

Dr. David Webster  
Health Sciences North  
41 Ramsey Lake Road  
Sudbury ON  
P3E 5J1

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Dr Helena Jaczek  
Minister of Health and Long Term Care

RE: Liberal support of Cancer Care Ontario's use of "unethical and bordering on immoral" methods to come up with answers the Liberals need to implement policies they've already decided on.

Dear Dr Jaczek

My name is Dr. Dave Webster and I am one of Canada's experts in 'Positron Emission Tomography' or PET scanning. I would guess that Dr. Eric Hoskins will have already briefed you on the details of Ontario's unique efforts to block Ontario patients from PET scanning. He has likely given you some 'background' on me. Facts you may or may not have seen:

- In Quebec, they have some 14 PET cameras and scan on average 3,000 patients/camera/year.
- Ontario, with twice the population and the same number of camera, allows only some 900 scans/camera/year.
- As you will see, more than 90% of those scan indications are deliberately and blatantly, and incompetently, if not worse, the wrong indications for a PET scan.

If you are not already aware, PET has been the accepted world standard of imaging management of most cancers and in the case of lung cancer, for over 25 years. It is also the world standard in CNS issues such as dementia and head injuries among other issues, and plays major roles in cardiac and other critical areas of patient management. It has been the "cornerstone of imaging in the Era of Personalized Molecular Medicine" for almost ten years. That is:

- Unless you have the misfortune of living in a Liberal “Evidence-Based and Patients First” Health Care system.

My colleagues and I have spent some 15 years in a so far useless effort to get the Ontario Liberals and their ‘medical experts’ to defend how they determine whether or not patients get access to PET. I started back in 2004 when I was President of the Ontario Association of Nuclear Medicine [OANM]. I have contacted your predecessor, Dr Hoskins numerous, useless times regarding various issues related to PET. I first introduced to Dr. Hoskins via Dr. Carolyn Bennett, a Federal Liberal MPP. She was the invited speaker at the 2016 Canadian Association of Nuclear Medicine [CANM]. Her talk was on the major disparity in access to PET in Canada, and in particular in Ontario, in spite of the “Canada Health Act.”

She spoke to Dr. Hoskins on my behalf and he asked me to write him with my concerns and I did so in May 2016. In spite of being required to do so by law, and completely in keeping with the Liberals policy of refusing to address these issues, he did not respond until August 2017. I am a “glass half full” person, and I enthusiastically and of course “naively” wrote Dr. Hoskins.

“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.”

If Dr Hoskins hasn’t already mentioned, and with an election coming up, the Liberal Government has ‘stepped up’ its use of “threats and intimidation to keep the lie that is Cancer Care Ontario” under wraps. With the approval of Ms. Wynne and Dr. Hoskins, I have been threatened by the Senior Executive of Cancer Care Ontario with the approval of the Chairman of their Board:

- If I continue to speak to physicians and patients about PET or supply them with the facts and backing documentation as to how the Liberal’s have blocked PET.
- Or I use case examples even if no patient identifiers:
  - ***They are threatening to take away my hospital privileges.***
- CCO has asked the College of Physicians and Surgeons of Ontario to investigate my advocacy for Ontario patients.

As this is my first attempt to get your position on the issues I will give you the benefit of the doubt and wait till I hear, or not, from you on these matters. Know this though, this is not just 'my personal opinion/soap box positions' on PET. Since at least 2005, Canadian and international Medical experts have made disturbing accusations in major medical journals and condemned what the Ontario Liberal Government and their 'expert advisors from CCO and the McMaster University School of Evidence Based Medicine' have done to cancer patients in their efforts to block them from the modern methods of investigation management of patients.

Unless you tell me otherwise, what I will have to assume at some point is the following:

**WHAT YOU AS THE ONTARIO LIBERAL MOH CURRENTLY ENDORSE:**

1. The use of the scientifically baseless process of 'health technology assessment' [HTA] to determine the "scientific quality of medical evidence" regarding PET/CT.
2. You support, since no one has yet to challenge, the statement by acknowledged world PET expert, Professor Rodney Hicks as he commented on how PET is assessed in Ontario:
  - a. ***"Ontario has the most egregious and politically motivated agenda against PET [read our patients] in the world."***
3. You have no trouble with the fact that your government supported the use of a "medical poster" from an Australian meeting claiming that PET wasn't useful in lung cancer [even though it was already considered "standard of care"] as a reason to block PET in Ontario.
  - a. The elevation of this 'medical poster' to a Level A evidence paper.
  - b. The 'demotion' of actual Level A/B papers where PET was shown to be useful in lung cancer, to Level C/D papers.
4. You support the use of this 'medical poster' among other 'tools' to take the recommendations of a panel of Independent Multidisciplinary Specialists in Imaging and Oncology who looked at the evidence for the initial five recommendations for using PET and determined that up to 40,000 patients would immediately benefit from a PET scan, and reduce this number to **'ZERO PATIENTS WOULD BENEFIT'**. [First report from the Institute for Clinical Evaluative Studies ICES, on PET in Ontario]
5. You support that up to 90% of OHIP funded indications for PET, based on the efforts of CCO that Dr. Hoskins and Ms Wynne are so proud of, are:
  - a. The exact opposite of the entire world expert body of opinion.
  - b. The results for Ontario's patients are nothing short of devastating.

