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April 14 2018

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Chairman of the PET Steering Committee
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RE:PET PREDICT TRIAL DEFENDED

Dear Members of the Provincial Cancer Imaging Group and PET Steering Committee:

You are no doubt aware that because of my efforts to act as a patient advocate by persisting in my attempts to get Ontario government medical experts to defend how they have “assessed the quality of evidence” related to PET/CT, I am being threatened by the College of Physicians and Surgeons [CPSO] and the Senior Executive of Cancer Care Ontario. This in spite of the fact that everyone involved with this process is very proud of their contributions to the handling of PET/CT in Ontario. As a result of this investigation, my CMPA lawyer and I have drafted a response. Two key points relevant to my next efforts to get CCO medical experts to be open, transparent and accountable are the following:

- 1. I believe that my advocacy complies with the College's Policy Statement #3-16, Physician Behaviour in the Professional Environment (the "Professionalism Policy"). I freely admit that I fiercely advocate for better PET access for my patients. Nonetheless, I have always strived to do so in a respectful, courteous and civil manner.*

2. *Neither CCO nor the PET Steering Committee are directly involved in the provision of health care. They are effectively public servants who advise the Ministry and are therefore accountable to the voters of Ontario for their actions and statements.*

Nevertheless, if you have any issues with my efforts to get answers please send them to me and I will pass them on to my lawyer.

GOING FORWARD:

As I made clear to the CPSO, if I am the kind of doctor Ontario patients need to be protected from, then I deserve to have my privileges to practice medicine threatened and I am prepared to do this publicly. Therefore, and in light of the fact that those 'acting of public servants' and having a major impact on the status of patients in Ontario are indeed accountable to the public:

- *All of my letters to the various CCO committees and individuals and any responses to my questions and inquiries will be made available to the public.*

ESTABLISHED ISSUES AND FACTS TO DATE:

1. *There is no scientific validity or basis to the use of health technology assessment [HTA] to determine possible clinical roles any diagnostic imaging device, be it PET, CT, MR or otherwise.*
 - a. That CCO and the PSC have refused to offer any defense to justify using the HTA in a process that leads to Ontario government policy and ultimately has a significant impact on Ontario patients.
2. As no one either from the government, or the various CCO groups that I have written have challenged the statement by Professor Rodney Hicks:
 - a. "Ontario has the most egregious and politically motivated agenda against PET in the world."
 - b. By against "PET" we can assume that ultimately this is against Ontario's patients.
 - c. *We will assume that the basis on which the various CCO committees assessing PET/CT for funding either as a group, or as individual cases through PET ACCESS or the PET Registries do so*

- based on an 'egregious political agenda' and not based on science.*
- d. *That in a case of medical legal action against Ontario physicians we are expected to defend our actions related to our patients using established and accepted methods of medicine and science, and NOT on someone's political agenda.*
3. That the Senior Administration of CCO, and the various chairs and heads of CCO committees assessing PET/CT are fully aware of the 2005 motions by the Canadian Association of Nuclear Medicine [CANM] declaring the CCO PET Trials on Ontario cancer patients as "unethical". They also demanded a review of how PET was being assessed by CCO and their McMaster colleagues by an independent panel of Canadian experts in ethics and health policy. In spite of all being very proud of the efforts to be responsible for how the Ontario government makes policies on PET/CT for Ontario patients:
- a. No one from CCO will acknowledge my previous submitted questions as to whether they would endorse carrying out this motion for review of the ethics of how PET/CT is assessed, *leads to the inescapable conclusion that those involved with assessing PET having something very serious to hide from the public*
- b. Directly related to why there is a need to avoid a public investigation, which presumably would clear up the criticism made by Canadian and International experts against CCO medical experts, is the unchallenged 2009 statement by Dr. Al Driedger:
- i. *"What those assessing PET in Ontario were doing, borders on immoral".*
4. In an August 2016 letter, Dr. Hoskins chastised me for not being concerned about radiation exposure to patients from what CCO continues to claim is "unproven technology". Therefore:
- a. *In the appropriate letters and questions committee members will be expected to make absolutely clear, with the appropriate medical references, your defense of the radiation exposure Ontario patients receive based on the recommendations coming from CCO.*

Therefore this will be the first in a series of letters to CCO Imaging and the PET Steering Committee with respect to the PET PREDICT Trial perpetrated on women with early stage breast cancer. It was this very trial that finally led to the unprecedented 2005 motions from the CANM condemning what CCO medical

experts were doing to cancer patients.

- ***To this day, this “unethical, bordering on immoral trial” is still used uniquely in Ontario to block women with breast cancer who could benefit from a PET/CT scan from having access to what has been the cornerstone of imaging management in the era of personalized molecular medicine for almost a decade.***

I will continue my efforts to advocate for Ontario's patients and it is my expectation that you will not continue to ignore my letters, and that you will answer the questions submitted since after all:

- ***“You are public servants who directly impact how patients are managed by Ontario's doctors who are required to follow your ‘Standards of Care’ and we are living in a supposed open, transparent and accountable democracy.”***

Respectfully submitted.

Dr. Dave Webster