to supervise and interpret Nuclear Medicine studies. I

would be happy to expand on this if it would be helpful since I participated in these meetings. My objections about quality patient care were rejected.

- Ontario remains the only place in Canada were non-Nuclear Medicine Certified physicians are reading Nuclear Imaging studies, and in fact the majority of them to the best of my understanding.

    - *In Quebec only qualified Nuclear Medicine physicians are allowed to interpret any Nuclear Medicine Study.*
    - One could argue this is just an attempt by my specialty to get more income. However:
    - ***Since Nuclear Medicine physicians don't order the tests, you are more likely to see the proper indications for ordering these tests rather than requisitions I've seen stating the reason for this expensive test with non-trivial radiation is: "His neighbour had a heart attack."***
    - It gets even more complicated since for our underfunded hospitals one of the major sources of true income is directly from these Nuclear Cardiology MIBI Stress tests when performed on outpatients. The 'profit' is then use to fund other programs in hospitals.
    - My past efforts to create ordering forms that would allow only appropriate indications was halted by the hospital administration and this is not a unique situation.
        - I have been told that a large IHF owner has taken charge of a southern Ontario hospital's Nuclear Cardiology imaging department.
        - This is the same company that bought three cardiologists practices and then installed numerous cardiac echo machines, separated only by curtains, along with a dedicated Cardiac Nuclear camera.
            - *The cardiologists get free rent, staff and other perks as long as they flood these machines with tests.*

    - In Toronto a Family Physician has a cardiologist come in and do echo studies on their patients once per week. However, this physician has only 1,100 patients. When asked by a colleague how the physician could have enough patients to justify this once per week, the response was:

        - *"It helps pay the bills."*
        - *This too becomes more complex because physicians are like any 'private business person' unless under some special funding*

arrangement with the government. As their expenses go up, they need to do what they can to reduce expenditures. However, that can only go so far, and thus a business person at some point has to raise the cost of their service or product.

- ***But it is illegal for physicians to increase their fees. If government fees don't keep pace with inflation, then they are left with one alternative, PUSH MORE BODIES THROUGH THEIR OFFICE,...thus the massive spread of 'walk in clinics' where one physician took out the chairs since if the patient sat down, it would take too long. Or you look for other ways to supplement your income for your family and retirement savings by say, having a cardiologist get rich doing unnecessary echo's in your office and charging them rent of the space.***
- ***NO ONE could possibly argue that 'Walk in Clinics' are the best way to provide medical care to the population.***

- I have dealt with a case where a cardiologist reading these Nuclear Cardiac studies was ordering more of these tests on his own patients than the total of all the eight other cardiologists in the city.
- I headed an external review team of the Nuclear Medicine Department in a large teaching hospital, and the cardiologists controlled more than 70% of the camera time, and all read their own studies. Attempts to deal with this were met with threats of lawsuits against the hospital by the cardiologists.

THE MCMASTER 'MONEY PIT' CONNECTION

- You also might want to look very carefully what financial benefit McMaster University has reaped because of their assistance to CCO and ultimately the Liberal government. *To the best of my knowledge, ALL the money changing hands regarding PET until OHIP started funding some PET/CT studies, went through McMaster. And for the ongoing 'experiments' and PET Registry Trials, I believe the money still is funneled through McMaster.*
- In addition you might want to take a very careful look at where funding comes for to operate MaRS Excite, an institute investigating ***evidence based methods*** and connecting 'clients with ideas' with the Ontario Ministry of Health.

Background on MaRS Excite:

In 2004 I met with Dr. Les Levin who was the Senior Medical Advisor for the Ontario Ministry of Health. When asked about the HTA Dr. Levin ridiculed it as something you find in the back pages of poor quality journals.

a. *Yet this is exactly what would he would support to assess PET all these years.*
b. When I wrote him with a list of questions as a follow up to our meeting, including the discrepancy between his statements about the HTA and the fact that it was being used to "assess the quality of evidence" he refused to answer a single question. Instead he wrote: *"If there is any evidence to support the use of PET, please send it to me."*
    i. A copy of these letters was given to every Ministry of Health Official that the OANM Executive met with. *Not a single comment or acknowledgement was offered to us.*
c. But more 'unnerving' was that as I was leaving his office he stopped me and made the following statement:
    i. "Dave, it is not about the money, we are just trying to do what is best for Ontario's cancer patients."
    ii. Although I would write Dr. Levin several times over the years he refused to acknowledge or respond to a single relevant question.

