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

May 09 2018

Mr. Tony Loparco
Director
Special Investigations Unit
5090 Commerce Boulevard
Mississauga, Ontario
L4W 5M4

RE: Ontario Doctors are forced to effectively assault their patients both physically and emotionally based on compulsory Cancer Care Ontario Guidelines.

Dear Mr. Loparco

I'm sure you find this a rather unexpected and outrageous claim. I only wish it was. The reality is that Ontario doctors in a very real sense are being forced to perform substandard medicine based on compulsory Cancer Care Ontario [CCO] 'guidelines' which were used by advanced medical countries in the late 1990's'. The world of medicine has moved on with the exception of Ontario. The impact on our patients, as you will see, is devastating both physically and emotionally. I can tell you that some of the approaches Ontario has made to teenagers with lymphoma could result in criminal charges in the US.

- Criminal charges were laid against Australian government officials for their efforts to block patients from something called Positron Emission Tomography or PET scanning. Professor Rodney Hicks from Australia, an acknowledged world leader in PET, was key to making their government accountable. Professor Hicks has published in a prestigious medical journal how the Ontario government and their medical experts have blocked Ontario patients from PET. His comment to me in 2016 was:

    - *"Ontario has the most egregious and politically motivated agenda against PET [read our patients], in the world."*

In fact by the end of this letter I hope you will come to believe that as a physician practicing in Ontario for over 40 years, my advice to patients who get cancer is justified:

- If you get cancer, leave Ontario immediately.
- In 2006 the Canadian Cancer Advocacy Coalition stated this a different way:
    - ‘If you do not want access to the current imaging management and treatment of your cancers, move to Ontario.

To give you an idea of just how serious a threat my discussion of these critical issues with physicians and patients is to the government and their ‘medical experts’ consider this:

> For over 15 years I have tried and failed to get the Ontario Liberal Government and its ‘medical experts’ from Cancer Care Ontario [CCO] and their colleagues at the School of Evidence Based Medicine at McMaster, to defend how they have assessed PET for Ontario patients. So far all I have accomplished is now having my license to practice medicine being threatened by CCO and the College of Physicians and Surgeons of Ontario [CPSO]. There is an election coming.
>
> Because of my patient advocacy efforts I am currently being threatened by the Senior Executives of Cancer Care Ontario [CCO] with the approval of the Chairman of the Board of CCO, our Premiere Ms. Wynne, and until recently, our past Minister of Health, Dr. Eric Hoskins and our new Minister of Health, Dr. Helena Jaczek.
>
> - *If I continue to speak to physicians or patients about PET or provide them documents detailing how CCO “assesses the quality of evidence on PET”, or use case examples to emphasize the impact on patients and even without patient identifiers,* ***they will block my hospital privileges.***
> - *I am just the messenger. No one has have ever challenged the statements or documents I have given to physicians and patients. I’m just now allowed to tell them.*

LETTER TO CCO REPRESENTATIVE WHO DELIVERED 'CEASE AND DESIST ORDER'

- https://drive.google.com/file/d/18XmhNf7iRJsGJEOfyaNaMr-_iN5UhL_m/view?usp=sharing

This case *[reference to "Carol" video which will be included]* also lead to me being investigated by the Registrar of the College of Physicians and Surgeons of Ontario [CPSO]. Even though the CPSO has all the documents in their possession outlining exactly what CCO is doing and continues to do to patients, including the 2005 motions from the Canadian Association of Nuclear Medicine [CANM] that declared the CCO trials on cancer patients "unethical", they are threatening me, not CCO.

Here is the letter that was sent to the CPSO by my lawyer from the Canadian Medical Protective Association [CMPA]

- https://drive.google.com/file/d/1T3Jk0GkOTne3PAMmVvK9T8KQF2iL_TBy/view?usp=sharing

OUTLINE OF THIS DOCUMENT:

I will include an electronic version of this document so that you will be able to link to the appropriate documents and videos.

1. Quick facts about PET/CT in Ontario
2. I will include a short background to introduce myself.
3. I will include a short outline on what a 'PET scan" is so you will have a better understanding as I will be including a couple of key videos I have made.
4. Two key videos to back my assertion that Ontario physicians are forced to effectively assault our patients by following compulsory CCO 'Guidelines' to investigate and treat our patients.
5. I will then outline why I am approaching the Special Investigations Unit of the Toronto Police Force.
6. I will then include a document that I have recently written to Ontario's Auditor General. I will include the parts of that letter to demonstrate how this situation arose. I will take out the parts covering how further cost savings could be realized if PET/CT were introduce properly in Ontario.

