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December 28, 16

Dr. Mark Levine  
Director of Ontario Clinical Oncology Group (OCOG)  
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RE: OCOG's role in assessing PET in Ontario.

Dear Dr. Levine

You may recall that I sent you a letter regarding OCOG's involvement with PET in September 2005. You did not acknowledge or respond to neither this letter, nor my follow-up letter in January 2006. I will send copies of these letters for your files. This refusal to acknowledge or respond to letters and regarding how PET was, and is still being accessed by various Cancer Care Ontario groups has been the only defense of the claim about the lack of "quality evidence" to support routine use of PET in Ontario.

- ***This will no longer be acceptable and I will use any and all legal means to persist until you or someone from OCOG acknowledges, and responds to the actual questions in detail with all the supporting documentation as required.***
- *It should not be necessary to remind those who ultimately are 'Public Servants' that they are fully accountable to the citizens of Ontario who are being told we live in an 'open, transparent and accountable democracy.*

It would be a gross understatement to say that Ontario has taken a unique view on the possible roles, or more to the point, lack of roles for PET in cancer or other illness.

I happen to be one of Canada's PET experts, having trained at multiple sites in England, the US and Canada and have read almost 5,000 PET scans. For the better part of the past 15 years, I have tried without success to get politicians, MOH bureaucrats, and government 'medical experts' to defend the methodology by which PET has been assessed in Ontario. The universal response is: 'There is no 'quality

evidence' to support routine PET, which remains unproven technology." When asked to expand....'repeat above statement'. I am also aware of the pride expressed by those who have been involved through the MOH regarding the handling of PET. In a recent letter from the Minister of Health, Dr. Eric Hoskins, he pointed out how proud he and Ms. Wynne were of CCO's efforts.

- ***Notwithstanding the pride of those in and working for the government, given the universal refusal to defend the methodology and process used to evaluate PET, the only reasonable conclusion is that OCOG and other CCO groups have something very profound and disturbing to hide from patients and physicians.***

This would be in keeping with the fact that since 2005 there has been unprecedented and disturbing condemnations from Canadian and International PET experts, many published in prestigious medical journals, regarding the Ontario PET Trials claiming them to be "unethical" or worse.

It also is clear that the methodology and process to assess PET was not based on 'science'. Therefore it is reasonable to assume that it was ***agenda based***. As you no doubt are aware, Dr. Rodney Hicks an Australian PET expert published an article in the Journal of Nuclear Medicine confirming Dr. Al Driedger's accusations that MOH 'medical experts' were deliberately denying evidence favouring PET and worse.

In a recent email, Professor Hicks wrote:

- ***"David, medical jurisdictions are still trying to block PET, sadly even Australia. However Ontario has the most egregious and politically motivated agenda against PET (ie our patients) in the world."***

However, you and your OCOG team will no doubt disagree. However, since there is no scientific justification for the process by which PET was assessed everyone will be curious to see how OCOG defends it's stand on the use of Health Technology Assessment.

- ***NOT JUST CURIOUS, BUT INDEED ENTITLED TO HAVE OCOG DEFEND IT'S ROLE IN ASSESSING PET.***
- ***Surely this will be the perfect opportunity for OCOG to finally stand up and defend it's position on PET and show the rest of the world and people like Professor Hicks, that they got it wrong, and effectively 'bought snake-oil' when it comes to using PET.***

Therefore this will be the first in a series of letters to OCOG addressed to you as Director of OCOG.

- *Stonewalling or ‘tap dancing’ around the questions will not be accepted.*
- *For each and every question I will be submitting I will expect either a detailed explanation as to why OCOG will not answer the question, or for questions answered, detailed explanations addressing the issues head on and the supporting documentation when appropriate.*

This information will be then distributed widely to the public and physicians so they can decide for themselves whether the Ontario Ministry of Health, and Cancer Care Ontario’s vaulted ‘evidence medicine based approach’ to PET is something we too should all be proud of, or not.

- *Similarly, to continue the ‘stonewalling non-acknowledgement/avoid answering direct questions’ policy, will also be made equally available to the public. People will then be able to decide for themselves whether OCOG, as a MOH and taxpayer funded committee does indeed have something to hide, and thus can take any actions they feel appropriate.*

For you personally, given the unique position Ontario has taken on PET and the pride the government has expressed for the CCO efforts on PET, I would expect that you would want this to be seen as *the crowning achievements of your career!*

**LETTER ONE:**  
**ROLE OF HEALTH TECHNOLOGY ASSESSMENT [HTA] AND THE CANM MOTIONS**  
**FROM 2005**

**1. Justification for the use of HTA for evaluating PET in Ontario.**

Although in keeping with the ‘stonewalling’ of questions regarding the use of PET it is clear that pretty much everyone involved with PET around the world acknowledges:

- *There is NO SCIENTIFIC VALIDITY OR JUSTIFICATION to use HTA to evaluate PET or any other diagnostic imaging technology.*

Dr. Les Levin confirmed this when I met with him in 2004.