- c. Use of these indications by a physician in Quebec, or for that matter Paraguay, could and should result in charges of incompetence or worse.
6. You accept that Ontario physicians are forced by “CCO Standards of Care” to practise medicine on patients that could quite literally be considered an “assault” on them.
  - a. ***You might ask Ms Wynne what she thinks about what happened to a retired nurse named “Carol”, who had the misfortune of getting cervical cancer in Ontario.***
7. You accept that the “CCO Endorsed Standards” among other things:
  - a. Lead to prolonged and not infrequently lethal delays in getting the proper diagnosis for cancer.
  - b. Exposure to what can, and ***will be deemed***, “obscene amounts” of all but useless radiation from CT scans.
  - c. Exposure to unnecessary high risk biopsy procedures.
  - d. Missing out on critical potentially curable therapies because of mis-staging by CCO Standards of Care.
  - e. ***Suffering unnecessary mutilating damage from contraindicated therapies such as radical radiation therapy, again due to mis-staging by CT and MR.***
  - f. A deliberate and exponential increase in the stress levels to already highly stressed cancer patients.
8. I wrote Ms Wynne in July 2017 and said I agree with much about what the Liberals were saying about the gross overutilization of all but useless tests in Ontario, among other issues, and offered to work quietly behind the scenes to create a ‘Win Win for Wynne’ situation. She brushed me off.

And finally, what you support is the use of the PET PREDICT Trial and thus to be the only medical jurisdiction in the world to continue to deny that PET can play a critical role in specific cases of more advanced breast cancer.

- You might ask Dr. Hoskins his thoughts on how this CCO PET experiment on women with early stage breast cancer, lead to the 2005 motions from the CANM condemning the Ontario government trials on cancer patients as “unethical”.
- You might ask him what Dr. Al Driedger, the most senior member of the PET Steering Committee, stated publicly when he resigned from the committee in 2009.

## **“YOUR POSITION ON MOBILE PET/CT IN ONTARIO”**

You can ignore this section if you are already aware of the issues. Keep in mind that in the US, at least 50 % of the PET/CT scans are performed on Mobile units since there is virtually no infrastructure costs to the hospitals. This is rapidly expanding across Europe for the same reasons and would be an ideal solution to giving immediate and appropriate access to Ontario patients needing actually indicated PET/CT scans. Yet your government has spent millions of dollars trying to ‘shut down Sudbury’s efforts’ to get a Mobile PET/CT, and all of course with the ‘blessings’ of your ‘golden boy’, Mr Glenn Thibeault’.

If this is news to you, ask yourself the following question. It is no secret that Ms Wynne could desperately use some ‘positive political brownie points’. So why hasn’t Ms Wynne made the following announcement:

- The Ontario Liberals are going to allow seven Ontario communities immediate access to Mobile PET/CT.
- Now all patients needing a PET scan can get one even if they were too sick to drive, to a major center, or just didn’t want to risk driving on dangerous winter roads.
  - As it currently stands, Mr Thibeault has refused to respond to the questions from a Sudbury patient who had to lie in the back of her car vomiting, to and from Toronto for her to get a PET scan, ***when Mr Thibeault is fully aware it is cheaper to bring the Mobile to her.***
  - He has made it clear he would rather Northern Cancer patients NOT GET A PET [up to 30% or more of those needing a PET either are unable to, or unwilling to travel south for a scan] rather than use a pittance from the ‘cannot be used for mobile, 1.6 million sitting in a bank account since April 2016.]
- And bonus, ***IT’S CHEAPER TO THE ONTARIO TAXPAYERS!***

Must be a pretty big ‘DOWNSIDE’ to what should be true “no brainer”,.

You might ask Dr Hoskins why he has been sitting for years on a proposal from a private Mobile PET/CT physician owner/operator, that for a very small investment, which could easily come from the private sector, ***would be able to supply these seven Ontario communities with PET/CT for LESS THAN the 1.6 million money referred to above.***

Dr. Hoskins and Ms Wynne have both made statements in the media about my efforts to get Mobile PET/CT for Ontario communities. Unless you are to state otherwise, I will presume that you support the reasons: 'Dr Hoskins Nixes Mobile PET/CT in Sudbury'. The reasons he has offered range from the outright "laughable" to the recently very popular among politicians use of "alternative truths". Dr Hoskins and the MOH spokesperson, Mr. Jensen, have repeatedly refused to provide the documentation to back their claims about why Sudbury can't have access to Mobile PET/CT while await still at least another year for our permanent PET.

### **ONE FINAL POINT:**

The Ontario Liberal government made sure that CCO and their McMaster colleagues put out a 'very special effort' to block Ontario women with breast cancer from access to PET/CT. Beyond Ontario's borders there is truly a revolution going on in how men with prostate are investigated and treated. There is a MAJOR role for something called Prostate Specific Membrane Antigen, or PSMA PET imaging. PSMA can then also be used in therapy. Ontario patients are already travelling to the US and Europe for these scans.

In February of this year there was special 'Focused Session' from the the European Association of Nuclear Medicine [EANM]:

- The International Conference on "Molecular Imaging and Theranostics in Prostate Cancer"

Your government will already have decided what your 'policy' on access to PSMA will be. CCO and their McMaster colleagues are already hard at work 'coming up with the answers' you will need to implement this policy.

### **CONCLUSIONS:**

I will once again state as I did to Ms. Wynne. My goal has never been to 'get even with the docs in Ontario' that have perpetrated this travesty on our patients. My goal has been to bring Ontario patients into the modern era of imaging management of various diseases using PET/CT where appropriate.

If you would like more information, or would like to meet to discuss these critical issues, I would be more than happy to so. In the end for me, it has always been and always will be about doing what is best for Ontario's patients.

Sincerely

Dr. Dave Webster

705-675-4714 private office

705-688-8492 cell