Dr. Levin was 'rewarded' for his efforts to block PET by being appointed as the first Scientific Director of MaRS Excite, a massive center on Bloor Street in Toronto, dedicated to Evidence Based Medicine:

- https://www.marsdd.com/

- Another powerful group backed with government money and associated with McMaster and CCO is the Escarpment Cancer Research Institute in the Niagara Peninsula.

FEDERAL PET CONNECTION THAT LEADS TO VIRTUAL "USURY" RATES FOR PET IMAGING AGENTS RAISING THE COST OF ONTARIO HEALTH CARE.

To me there is no better example of the saying, "the job of a government bureaucrat is to make sure their job is there next year." Even though there have been over 30 million doses of F-18 FDG injected over all these years and never a side effect recorded,

Health Canada is not sure it's safe for humans. In fact there are three Federal Bureaucracies assessing these "tracers" which because of the vanishingly small amounts used, it is virtually impossible for the body to react to.

- *The legislation that governs how Health Canada assesses the safety of these 'radioactive tracers' was apparently written at the time of the Irish Potato Famine, when the concept of 'tracers' didn't exist.*
- ***The result is than in Canada, to the best of my knowledge we have the most expensive FDG in the world. Over $200 is added to the cost of every injection into a patient so these three bureaucracies can decide whether it is safe to inject into humans.***

To put this into perspective consider the following example. People can have a fatal reaction to injected IV contrast for a CT exam because of the large amount of iodine that is present. Yet these same people can eat iodized salt with impunity. We routinely treat thyroid cancer with large doses of radioactive Iodine-133 *without the slightest concern in such patients.*

What these three Federal Ministries are doing, and directly impacting Ontario' health care expenditures, would be the equivalent of them declaring:

- *They were going to add $200 to the cost of every box of iodized salt sold in Canada to determine whether it was safe for those with iodine allergies to eat iodized salt.*

I have documented these issues to three Federal Ministers starting with Sudbury MPP Diane Marleau, when she was the Federal Minister of Health. I documented how at that time, already more than three million dollars of money, that in large part came ultimately from all the efforts of the public to raise money for cancer research, was 'shovelled' into the Ottawa economy so these civil servants could fill out paper forms so *that we could inject less than a billionth of a gram of radioactive sugar into cancer patients.*

- *This has a further impact on our patients. The best imaging agent to detect specific types of spread of cancer to bone is straight Fluorine -18. Yet in Canada we can't use this on our patients since it will take millions of dollars to pay these Federal Agencies to now assess the safety of F-18.*
- Keep in mind we know all the effects of actual therapeutic doses of fluorine since at one point is was used to treat osteoporosis.

- And as for the impact of the radiation exposure to patients from these molecules, this has been fully investigated and documented for at least 50 years or more.

RADIATION EXPOSURE TO PATIENTS

We haven't even considered the gross overexposure of patients to all but useless non-trivial amounts of radiation that only serves to meet the income expectations of certain groups of physicians and nothing to do with what is best for the patients.

- *Taxpayers are also on the hook to pay for screening tests to determine if a cancer patient is developing another cancer, not so much from the side effects of their cancer therapies, especially those that don't have radiation therapy,* ***but from the amount of radiation they will get from the CCO 'Compulsory Standard of Care' CT exams that are our only choice.***
- I have a lymphoma patient, for example, where they have already had 30 and counting CT scans, *the equivalent of some 300 years of natural background radiation to this patient! The only time decisions were made was when the patient was 'graciously allowed' three PET/CT exams.*
    - ***Then we end up paying for the treatment of another cancer all to meet the income expectations of certain medical specialists.***
- In 2016 Dr. Eric Hoskins finally was forced to respond to a letter he asked me to send to him about my concerns about PET, *16 months after he received it.*
- In it he chastises me for not being concerned about radiation exposure from PET, which CCO continues to insist is *still mostly unproven technology*.
    - *I wrote him about this patient asking him to justify this kind of radiation exposure, but he refused to acknowledge or respond, the modus operandi of the Liberals since Mr. George Smitherman was the Minister of Health.*
- Note that in 2006, using the same "poor quality evidence' according to CCO and their McMaster colleagues and before OHIP was funding any PET scans, France bulk purchased some 80 PET scanners. The country of Turkey currently has just under 100 PET scanners.