- *In fact he ridiculed it, saying it was something that would be found in the back pages of the less reputable medical journals!*

Then in conversation in 2009 with Dr. Julian Dobranowski, Provincial Head of Imaging for Cancer Care Ontario, confirmed the following:

1. *There is no evidence to support or validate the use of HTA to assess PET or any other diagnostic imaging device, but that CCO would continue to use HTA to do just that.*

2. *That the Ethics Review Boards assessing PSC PET Trials and the patients entering the trials were not told there was no evidence to support HTA evaluation of the results of the experiments.*
3. *That CCO was not evaluating PET, but in reality using PET to try and validate HTA, and that no one was told this either.*

This conversation with Dr. Dobranowski took place minutes after Dr. Driedger went to the microphone after Dr. Dobranowski's presentation at a PET in Oncology meeting in Toronto and stated:

- I resign from the PET Steering Committee.
- I regret ever having worked with the government on this issue.
- *"I believe that what those who are blocking PET are doing borders on immoral."*

You may also be aware of the Editorial in the Journal of Nuclear Medicine by Dr. Sandy McEwen that commented on:

- *The arbitrary and capricious use of a scientifically baseless process (HTA) to block access to PET in Ontario.*

So unless you or OCOG are prepared to refute their statements and positions, with all the supporting documentation I will continue to assume that there is no scientific basis to justify the use of HTA to evaluate PET.

- *Thus it is reasonable to assume that since science wasn't used, it must have been AGENDA DRIVEN as pointed out by Professor Hicks.*

#### **PREAMBLE FOR QUESTIONS:**

1. Given the unprecedented accusations and condemnation of Cancer Care Ontario's process of evaluating PET, any explanations to justify the methodology or rationale used must be ***very powerful, convincing and well documented*** to be able to stand up to the withering criticisms.
2. As noted above, in 2005 the Canadian Association of Nuclear Medicine [CANM] passed motions declaring the PSC PET Trials as "unethical", that they be halted immediately and that:
  - *An independent panel of Canadian experts in Medical Ethics and Health Policy investigate the 'ethics' of the process and methodology that the Liberal Government and its medical experts used to assess PET.*

### **FIRST SET OF QUESTIONS ADDRESSED TO OCOG FOR IMMEDIATE RESPONSE:**

1. I respectfully request that that you, Dr. Levine, or someone from OCOG provide the ***'powerful and compelling arguments along with appropriate documentation'*** to defend the use of Health Technology Assessment to evaluate PET in Ontario.
2. The ultimate 'litmus test' of the role of OCOG in evaluating PET would be to assess the 'ethics' of it's methodology since it is this aspect that has lead to the most disturbing accusations and claims of what was done to cancer patients in a failed attempt to try and reduce medical expenditures.
  - a. ***Therefore, will OCOG support demands to finally carry out the CANM motion to have a full independent and unfettered review of the 'ethics' of how PET was assessed by the Ontario Ministry of Health?***

Given the unprecedented and profoundly serious accusations one can only speculate as to why OCOG didn't demand this review years ago to dismiss presumably groundless accusations against the 'good name of OCOG and those involved with it's work'.

To not support this motion surely would certainly give credence to Dr. Driedger's statement that the process of assessing PET "bordered on immoral".

***b. Therefore if OCOG will not support this motion, then please have someone be very specific and clear as to why OCOG would not want this critic assessment of how PET was evaluated in Ontario given OCOG's status as a publically funded MOH group in our 'open, transparent and accountable democracy'.***

### **SUMMARY:**

The impact on patients from how OCOG and other CCO groups assessed and continue to assess PET has been devastating. I have stated publically, and will continue to do so that

- ***For many of our sickest and most distressed patients, they have a greater chance of dying or being mismanaged because they have the misfortune of living in Ontario.***
- ***This is especially true for our more advanced breast cancer patients, due to the 'special efforts' of CCO groups to block them from access to PET.***

In 2006 the Canadian Cancer Advocacy Coalition was reported to have said:

- ***If you do NOT want access to modern imaging investigation (PET) or treatment for your cancers, move to Ontario.***

Dr. Levine, as physicians we do have one thing in common. We took the Hippocratic Oath which in part states:

- o ***"first do no harm".***

I am more than willing to stand up publically and defend my efforts. In the end if I am wrong, and an 'elite group of Ontario government medical experts' somehow figured out how to evaluate imaging technology like PET, I will be equally aggressive at issuing a public apology.

- o ***The question Dr. Levine, is whether you are prepared to publically defend the role you have played in assessing PET for the Ontario Ministry of Health?***

At the end of my meeting with Dr. Les Levin, the Senior Medical Advisor to the Ontario MOH in 2004 he stated:

- ***"David, this is not about money, this is about doing what's best for Ontario's cancer patients."***

Presumably you would agree with Dr. Levin's statement and want to clear the air, and finally get the recognition you must feel OCOG deserves for the work it has done under your guidance at setting the standards for evaluating imaging technology such as PET!

Therefore I would ask that you, or someone for OCOG respond as soon as possible. After all these years of being involved with PET it should not require any great effort to respond to this first letter.

Respectfully Submitted

Dr. Dave Webster

This letter will also be sent by Registered Mail shortly.