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May 12, 15

Dr. Eric Hoskins MPP
Ministry of Health and Long-Term Care
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RE:PET in Ontario

> "What those who are blocking PET in Ontario are doing borders on immoral."
>
> > Dr. Al Driedger Senior Member of Ontario Government PET Steering Committee when he resigned in 2009.
>
> "We're just trying to do what is best for Ontario's cancer patients."
>
> > Dr. Les Levin, Senior Medical Advisor for Ontario Ministry of Health 2004.

Dear Dr. Hoskins

It is my understanding that Dr. Carolyn Bennett has spoken to you about the status of PET scanning in Ontario, and that you would be willing to accept a letter from me outlining the issues we discussed. I would very much appreciate the opportunity to meet with you, as I have with Dr. Bennett, in order that I could answer any questions you might have about PET. In particular I would like to help you understand how Ontario patients have ended up being considered 'Third World Status' when it comes to access to PET, by countries we traditionally think of as being Third World, such as Paraguay.

I would propose that any such meeting would be 'off the record' so that we may both speak freely, and in particular you will not have to risk hearing statements in the Press that might not be helpful. My goal is not to embarrass the Liberal Government, but to work with the Government to finally allow Ontario patients to have the same access to the world standard of imaging management of their serious diseases, as patients do in places such as Chile, Argentina, or for that matter Quebec.

I first came in contact with Dr. Bennett when she spoke on the dismal status of PET in Canada at the Canadian Association of Nuclear Medicine [CANM] meeting in Montreal in February. In the Canadian situation, Ontario is the only province that continues to deny the utility of PET. The rest struggle with the real issue, and that is how to pay for PET in our over stretched, and over utilized publically funded Health Care System. A system whose practitioners still believe that anatomical based imaging methods such as CT and MR are the standard of patient management, and not functional based imaging in its most advanced form as PET scanning. Those whose incomes depend on anatomical based imaging are doing nothing to discourage the perpetuation of this outdated strategy not only at great extra cost, but with gross overexposure to radiation and missed opportunities for patients which may be fatal.

Ontario patients have the dubious and unenviable distinction of having the most restricted access criteria for a PET scan on the planet. PET, or in fact PET/CT and now PET/MR has been the cornerstone of Imaging Management of patients in the Era of Personalized Molecular Medicine for more than a decade.

Like Dr. Bennett you are in a unique position of having worked with and seen the impact serious illness has on individuals and their families, but can also appreciate the very different and demanding challenges of governing responsibly. One of the greatest challenges no doubt is trying to balance the seemingly endless demands and expectations of not just patients, but physicians in the midst of very difficult financial times for the province.

I am one of Canada's PET experts and served as President of the Ontario Association of Nuclear Medicine during the key meetings we had with Ministry of Health representatives when Mr. George Smitherman was Minister of Health. We approached the Ministry with respect and made it clear we understood and sympathized with their realistic concerns regarding cost control. In return, they refused to respond to a single legitimate question we brought forward. The reason was and remains that Evidence Based Medicine [EBM], the sole method the government's 'medical experts' rely on to block PET, has absolutely no scientific validity and is utterly indefensible. An Editorial in the prestigious Journal of Nuclear Medicine by Dr. Sandy McEwan commented on Ontario's "capricious" use of this baseless technology to block access of Ontario cancer patients to PET.

The CANM passed three motions declaring the Ontario PET Trials on cancer patients "unethical" and demanded they be halted. The Government ignored these disturbing motions and yet again refused to explain or justify their use of EBM.

The current Ontario Standard of Medical Imaging management care for potential cancer patients is as follows:

- As many as 6-8 CTs with a radiation exposure equivalent to almost 3,000 chest x-rays, profound stress for the patients, and not infrequently fatal delays in appropriate timely management. In many cases a single PET/CT will more appropriately guide the patients initial management with limited repeat scans over the course of their illness.
- The vast majority of OHIP funded indications are for Single Pulmonary Nodules [SPNs], and is the exact opposite of the entire world expert community opinion, thus demonstrating the power of EBM to get the answers the government physicians wanted.
- Using the OHIP funded investigation for SPNs could result in charges of incompetence and malpractice in other medical jurisdictions, and leads to a large number of unnecessary and risky lung biopsies.
- For those who end up with a diagnosis of lung cancer, it leads to a minimum delay of 6 weeks before appropriate management.
- Patients are doomed to complete the full six cycles of toxic therapies when for some cancers PET can determine within one or two cycles whether the therapy is working or not. Indeed, the only way we can follow new 'biologic therapies' is with PET, since the size changes identified on CT are delayed and regardless, cannot differentiate whether a residual mass is tumour or scar tissue.
- It does however make a lot of radiologists wealthy with incomes above a million per year not unusual, and as high as three million!
- Radiologists get paid to read CT and MR studies, not PET/CT studies, and even when they start reading PET/CT, the number needed for patient management will not remotely meet their income expectations.

The question is whether or not the Ontario Government is finally prepared to take a more compassionate, rational, peer reviewed literature backed and cost-effective approach to the gross over ordering of Diagnostic Imaging tests. As my colleagues stated to the Government years ago, PET needs regulating, but so do all Diagnostic Imaging modalities. A staggering number of DI tests, which will not effectively change patient management, are performed on a daily basis in Ontario. Alternatively, the Government can keep the status quo and stand behind a handful of government physicians using blatantly "unethical methods" to selectively block access to PET, whose major strength is to play a critical and timely role in patient investigation and management decisions.

A large Canadian study by Worsley et al. (2010) evaluated the impact of PET on treatment changes and decision-making in 3,779 consecutive patients at the British Columbia Cancer Agency in Vancouver, British Columbia. Based on a standard physician's questionnaire, it was found that the information derived from PET imaging resulted in a change in an individual patient's treatment

plan in 50% of cases and physicians reported an improved decision-making ability in 83% of cases.

From:

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

Susan D. Martinuk 2011

I was one of the supervisors of this Master's Thesis paper from a UBC Student.

It is worth noting, that although the major role for PET is in Oncology, it is poised to assume a similar role in the impending onslaught of dementia patients. The treatments for dementia may not be great at this time, but it is clear that early detection is critical for any possible therapeutic benefit. PET offers the only imaging tool to reliably detect and differentiate the types of early dementia. It is now possible to image the plaque identified in early Alzheimer's Patients. However in Ontario the 'standard of care' will be CTs and MRs with absolutely no ability to assess the functional status of the brain. Some might get the 'poor persons' Functional Brain Imaging SPECT, which is clearly inadequate for this purpose and commonly 'normal' in spite of clear abnormalities on the PET, scan.

Summary:

It may be worth noting that the reason Quebec initially covered PET scanning, which they now enthusiastically support, was because a colon cancer patient, Mr. Barry Stein, successfully sued them because he had to go to the US for his PET scans. Given the disturbing and unprecedented stance Ontario has taken against some of its sickest patients in spite of repeated challenges from Canadian and International PET experts, the government could find itself in a rather difficult situation should someone decide to sue the Ontario government over PET related issues.

When you think about it, it is almost surreal that Ontario has deliberately sacrificed these patients in a wrong-headed and unsuccessful effort to control costs, and earn the condemnation of the International Medical Community 'to boot'. In fact a major world meeting in Molecular Imaging, regularly rotating through Toronto as a North American site, has now moved to Vancouver as a direct consequence of Ontario's approach to PET.

Given your stance on International Health Issues and your passion for health care related concerns I can't imagine that you, or Ms. Wynn for that matter, would want to be seen as supporting a blatantly unethical, indeed immoral assault against some of our sickest patients.

Ontario Government physicians ran a trial on over 300 women with breast cancer in spite of unprecedented outrage from Canadian colleagues, when they were aware the PET scanner could not physically detect the vast majority of cancers the physicians told the women they were looking for.

The political challenges to modernize imaging management of patients would be formidable, but surely Ms. Wynn and the Liberals would want 'history' to document that they were the ones who started the vital process of both righting a terrible wrong and finally bringing Ontario patients into the Era of Personalized Molecular Medicine.

I will include the detailed background information I sent along to Dr. Bennett in advance of a potential meeting.

I very much hope that you will consider granting me the opportunity to meet with you so that we can both better understand each others positions and hopefully find some common ground to move forward for the benefit of our patients.

Sincerely

Dave Webster MD FRCP