

**THIS WAS MY FIRST LETTER AFTER MR. THIBEAULT WAS ELECTED
THE ONLY TIME HE EVER ACKNOWLEDGED AND RESPONDED TO ME WAS
WHEN HE WAS RUNNING FOR ELECTION.**

Dr. Dave Webster
Health Sciences North

April, 15

Mr. Glenn Thibeault
Sudbury Liberal MPP

RE: Key issues surrounding PET and Overutilization of Diagnostic Imaging tests in Ontario.

- Substandard care using excess radiation exposure to patients and unjustified costs to taxpayers.

Dear Mr. Thibeault

I want to again thank you for taking the time to call me regarding issues surrounding PET scanning in Sudbury at a time when you were under a tremendous amount of pressure with the provincial election. There of course remain some difficult issues, but hopefully this will resolve soon.

I am hoping you will allow me the opportunity to now have a meeting with you to discuss a couple of key issues around not just PET, but health care issues creating a massive unnecessary financial burden on the province, and is quite simply 'bad medicine'. Specifically with respect to PET scanning world experts in the new era of Personalized Molecular Medicine have openly criticized and condemned Ontario's 'capricious' use of a scientifically baseless process of so called Evidence Based Medicine, to block the world standard of imaging guided management for Ontario's cancer patients.

- As a direct result of Ontario's position on PET, Toronto lost a major convention held regularly by the Society of Nuclear Medicine, one of the preeminent world class organizations and experts in Personalized Molecular Medicine.
- The meetings have been and now will be scheduled in Vancouver.

As I mentioned before I would like to propose that this meeting be completely off the record so that we both can discuss freely and frankly the issues, and particularly from your perspective not having to worry that I would quote you in ways that might not be helpful. You have my word that I will not publically or otherwise

discuss anything from this proposed conversation unless I had your permission to do so.

I would also add, that I am not proposing to 'defend my colleagues' and their interests. Long ago I stopped standing up for my colleagues and have been repeatedly and openly critical of their actions mostly based on self-interest especially when it comes to money. I am very disturbed by how the attitudes and practice of medicine has shifted from my days as a 'country GP' making house calls in my Chevy Vega, to one that for some new grads seems to be based more on financial motivations, an easy life style and a mercenary approach to achieve it.

Further and most importantly, I don't for a minute think that Ms. Wynn would intentionally want Ontario patients to have the most restricted access in the 'civilized medical world' to the standard of imaging based management of devastating diseases such as cancer and dementia. Ms Wynn faces very different and enormously challenging pressures I couldn't begin to cope with or manage, and especially related to dealing with Ontario's financial pressures. However the reality for some of Ontario's sickest patients is that they do not have access to what has been the world standard of care for at least a decade and now even in Paraguay.

This is due to, I would suggest, misguided but the very determined efforts of not just her Liberal predecessors, but stretching all the way back to when Mr. Tony Clement was Ontario's Minister of Health. A handful of 'dedicated' Ontario Government physicians were given the job of blocking PET because of cost concerns. No medical group on the planet has been more successful in spite of official motions declaring Ontario's PET Trials on cancer patients "unethical" and the statement by Dr. Al Dreidger that their actions "bordered on immoral" when he resigned in disgust from the Ontario PET Steering Committee.

The sad irony is that not only do we have a substandard medical management system, which grossly over exposes patients to radiation, but that we are paying a 'premium' to do so, all the while making a lot of Radiologists wealthy.

- There is one Northern Ontario Radiologist reported to be earning upwards of \$3,000,000/year and many routinely earn over \$1,000,000.

