



May 4, 2017

Dr. Dave Webster
Department of Diagnostic Imaging
Health Sciences North
41 Ramsey Lake Road
Sudbury, ON, P3E 5J1

Dear Dr. Webster,

Thank you for your inquiries dated April 15, 2017. To ensure consistent and comprehensive care, discussions regarding treatment approaches for individual cases should be between the patient and treating physician. We cannot discuss patient-specific information via email.

As you are aware, if the patient's treating oncologist believes a PET scan may be beneficial for their patient – and if the indication is not one of the insured or registry indications – the oncologist can request a PET scan through the PET Access Program. CCO's role in that process is to facilitate external, expert review by a panel of both imaging and treating clinicians. Once a complete submission is filed by the oncologist, the expert panel review is completed with a short turnaround time, and the majority of requests are approved.

We continue to work to identify emerging indications, and to further improve and streamline PET access supported by evidence. This work is done through the PET Steering Committee and our partnerships with relevant organizations and with clinicians across the province, and is supported by the Ministry of Health and Long-Term Care. PET imaging is a powerful imaging tool; but as with all imaging, the risk of false positive or false negative results exists. Thus, it must be used appropriately and in situations where the results of the test would support high-quality patient care.

As we have indicated in previous correspondence, in addition to the current indications or those already identified through ongoing horizon scanning, we would be happy to consider additional indications to evaluate and/or to review evidence on PET scanning for scenarios we do not yet currently fund.

Regards,

Ur Metser, MD, FRCPC
Chair, PET Steering Committee

Julian Dobranowski, MD, FRCPC
Provincial Head, Cancer Imaging
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Robin McLeod, MD, FRCSC, FACS
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Cc: Mrs. Carol Dunne