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March 6, 17

**PET ACCESS PROGRAM
Cancer Care Ontario
620 University Avenue
Toronto, Ontario
Canada
M5G 2L7**

RE:Recent decision to block me from informing physicians and patients and submitting application for patient PET scans.

Dear Panel Members

I sent an email to Ms. Aslam on Friday March 3, 2017.

I find it curious that after having dealt with PET ACCESS since January 11th, that suddenly it has been decided that I cannot order PET scans on patients I have been consulted on. In fact in the two cases in question, with more to follow, I have had numerous sessions with the Oncologists discussing their patient's imaging management and treatments. I have also obtained the patients permissions to apply for the PET scan on their behalf, and have spent considerable time with them discussing and going over their previous imaging studies as well as fully informing them about the issues of how PET may or may not be of use for them.

- **Could it be that this 'sudden notification' is because you do not want physicians and patients to fully understand the details and backing documents on how PET has been uniquely handled in Ontario and the roles PET may or may not play in the patient's imaging management?**

As you know, one of the 'bedrock principles' of Evidence-Based Medicine and the HTA in particular, is to avoid dealing with actual experts, in this case on PET, since we of course would have 'self-interests'. One of the key architects told to discredit, delay and block PET once said in the press, and then in a medical journal, that PET experts were only advocating for PET because we would be paid to read them.

Thankfully the government has such dedicated 'medical experts' willing to use scientifically baseless tools like HTA *to protect patients from greedy PET experts.*

THEREFORE:

1. By the end of the business day tomorrow I would respectfully request copies of all documents stating clearly, that as a qualified Ontario doctor, who has been consulted on these patients, and has the patient's consent to apply on their behalf, that I am not allowed to make application to PET ACCESS for a PET scan for patients.
2. I also expect a detailed explanation of how such a critical 'oversight' could have occurred since I was clear from the beginning as to who I was, and how the application process would take place. Numerous documents were sent to the committee, which made my intentions crystal clear.

FURTHER:

One point made in detail was that given that Ontario patients are entitled to full disclosure and answers to all their questions regarding proposed investigations, that those making the decisions regarding their access or not to a PET scan *will be the ones to answer their, in this case, well informed and document based questions.*

As you will be aware, to date, although one PET scan has been approved, the patient's questions and concerns have not been addressed.

1. Unless the PET ACCESS PANEL members are prepared to offer a detailed explanation to the patients as *to why you are not required, or prepared to answer their questions*, then I would ask that these questions and concerns be addressed immediately and sent to the patients and physicians involved.

In particular with respect to patient ID:2337 the results of her PET scan were very concerning to the patient and her Oncologist, Dr. Margaret Anthes. The PET scan showed there almost certainly was metastasis in a node not reported on her MR and CT exams, *since it was normal size!* Yet to physicians working beyond Ontario's borders this is why they understand why it is critical to get the PET/CT *before treatment planning.*

As Dr. Anthes said to me as we discussed the results of the PET scan and treatment planning in light of the findings, she would have significantly changed her treatment plan had she of had the PET scan *at the appropriate time.*

- Thus my points in the original communications that Ontario physicians have been forced to practice not just sub-standard medicine but perhaps worse, and *and therefore the critical demand that you explain to the patient the*

reasons she now finds herself in this avoidable dilemma since the window for therapeutic radiation treatment has past. This will greatly restrict her subsequent options and prognosis.

- *In light of this development, the patient and her family may well have other questions you will be expected to address.*

2. As was made clear last week when I faxed the documents on the second patient, *he is expecting a decision by the end of this week on his PET scan.* This however should not present any hardship since you have had access to the details of his case for several weeks as I mistakenly emailed it to Ms. Aslam earlier..

- What I can tell you, is that this patient will not let up until he gets his scan, AND the answers to the well informed questions and concerns he has presented to the PANEL.

CONCLUSIONS:

The patients will be copied this and all subsequent letters sent on their behalf to the PET ACCESS PANEL. They have also been sent the literature outlining the goals of PET ACCESS, particularly about “transparency and accountability.” As you might guess, they are not convinced as of yet.

1. The patients Oncologists, Dr. Margaret Anthes and Dr. K Ramachandran will be copied this letter and have been made aware of the PANEL’s efforts to keep physicians and patients in the dark as much possible.
2. Therefore unless the official documents making clear why as an imaging consultant on these cases, that I am not allowed to apply to PET ACCESS, I will continue to do so, with more cases to follow.
3. If the documents make clear I cannot order PET then there will be ways to ensure that the PET ACCESS PANEL will still have to deal with all the informed questions and issues the patients and their physicians will be expecting the Panel Members to address..

Regards

Dr. Dave Webster

cc:

Patient ID:21337

Patient:ID to be assigned.