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Dr. Michael Sherar
President and CEO
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620 University Avenue
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RE:Proposed meeting regarding PET in Ontario

Dear Michael.

Thank you again for the offer of the opportunity to meet with you personally. I am choosing to take this as a very positive development. However it would be prudent of me to ask for some further details on what you would propose the meeting be about, and who might be attending. When I met with Dr. Les Levin in 2004, for example, unexpectedly, there was a government lawyer present.

After having struggled for some 15 years trying to bring about change for Ontario patients I am fully aware of the implications of the issues I am raising. There are many very powerful people who have established their careers with their work on blocking PET, not to mention a major election challenge for Ms. Wynne and the Liberals on the horizon. In short, the criticisms I have raised carry the potential of severely if not potentially 'fatally' threatening the credibility of Cancer Care Ontario and therefore in what form it would continue on into the future.

I would add the approach of the Ontario MOH and the use of CCO to establish positions of funding in general differs from the other provinces. The opinions expressed by other provincial MOH's and many Canadian physicians regarding CCO are very much in line with what I've been putting forward. Early on in Ontario's approach to PET, the Alberta Ministry of Health made a public statement highly critical statement of the Ontario MOH's position on PET, making it clear CCO's position on PET was not based on the available scientific evidence.

In recent discussion with a thoracic surgeon who has worked in five provinces, he was clear how CCO was viewed in these other jurisdictions. It seems to be well understood that how the Ontario MOH makes decisions on funding issues

was via CCO recommendations but not based on the consensus of the ‘best available evidence’ established by a large variety of expert sources, the kind of sources that ‘regular’ physicians would be required to use in a court of law, but rather by CCO’s ‘own versions and interpretation’ of the evidence. In short, it is not respected, or viewed with any degree of credibility or worse.

As you might predict, as the knowledge that you have proposed this meeting is shared amongst the many individuals with varying ‘backgrounds’ who are advising me, there is a ‘glimmer of hope’, but what dominates the discussions is a lot of caution, frank cynicism, and in particular concern for me in particular. What is clear is that any direction on how CCO approaches PET is coming from the top. Dr. Hoskins has made his position, and that of Ms. Wynne, very clear along with declaring their enthusiastic support for CCO’s efforts on PET/CT. Dr. Hoskins continues to refuse to acknowledge or respond to my emails, and letters, or those based on patients concerns. This would not tend to suggest that ‘there is a hint of change in the winds.’

In my most recent letter to you and Mr. Ralliaram I tried to make clear my goals and how I envisioned approaching the issues. I would respectfully ask that you outline what your goals for the meeting are, and who might also be attending and of course whether I should have someone, including a lawyer, attend with me. Also, is there anything in particular you would like me to do in preparation for the proposed meeting?

Sincerely

Dave Webster MD. FRCP.

NOTE:

I will include a Keynote and partitioned Power Point copies of my most recent national level talk on PET.

Recently I was yet again an invited speaker at a National Level meeting for the Canadian Association of Medical Radiation Technologists [CAMRT]. The topic was on PET and brain imaging. You may not be aware, but the first and initially the only use of PET was that for the first time it allowed scientists and physicians to image human brain metabolism in the intact brain. It was an incidental finding that FDG identified in a breast mass in one of the experimental subjects, turned out to be breast cancer. This lead to the shift in the current major use use of PET in Oncology.

You may recall the original recommendations of the Independent Multidisciplinary

Team of experts in Diagnostic Imaging and Oncology that released the report on potential uses of PET with only five indications in common use by the end of the 1990's. It goes without saying that a key indication was for patients with various CNS issues, such as dementia to be allowed to have access to PET.

- The first ICES report headed by Dr. Andreas Laupacis would conclude there was ZERO quality evidence for any use of PET, ***including CNS indications.*** (As recently as six weeks ago, Dr. Laupacis reiterated his pride in his work on PET with ICES.)
- ***In short all medical literature and Neurosciences textbooks on what we understood, and continue to utilize to understand brain function and dementia was, and continues to be outright dismissed by CCO committees. Obviously this position is not credible, nor sustainable.***
- You can imagine the reaction of the audience at the Ottawa meeting after seeing the exciting possibilities of CNS PET/CT and PET/MR imaging to be faced with the fact that Cancer Care Ontario Experts continue to deny the relevance of PET in brain imaging.

    - ***How tragically ironic that it was a breast cancer patient that lead to the major use of PET/CT in oncology when Cancer Care Ontario Committee's and Dr. Eric Hoskins continue to praise an experiment designed to fail on breast cancer patients as the basis of their 'unique' position that there is no evidence to support the use of FDG PET/CT in patients with more advanced forms of breast cancer.***

There are a number of possibilities of moving forward in a very positive manner, and above all with patients as the true winners. It will take great courage and leadership to make this happen.

Thanks again

Dave

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