EXAMPLE OF IMPACT ON PATIENTS OF 'AGENDA DRIVEN EVIDENCE' FROM CCO MANDATED 'STANDARDS OF PRACTICE'

- I discovered an incidental 10 mm lung nodule in a patient with a history of breast cancer and smokes that was picked up during a routine Nuclear Medicine Bone Scan for back pain. Because she lives in Ontario she must have routine follow-up with serial CT scans. It might be 1-2 years before enough suspicion is raised that it might be cancer.
- In Quebec, she would have had a PET/CT and if there was suspicion of cancer, a biopsy would be ordered. If it was cancer, she would have been diagnosed and on appropriate treatment within as little as six to eight weeks. Yet because she has the misfortune of living in Ontario she has no choice, ***but more importantly, her physicians have no choice,*** *but to do as CCO says, or risk incurring their wrath.*

    - *This woman said to her physician: 'My life is on hold, I can't sleep, and I can think of little else.*
    - *CCO physicians may be many things but they aren't uneducated as to why the world moved to PET long ago.*

        - ***They are fully aware of what they are doing and the kind of cruel impact this has on Ontario's patients.***

SOME OF MY EFFORTS TO DEMAND ACCOUNTABILITY AND PROPER ACCESS TO PET/CT EXAMS FOR ONTARIO PATIENTS FOR ALMOST 15 YEARS

As I will try and make clear, I have exhausted almost every respectful and legitimate option during my failed efforts of dealing with the supposed 'safeguards/watchdogs' of our "open, transparent and accountable democracy". The concerns of my colleagues and me have been dismissed and indeed our intelligence and professionalism has been insulted by the rulings of the four different Ombudsmen I have dealt with over the years. I worked with the Ontario Ombudsman, Mr. Andre Marin, on what he publicly stated was the most complex investigation he had carried out. In the end Mr. Marin:

- *Dismissed all the concerns raised by my colleagues and me saying we were confused. <u>His job was not to evaluate established policy but to review the processes used to come up with policies.</u>*
    - *Yet there wasn't a single policy on PET until after his report!*

    - ***Absolutely every issue we brought to his attention and lead to the unprecedented accusations against the government were about the "process" the Liberals would and continues to use to establish policies on PET.***
- Repeated attempts to get the Ombudsman, including the current Ombudsman, Mr. Dube, to produce any documents to back their conclusions have been ignored.

And from the government and the Ministry of health they don't hesitate for a moment to routinely use threats and intimidation to hospitals and physicians.

- I have been told by more than one senior hospital administrator and on more than one occasion that I cannot say anything that will contradict or embarass the Ministry of Health, *or they will cut our funding.*
- In spite of the Liberal's Bill 8 making it illegal for hospitals to run deficits, they routinely force them to do so, but don't dare mention this publicly.
    - A powerful and unique imaging method, one of the only ways to detect neuroendocrine tumors called Indium 111 Octreotide scanning, is performed in Nuclear Medicine. A single dose of just the tracer costs over $2,500 and no other expenses included.

        - ***<u>The Ministry reimburses $0.0 to the hospitals.</u>***

I have even dealt with documentary filmmakers who in the end won't touch this story. In one case, this woman's father had his life turned around by a PET scan, having been told he had stage III lung cancer. The PET showed he had something called sarcoidosis and he is now on the appropriate treatments with steroids as he needs.

- *Yet she decided she couldn't do a story on this because a large part of her work comes from the Ontario Government.*

<u>ONTARIO'S FIRST PATIENT OMBUDSMAN</u>
<u>WILL SET A NEW 'LOW' IN HOW THE OMBUDSMAN'S OFFICE HAS DEALT WITH COMPLAINTS ABOUT PET IN ONTARIO</u>

For the past year I have been dealing with Ontario's first Patient Ombudsman, Ms. Christine Elliott. I met with her and presented her two detailed cases, including

particularly “Carol”, emphasizing that I along with her other physicians were forced to do this to her because of the compulsory CCO ‘standards’.

Her office has all the necessary documents to back my claims. I wasn’t the only physician that CCO threatened for daring to recommend that our patients were investigated and treated based on the most current ‘science based’ medical evidence. The two oncologists dealing with “Carol” and the other patient Ms. Elliott was assessing were also threatened.

- ***Yet Ms. Elliott has dismissed all that happened to these two patients either as an example of the “Excellent Care for All Act of 2009”, or not part of her mandate and of no concern to her. She has refused to respond to the questions I sent to her in January on behalf of “Carol’s” family to back her ruling.***

  Letter to legal council for Patient Ombudsman

  https://drive.google.com/file/d/1FIo5vh-wPGPivrCQ_8ZEKahPebU9eS0B/view?usp=sharing

  Recent Registered Letter to Ms. Elliott asking her to respond:

  https://drive.google.com/file/d/1dbB69zYDXNLCttDh52L5sStRGJFqL-7V/view?usp=sharing

THE MOST SENIOR MEMBER OF PET STEERING COMMITTEE RESIGNS IN DISGUST:

Dr. Al Driedger headed the Independent Multidisciplinary Review Team assessing PET. He then went on to serve on the PET Steering Committee. In 2004, Dr. Driedger had bypassed the Chair of the PSC, Dr. Bill Evans, and wrote directly to Mr. Smitherman accusing the government of blocking PET because of cost concerns. He also accused the government’s ‘medical experts’ of denying evidence that favoured PET.

