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May 11, 17

Mr. Ratan Ralliarum (Chair)
Chairman of the Board
Cancer Care Ontario
620 University Avenue
Toronto Ontario, Canada
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RE: VICITMIZATION OF YET ANOTHER CANCER PATIENT

Dear Mr. Ralliarum and Board Members

I would like to thank you for your letter assuring me that the board would be looking into the issues I have brought to your attention. I have resisted the urge to send you more emails. However in light of the what has happened to the patient case I sent you in the 'CROSSROADS' document I am once again devastated by another of the endless victims of the cruel assault on them by Cancer Care Ontario's so called 'medical experts'. Like me, they took the Hippocratic Oath swearing to: "First do no harm to your patients."

We have had to tell this woman that as the PET/CT had shown, she does have Stage IV terminal cervical cancer. She has just retired as a nurse and knows the road ahead. Had she of had the PET/CT in her initial work-up, her physicians would never have treated her with the 'radical radiation therapy' she suffered through and continues to suffer the severe and ongoing complications to her rectum and bladder. All the emotional and physical stress of this ultimately useless therapy was for nothing, except to perpetuate Cancer Care Ontario's blocking of PET/CT.

It would have been terrible news to be told she had Stage IV disease from the beginning. However, it was the actual reality and surely isn't this why we 'stage' cancer patients. My experience with most cancer patients is they want to ultimately know the facts and that once they do, most are able to deal with this stage of their lives with honour and dignity and with as much quality of life as possible. Instead she will now have all the physical morbidity of the radiation treatment side effects, along with everything else she needs to cope with.

Even more cruelly, she was given 'false hope' by the 'CCO seal approval' diagnostic imaging approach to her disease that her oncologist against her better

judgement was forced use. Tragically and ironically, as her oncologist was dealing with 'Carol's' case, she was asked to review the most recent CCO backed/'results pre-ordained' research concluding, yet again against the rest of the world, but providing Dr. Eric Hoskins with the answers he needs, that PET/CT was not justified in cervical cancer.

It is bad enough that this woman has to now deal with the final realization that she will ultimately die from her cancer. However can you imagine the added stress, frustration even anger that she and her family are dealing with that as it stands can have no resolution since she has been dismissed by your CCO 'experts'.

- It could not be clearer to 'Carol' and her loved ones that this situation has been knowingly and deliberately perpetrated on her, systematically by an organization that claims to be there as a world class cancer agency and to quote Dr. Les Levin the Senior Advisor to the Ministry of Health in Conversation to me about PET in 2004:

- ***"Dave, it is not about the money, it is just about trying to do what is best for our cancer patients."***

I assure there are many other ways the efforts of CCO experts lead to 'cruel and unnecessary increases' in stress to patients. For example a colleague of mine with incidental lung nodule, smokes and has history of breast cancer.

- In Quebec, if this was cancer she could be on appropriate treatment in as little as six weeks.
- ***In Ontario it will be at least 1.5 years and likely more before she would even be considered for a possible PET/CT, and THEN ONLY AFTER A NEEDLE WAS STUCK IN HER CHEST!***
 - ***As she said to her surgeon:***
 - ***"My life is on hold. I can't sleep at night."***
 - ***Too bad she lives in Ontario.***

Worse yet, Carol has a letter from Dr. Eric Hoskins that was addressed to me stating how proud he and Ms. Wynne are of the CCO 'experts' and how they have handled PET. It is under their direction that this vicious, immoral, dare I say evil, process of having CCO experts come up with the answers they need is perpetuated. Therefore Ms. Wynne and Dr. Eric Hoskins have done this deliberately to this woman even they don't even know who she is, and from their actions it would be safe to say, it is of no concern to them. It is simply part of their cruel joke called:

- LIBERAL PATIENTS FIRST HEALTH CARE POLICY.

Besides ensuring she got the wrong and mutilating treatment; your CCO experts

have dismissed her questions and concerns and then not withstanding the fact that it was the inherent limitations of her CT exams which created this 'unforgiveable' nightmare for her, she has been told she can only be followed by CT exams. As if they took her for an idiot, she has been repeatedly told:

- ***She could only qualify for another PET/CT if the CT scans, and I believe she has already had three, ARE NOT DEFINITIVE!!!!***
- ***Her CCO 'tormentors' have ignored the fact that it was the known inherent limitations and lack of definitiveness with CT and MR that put her in this unforgiveable and ultimately deliberately cruel situation, all because CCO were 'experts' were just doing their job to please their political masters.***

As I was discussing 'Carol's' case with her oncologist and the fact that CCO physicians continue to force the physician to practice 'incompetent' and harmful medicine with more gross and unhelpful radiation exposure to Carol from serial CT scans, I got an email from three CCO 'leaders' dismissing 'Carol's' questions. They also yet again have refused to supply the documents I have requested to defend their positions on the issues I have been trying to get them to deal with.