PET 'ONTARIO STYLE':

Keep in mind that in Quebec they typically perform some 3,000 PET scans/camera/year and they have half the population of Ontario. In Ontario when I was reading PET three years ago we were allowed to do less than 400 scans on a camera, and using the most restricted and scientifically baseless access criteria in the world:

- Standard of care for Ontario patients is to have as many as 6-8 CT scans to follow a mass resulting in a radiation burden of over 3,000 chest x-rays, not to mention the agonizing delays in proper management, not infrequently with serious if not fatal results.
- In many cases a single PET scan would more appropriately direct the management of the patient and in a timelier and obviously less costly manner with markedly less radiation exposure to the patient.
- The fact is that in Ontario we pay for diagnostic tests for patients that are wrong on average 30% of the time, yet won't pay for appropriate PET scans which find disease no other imaging modality can identify.
- To demonstrate the power of Evidence Based Medicine as used by the government's physicians, the major OHIP funded PET indication for lung cancer is the exact opposite of the entire world expert community. Its use could result in charges of incompetence and malpractice in the rest of the world.
- In particular the way it is structured puts many patients at unnecessary risks from invasive biopsies that can have very serious and even fatal consequences.

How far were the physicians of government groups such as Cancer Care Ontario [CCO], Ontario Clinical Oncology Group [OCOG], and the Institute for Clinical Evaluative Studies [ICES] prepared to go in their mission to block PET?

- They designed a 'PET Experiment' on over 300 Ontario patients with breast cancer that exposed them to an average of 300 chest x-rays worth of radiation:
 - The PET scanner was not physically capable of detecting the cancers they told the patients they were trying to detect
 - They excluded from the protocol patients that the entire rest of the world knew would potentially benefit from a PET scan.
 - They did not inform the patients or the Ethics Boards of this, nor the fact that the data would be analyzed with a 'scientifically baseless' analytical tool.
 - They did not apply the Human Research Ethic principle of 'equipoise' and stop the experiment when it was obvious that PET wasn't appropriate, and was indeed how the experiment was designed!

The Challenge for Ms. Wynn and the Liberals:

Allowing Ontario patients access to the world standard of care will require strong and capable leadership which will above all be able to stand up to powerful physician groups whose incomes would be impacted. It will require at a minimum restricting appropriate access to PET, but also to all other Diagnostic Imaging modalities truly based on whether or not there is a reasonable chance such tests will

be of use in making the right investigation and management decisions for our patients for all diseases.

- Critical decisions for example for cancer patients on highly toxic therapies.
- PET in some cases can determine whether the treatments have a chance of being effective or not in the individual patient after as little as one or two cycles of therapy.
- If not, then they can make an informed decision to stop and avoid devastating symptoms dramatically impacting their quality of life in their remaining time, or switch to another medication if available.
- With respect to the expected increase in Dementia cases, PET is the only imaging modality which can show changes early enough that therapeutic intervention might be able to make a difference, but not remotely on the horizon for Ontario patients dealing with the possibility of this terrifying disease.

This will require a fundamental change in how Diagnostic Imaging tests are ordered by physicians who I can tell you are very poorly trained when it comes to what tests are appropriate. I would be happy to elaborate on this, my 'pet peeve', with the local Medical School.

The fact is however, that the government took over regulation of laboratory tests years ago when it was clear physicians were not using them appropriately, so it is possible.

The question is whether Ms. Wynn and the Liberals are prepared to bring Ontario patients into the modern world of Personalized Molecular Medicine, ultimately reduce costs and drastically reduce radiation exposure to patients, resulting in better care and a win win situation for all except those who have a vested financial interest in perpetuating the status quo.

Summary:

This ended up longer than I had anticipated, but will at least give you food for thought. I promise to spend more time listening to what you have to say, and do my best to answer any questions you might have. Therefore I truly hope you will allow me the opportunity to meet with you either here in Sudbury, or at your Toronto location and that we can have an open and wide ranging discussion about something I'm sure we both agree on. How we can help shape Ontario's Health Care delivery in these challenging times and with the aging population and inevitable increase in serious illness. The very illnesses, especially Cancer and Dementia, that PET has established its world dominance in directing patient investigation and management.

I will be in Toronto on Monday April 13th and if were convenient for you I would be delighted to have the opportunity to meet with you.

Sincerely

Dave Webster

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