- https://drive.google.com/file/d/0B4kxdxCm9_NQc2E0X1BRNi1fLWM/view?usp=sharing

    - https://drive.google.com/file/d/0B4kxdxCm9_NQUFVzbkFKYmltV1k/view?usp=sharing

Mr. Smitherman would refuse to acknowledge or respond to this letter or the accusations on more than one occasion including my work with an Ontario Ombudsman.

    - *Dr. Hicks would confirm these accusations and more in an article published in the Journal of Nuclear Medicine in 2011.*

- https://drive.google.com/file/d/1MbPSXbmvPCEMyp4hdskN7tJLB-kiGbEd/view?usp=sharing

At a 2009 meeting in Toronto entitled PET IN ONCOLOGY, Dr. Julian Dobranowski, just recently appointed as Provincial Head of CCO Imaging, gave a talk on how PET would continue to be assessed by CCO. Dr. Driedger had finally had enough. He went to microphone after the talk and stated:

- *I resign from the PET Steering Committee [PSC] and regret ever having worked with this committee.*
- ***"I believe that what those who are doing to block PET boarders on immoral."***

Over the past couple of years I have written letters to all the CCO committees assessing PET and among other comments and questions said the following:

- We all agree that there is no scientific basis or justification to use the HTA to evaluate PET or any other diagnostic imaging device. Therefore, how do you justify its use?
- Here is the letter to Dr. Andreas Laupacis. It was Dr. Laupacis, who was the first President and CEO of ICES and wrote the first Institute for Clinical Evaluative Studies [ICES] report in 2001. It was this report that reduced the "40,000 patient recommendation' of the independent review team to zero.
    - https://drive.google.com/file/d/1LQR7w0bIGjiNjrBdhBnHU9J2Sqhlon2k/view?usp=sharing
    - In his response he does not offer any evidence to justify using the HTA, but instead offers his ***FAITH that there is a role for the HTA.***
    - https://drive.google.com/file/d/1HbKiHwXqLMoqplfr18IBkvB5q184p4BK/view?usp=sharing

- Everyone I have dealt with over the years, including direct statements from Dr. Hoskins and Ms. Wynne all speak about how proud they are about the job CCO has done.
    - *The obvious question is whether this is because no group in the world has done a better job at blocking patients from PET?*
    - *Indeed I have challenged Ms. Wynne, who refused to acknowledge or respond to a letter I wrote to her on behalf of "Carol"', that far from being concerned about what happened to "Carol":*
        - ***"Carol's case is confirmation that their ongoing efforts to block PET are a staggering success story in the face of all the criticism the Liberal Government has 'weathered' over the years.***
- Here is another response you may find interesting from Dr. Mark Levine who is head of the Ontario Clinical Oncology Group [OCOG].
    - https://drive.google.com/file/d/1xCfOOZzKXpV-IbbF_aVTLjWDXJxU1JSc/view?usp=sharing
- It was OCOG that would sponsor the PET PREDICT Trial on women with early stage breast cancer which was what precipitated the 2005 motions from the CANM.

PET PREDICT TRIAL SUMMARY:

- https://www.youtube.com/watch?v=ohgiejNaQrM&t=56s

KEY POINTS:

1. The women entering the trial were not told that the HTA the government physicians were using had no scientific basis or validity to design and evaluate the proposed experiment the patients were asked to take part in.
    a. Dr. Dobranowski would confirm my suspicions that they were not using HTA to assess PET, but to use PET to try and validate HTA.
2. The experiment on these women, terrified with their new diagnosis of breast cancer, ***was deliberately designed to fail:***
    a. *The PET cameras were incapable of imaging the cancers the women were told they were trying to detect.*
    b. *The women were not told this.*
    c. *To deliberately design a study on humans to fail is a flagrant violation of the Declaration of Helsinki on Human Experimentation.*

3. Instead of immediately stopping the trial as required by the Declaration of Helsinki, when it was immediately obvious the experiment would fail:
    a. *They put over 300 women through this experiment which would include the unnecessary exposure to non-trivial amounts of radiation that only served to increase their lifetime risk of developing a cancer from radiation exposure not to mention the unnecessary stress they went through.*
4. In spite of their stated goal of determining what may be possible uses for PET:
    a. *They deliberately excluded from the trial the very women that the rest of the world knew could benefit from a PET scan.*
    b. We remain the only medical jurisdiction to my knowledge on the planet that continues to deny there could be any benefit to specific breast cancer patients.
    c.
        i. ***For many patients this will absolutely lead to premature death from their breast cancer.***

