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April 3, 17

Dr. Robin McLeod Vice President Clinical Programs and Quality Initiatives Cancer Care Ontario 620 University Avenue Toronto, Ontario Canada M5G 2L7

RE:PET ACCESS THROUGH CCO COMMITTEES

• "Dave, it is not about the money, it is about doing what is best for Ontario's cancer patients."

Dr Les Levin, Senior Medical Advisor to Ontario Ministry of Health regarding evaluation of PET 2004.

• "Ontario has the most egregious and politically motivated agenda against PET, (ie our cancer patients) in the world."

Professor Rodney Hicks Australia PET expert 2017

Dear Dr. McLeod

Thank you for you letter dated March 24 2017. Given your position in CCO, and in particular your role regarding 'Quality Initiatives' you will be the perfect person to answer the questions from non-CCO 'medical experts' and patients with respect to the "Quality" of the methods that CCO uses to assess PET indications in Ontario.

The 'tone and content' of your letter is very similar to what my colleagues and I have received when we raised questions and concerns regarding how PET has been evaluated in Ontario over the past 15 years. Lots of talk of pride in how PET has been evaluated, *but not a single question of relevance answered.* My patients, who are entitled to have their questions and concerns regarding the imaging management of their cancers addressed, *are now also being ignored by CCO 'medical experts'.* Patients and their physicians are now beginning to realize why

there has been unprecedented condemnation of CCO by Canadian and International PET experts. How could this not imply that:

• CCO has something very egregious to hide from patients and physicians.

But of course you will disagree, and now is your opportunity to 'set the record' straight.

Consider your statement:

"While we encourage you to continue to advise your clinical colleagues on when a PET scan may be beneficial for their patient..."

Perhaps you are unaware that CCO officials phoned Thunder Bay Regional Hospital and told them to shut my colleagues and me down regarding informing patients about PET/CT in Ontario. If I continue to do so:

• I will no longer be allowed to work at this hospital.

Hopefully you are as shocked as the patients and physicians I have talked to about this threat. Therefore:

I would therefore ask that you determine who from CCO called Thunder Bay Health Sciences so that I may pursue this disturbing turn of events.

SPECIFIC QUESTIONS RELATED TO YOUR RESPONSE:

I was of course fully aware of the role of PET ACCESS and how to apply for PET scans. Most importantly though, I was asked by the patient's oncologists to advise them on the imaging management of their patients. Therefore I spent considerable time discussing this topic with the oncologists and the patients.

Yet after some six weeks after I became involved as a consultant for these patients I was informed, as you have stated:

• "..requests must be submitted by the physician accountable for patient management."

I can think of no other imaging test where this 'policy' holds true, regardless of whether I was an integral part of the team managing these patients or not.

POINT OF CONCERN 1:

Please provide the documentation making it clear why, that as a qualified physician in Ontario, my rights and privileges to order imaging tests for my patients is being restricted.

Given that I am one of Canada's PET experts and very clearly an advocate for my patients, one might have thought that if CCO was really concerned about "doing just what was best for Ontario's cancer patients", they would have been delighted that someone with this specific expertise was there for the patient.

The only difference when I approached PET ACCESS was that I insisted on two things:

- They will be the ones that will answer the questions and address the concerns of my patients regarding their imaging management for their cancers
 - Which they have refused to do.
- That since everyone agrees that how PET is accessed by CCO is not based on science, that the PET ACCESS members explain in detail how they have assessed each patients application for a PET/CT. And this was regardless of whether they granted the application or not.
 - Which they have also refused to do!

QUESTION 1:

Should physicians from CCO who make the decisions directly impacting patients lives be compelled to answer patient's questions regarding their imaging management to date and their access to PET/CT?

If so, I would ask that you direct the PET ACCESS 'medical experts' to immediately answer my patient's questions and address their concerns.

• If not, I would ask that you explain to my patients why not?

<u>USE OF HEALTH TECHNOLOGY ASSESSEMENT [HTA] TO ASSESS PET/CT IN</u> ONTARIO.

No one from CCO is even trying to pretend that there is any 'quality evidence' to justify the use of the scientifically baseless process of Health Technology Assessment [HTA] to determine 'the quality of evidence' regarding uses for PET.

QUESTION 2:

As a physician whose role is to monitor issues related to the 'Quality' of patient management, how do you defend the use of HTA to assess roles for PET/CT?

POINT OF CONCERN 2:

Keeping in mind Dr. Hicks' accusation about the 'egregious and politically motivated agenda' as the basis to determine roles for PET:

Please explain exactly on what basis and how decisions are made regarding access to PET/CT for patients.

I will send Dr. Hicks your answer, so that he will have an opportunity to respond to your statements.

I look forward to your answers and clarification on the points I have raised on behalf of my patients. They will be copied this letter along with your response.

Respectfully Submitted

Dr. Dave Webster.