The email among other things is a 'veiled threat' to me to back off. The same day, Dr. Mark Henderson a CCO representative at Thunder Bay Health Sciences came to 'nicely' but never the less make clear that I am to back-off dealing with any further Thunder Bay Hospital patients. I will send you my letter to Dr. Henderson where he assured me that ***"Cancer Care Ontario wants you to continue to advocate for PET, BUT JUST NOT WITH THUNDER BAY PATIENTS."***

As I reflected on the conversation it seemed clear that this didn't mean just not consulting on any new patients with my special expertise, being one the most experienced PET physicians in Canada, but as Dr. Henderson put it:

- ***This included me even using patient studies from Thunder Bay even if there were not patient identifiers that could in anyway connect the patients or physicians from Thunder Bay!***
- ***This week I saw an example of a poor 85 years old woman who had multiple stabs into her chest with a 15 cm needle for a 'compulsory' biopsy, when the PET would shown was not necessary! She too had Stage IV disease and she could have undergone a much less painful and risky biopsy at another easier to reach site, if a biopsy even was in fact necessary.***
- ***All because she has the misfortune of living in Ontario, and not Quebec.***

'True to form, and in keeping with the letter of response from Drs. Mcleod, Metser and Dobranowski, Dr. Henderson did not answer a single question I addressed to

him.

- There is one I believe critical issue he avoided answering which you may want to pursue further as the CCO Board.
- Dr. Henderson was the one that informed me that the patient was Stage IV before I or even the patient had been formally told this.
- Since he was not consulted on this patient and was acting in a strictly administrative capacity, HOW DID HE GET ACCESS TO THIS PATIENTS DETAILED INFORMATION?

As to the letter from the three physicians referred to, without any shame or embarrassment, they continue to proclaim how proud they are of their 'open, transparent, and evidence-based' approach to PET/CT.

This patient will be offered 'palliative therapy'. A huge advantage of PET/CT is that by doing a baseline measurement now, and then repeating it after one or two cycles, a PET/CT could image directly the metabolism of her cancer cells and how they were responding or not to the treatments. If the measurements of glucose consumption were dropping indicating the therapy was working, then she would have evidence to continue if she chose. However if the cells were not responding and in keeping why PET/CT is the 'cornerstone of imaging management in Personalized Medicine' she could make an informed decision whether to stop the treatment and have as much 'quality of life' as would be possible before her death, or to continue the treatment regardless.

However, her only option if she decides to try palliative therapy is to go through 6 cycles of these poisons and then MUST have a CT to see if there is any change. Even if the masses are smaller, IT DOESN'T MEAN THERE STILL ISN'T ACTIVE CANCER! This can only be determined by biopsy or by a PET/CT.

- ***And so begins the endless cycles of CCO 'seal of approval' serial CT exams, until she succumbs to her disease, only now suffering the terrible complications of a useless and mutilating treatment her physician was forced to use by CCO 'experts' along with an obscene overexposure to unnecessary and unhelpful radiation exposure from her CT exams.***
- ***For several patients I am dealing with they have had as many as 23 CT scans and counting CT. This is the equivalent of some 200 years of background radiation exposure!***
- ***They may well survive the cancer; only to die from a CT radiation induced NEW CANCER.***

Mr Ralliam, this unconscionable travesty and quite literally, immoral assault on this women and endless other patients surely has to end. You and the CCO Board members have a unique opportunity to stand up for Ontario's patients and

be part of a 'revolution in a new and truly patient focused health care system. A system that will be far more effective: above all more humane and caring: and as a bonus, less costly to the taxpayer.

My colleagues and I have had our grave concerns about these troubling issues for more than 15 years and we have utterly failed our patients. You will forgive me if I am a little 'cynical' about what will come of my writing you. I am fully aware that I am challenging some very powerful people and institutions that will do anything to stop my efforts and protect their careers.

But please remember this, and was also my message to Ms. Wynne. My goal is not to 'take down', embarrass and destroy careers and get personal revenge. My goal remains to just bring Ontario patients into the modern world of Personalized Molecular Medicine. If no one ever even knew my name it is of no consequence. I offered to work with Ms. Wynne, and do what I could to 'make them look good on this' and just work behind the scenes to right this terrible wrong. I agreed fully with her that there are very powerful and totally money focused physician groups that would stand to loose significant income if PET/CT were introduced properly. As President of the Ontario Association of Nuclear Medicine, I stood up to these groups then, and I am prepared to do it again. Just like the current CCO 'PET experts', their positions are not defensible to the public.

She blew me off, as has Dr. Hoskins, repeatedly.

I am a 'glass half full' person, and until proven otherwise, I put my trust in you and your board to do the right thing.

Sincerely

Dave Webster MD FRCP

cc: Dr. Michael Sherar

Sincerely

Dr. Dave Webster.