THE ROLE OF OUR 'PROFESSIONAL' JOURNALISTS AND NEWS MEDIA: THE GOVERNMENT'S ENABLERS

In my almost 40 years of dealing with our 'professional journalists, news anchors and most trusted sources of information' my experience has been without exception one of 'fake news'. However, I have always used the term "Agenda Driven" news. If you know who owns or controls the media, you know how the news is going to be 'fake'. I will state categorically:

- The Ontario government could not have carried out this "egregious and politically motivated agenda" to again quote Professor Hicks, against some Ontario's sickest and most distressed patients without the sustained and dedicated efforts of the 'professional news media". From the smallest local news media source to the National Level, they have known every last detail of the efforts of government of Ontario over the past 15 years, but won't touch the most sensitive issues. In most cases registered letters I've sent to 'news media' people like Wendy Mesley, Barbara Tremonte, and even Gwen Dwyer have not been acknowledged.

I would be happy to provide anyone, including any patient considering suing the government, with the large number of documents related to my failed efforts to find a "professional journalist" who would find this story worth covering, or more importantly altering details to suit the "agenda" of those controlling the media when they did publish something on PET.

WHAT ABOUT THE LEGAL PROFESSION?

I have even contacted several large law firms since almost anyone who has had a PET scan, since they are the wrong indications, or been denied a PET scan, could sue the government. In the end it is clear they were more interested in their political connections to the government.

Of interest, one of the reasons Quebec started to cover PET and has now taken the lead in access to PET in Canada, was because they were sued by Mr. Barry Stein, a Lawyer and colon cancer patient who had to go to the US to get his PET scans.

- https://www.healthinnovationforum.org/contributor/barry-stein/

SUMMARY:

This is a much longer letter than I had originally planned and I have spent many hours working on it, and no doubt it still has many imperfections. However, as I am a 'one man operation, I must get back to my efforts to make this a key election issue.

I have tried to outline both some of the 'value-for-money' issues' that are directly part of your mandate, but also the 'backstory' to your correct conclusions on the limited access to PET in Ontario. Ultimately, however, what is most important, is that your 2017 Auditor General's Report regarding "Cancer Treatment Services" in Ontario does not end up sitting on a shelf:

- ***But will be the key document that will lead to an end to this "unethical and immoral" assault on Ontario's patients.***

If this letter generates sufficient interest I would be more than happy to meet with your team, or to whomever you might direct me to, and walk them through the issues in more detail. I have an enormous number of documents, articles and pieces of information that

I have collected over the years of my so far failed patient advocacy efforts. I will also show more case examples to try and make clear:

- ***How not having proper access to PET is so devastating for Ontario's patients.***

Certainly one key recommendation I hope you might consider making, or if not your office, another 'body' of authority will consider making is to demand:

- ***That the 2005 CANM motions asking for an independent review team of Canadian experts in Ethics and Health Policy be immediately assembled and have unfettered access to all the documents and individuals they need, to evaluate the ethical and moral actions of the Ontario government and their 'medical experts.***
- ***This could not help but lead to the 'beginning of the end' of the lie that is Cancer Care Ontario.***

I have virtually no support from my Nuclear Medicine colleagues, and if my plea to you also ends up as 'yet another dead end' I will have to search for an influential body outside Canada such as the WHO, or the United Nations. In fact I have already spoken to Dr. Margaret Chan, who just retired as the Medical Director of the WHO and is a classmate of mine. Margaret knows better than most about the kind of people I'm up against. Her advice to me when I briefed her on the issues was this:

- ***"David, you need to end your efforts right now. You need to protect your family, you need to protect yourself."***

I have a vision of a better world for my patients and the citizens of Ontario. I just need to find the right people in positions of power and influence to make it happen.

Sincerely

Dave Webster MD FRCP Nuc

705-688-8492 cell
705-675-4714 office

Here is a more detailed timeline I had initially planned to use on my website but didn't. I have other entries on website beyond the year 2000.

Timeline:1999 - 2000

https://docs.google.com/document/d/17GmU77SPMWfTh3l7xl1iLszlh9jnNNt-MbOj9cLr_MY/edit

Website:

petontario.org

YouTube Channel: DR DAVE Webster

https://www.youtube.com/channel/UCwCbt_AHZ-SFN8k_cpyt2qA/videos

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