1: PET/CT IN ONTARIO:

- PET has been the accepted standard of imaging management of most types of cancer, and in the case of lung cancer, for over 20 years and in places such as Chile and Argentina.
- PET was declared the cornerstone of imaging management of cancer, dementia, head injuries, cardiac, inflammatory and other diseases in the era of Personalized Molecular Imaging a decade ago .
- In the Auditor General's 2017 report she notes that Ontario patients have the least number of PET scans/1,000 population of any place offering PET in the world.
    - This is not the bad news. Up to 90% of the OHIP covered indications for PET are the exact opposite of the entire world expert body of opinion on uses for PET.
    - *Use of these indications could and should result in charges of incompetence or worse if physicians used these indications in Quebec, or for that matter Paraguay.*
- In Ontario we are only allowed to perform some 900 scans/LHIN.
- *Contrast this with Quebec with roughly the same number of scanners, but half the population of Ontario performing the standard rate of:*
    - ***~ 3,000 patients/camera/year.***
- In 2005 the Canadian Association of Nuclear Medicine [CANM] declared the Ontario government experiments on cancer patients:
    - "Unethical", and demanded they be halted.
    - That a team of Canadian experts in ethics and health policy immediately investigate the moral and ethical basis of these experiments.
    - These profoundly disturbing accusations were dismissed by Mr. George Smitherman, the Minister of Health and Cancer Care Ontario.
- In 2009, the most senior member of the CCO PET Steering Committee [PSC] resigned in disgust and stated publicly.

    - *"What those who are blocking PET are doing borders on immoral."*

2: MY BACKGROUND:

I am one of Canada's experts in PET and I have read over 5,000 scans and lectured widely to professional and lay groups.

I have been practising medicine in Ontario for over 40 years, first as a General Practitioner, and then for the last 30 years as a Nuclear Medicine Specialist. Back in 2004 I was elected the President of the Ontario Association of Nuclear Medicine [OANM]. My colleagues hired a lobbyist, and my Executive and I met with every Senior Ministry of Health Officials we could. We were ignored with not a single one of our requests for clarification and defense of their use of so called "Evidence Based Medicine" [EBM] to evaluate PET was acknowledged. In particular they would use a tool called Health Technology Assessment [HTA] developed with the McMaster School of Evidence Based Medicine.

- In spite of their 'public claims and the contents of various CCO and government websites', everyone agrees *there is absolutely no scientific basis or validity to determine the appropriate uses for PET in Ontario.*
- *No one from the government or their experts have ever challenged the statement by Professor Hicks that the basis of decisions on PET are based on a political agenda.*
- Direct confirmation of the lack of scientific validation by Dr. Andreas Laupacis will be included in section 5.

3:BRIEF INTRODUCTION TO PET/CT:

You will be most familiar with CT and MR which are the most advanced forms of "anatomical/structural" imaging we have to investigate patients. Although they have exquisite ability to image 'anatomy' and abnormal 'masses', they have almost no ability to determine whether a mass, especially for example, residual masses after cancer therapy, is just scar tissue after a successful therapy, or still active cancer. An obvious critical difference for the patient.

I am a "Nuclear Medicine Physician" and the most advanced form of imaging in our specialty is Positron Emission Tomography, or PET. Our speciality images 'cellular 'function/metabolism'. This kind of imaging most often requires the intravenous injection of less than a billionth of a gram of a radioactive molecule to "trace" various metabolic pathways in the body. In the case of PET, more than 90% of studies use a radioactive form of glucose called Fluorodeoxyglucose, or FDG. The reason this has been so

powerful in imaging cancer is because every cell in the body can use glucose for energy. However, cancer cells can only use glucose but do so very inefficiently Thus in most cases they take up significantly more glucose than normal tissue and therefore ‘stand out’ against the background.

PET scans are also acquired with a low-dose CT scan without contrast, although the CT scanners can be operated in diagnostic mode if required as may be the case. We do not need to inject iodinated contrast agents which can cause severe allergic reactions in some patients. The radiation doses to patients from a PET/CT scan are similar to that of a full body diagnostic CT scan with contrast. However the newest cameras have dramatically reduced the radiation doses to patients with higher quality images offering critical information impossible to do with CT and MR, which are on average are wrong in at least a third of cases.

Introductory Video on PET:

- https://www.youtube.com/watch?v=qCT3KQitrCQ

4:TWO KEY VIDEOS TO BACK MY CLAIMS:

I would suggest that you take a moment to view these two videos as examples of what happens to Ontario patients on a daily basis before continuing with this document. As you view the video on “Carol”, keep in mind, that it was because of my efforts to prevent “Carol” from undergoing what in the end was a contraindicated and mutilating radiation therapy to her pelvis that lead directly to the threats against me by the Senior Executive of Cancer Care Ontario with the blessings of Ms. Wynne and Dr. Eric Hoskins:

- CCO MANDATED ASSAULT ON “CAROL” SHORT VERSION:
    - https://www.youtube.com/watch?v=bvNuJWufoHk&t=158s
- 16 YEAR OLD WITH LYMPHOMA
    - https://www.youtube.com/watch?v=lgFIzSqv-jU&t=6s

KEY POINTS FROM VIDEOS:

1. In the case of “Carol” I had approached PET ACCESS, a CCO committee that will allow payment for PET/CT scans not covered routinely by OHIP.
2. The use of PET in staging cervical cancer patients has been the accepted standard of investigation for at least 15 years in medical jurisdictions providing PET for patients.
3. The basis by which the indications as to whether PET/CT’s would be allowed in these two patients ***is not based on any scientific basis or validated process. It is based on a political agenda.***
    a. As outlined in section 5, you will see that CCO was given the mandate to discredit, delay and block PET almost 20 years ago.
4. The government ‘medical experts’ are fully aware that using the accepted ‘scientific basis of evaluating medical literature’, that investigations with CT and MR mis-stage cancer patients in a least 30% of cases. Typically PET/CT finds more disease than identified on CT exams, as seen in both these patients, but the PET/CT also finds less disease in some patients. These patients are then inappropriately told they have terminal cancer. Eventually this becomes the case since they miss opportunities for potential curative treatments.
5. In “Carol’s” case, a nurse, the impact was particularly devastating. Had she have been allowed a PET/CT before her treatment it would have demonstrated she had terminal stage IV cancer. It would have been bad news, but the correct answer and she could have eventually come to terms with this as most cancer patients do. Instead she was told she had potentially curable disease and underwent what the PET/CT showed, after her treatment, *was a contraindicated and mutilating radiation therapy to her pelvis.* Not only did she now have to deal with the reality that she had terminal cancer leading to a major depression as she would then withdraw from her support groups, but she would also have intolerable suffering from *the unbearable pain requiring hospitalization from the completely avoidable ‘side-effects’ of her ‘radical radiation therapy’ to her pelvis. “Carol” never left hospital to even have a single day in her own home with her family as she so desperately wanted. She was moved to a hospice where she finally died.*
    a. *She also had to deal with the fact that as a nurse, she had been treating her patients based on lies, and now she herself was a victim of this deliberate denial of the appropriate investigations by the government.*
    b. *It was her hope that her example would lead to wider and proper access to PET for cervical cancer patients. Thus we approached the Ontario Patient Ombudsman, Ms. Christine Elliott. This will also be covered in*

section 5, but "Carol" lived long enough to realize that Ms. Elliott would dismiss everything that happened to "Carol".

6. The approach that I took with Ms. Elliott was that her physicians, including myself, were forced to do this to "Carol", and that for using our 'best clinical judgment based on the scientific medial based literature' *that we would be threatened by the Senior Executive of Cancer Care Ontario.*
7. The case of the 16 year old with lymphoma demonstrates the utter uselessness and harm to patients of the 'compulsory' CT scans that we are forced to use. In a letter to me from Dr. Hoskins in 2016, I was reprimanded for not being concerned about radiation exposure to patients from 'unproven PET technology'. Yet he along with the various representatives of CCO committees, will refuse to respond to questions submitted on behalf of patients who have had gross overexposure to non-medically indicated and useless CT scans.

    a. This includes a lymphoma patient, who has already had 30 and counting CT scans, *the equivalent of some 300 years of natural background radiation to this patient! The only time decisions were made was when the patient was 'graciously allowed' three PET/CT exams.*
        i. *A colleague of mine in Toronto has an example of 17 year old female also with lymphoma. Within five years they will start screening her for the possibility of developing another cancer in her breasts or thyroid gland. This is risk is not from her cancer therapy which will very likely be successful,* ***but from the amount of radiation she will get from the CCO 'Compulsory Standard of Care' CT exams which as the case in the video are absolutely useless since they cannot add any information that would not be in the PET/CT exams. The 'scientific basis' of how this patient would be followed would require far fewer PET/CT exams and a marked reduction in her risk of developing cancer from her radiation exposure.***

It is my professional medical opinion that this is an "assault" both physically and emotionally on Ontario's patients and impacting also their loved ones and friends. If the decisions regarding what we are allowed to investigate and treat patients was based the accepted science based standards of imaging management of patients, such egregious and contraindicated therapies and unnecessary risks to patients could be avoided in most cases. It is also clear that if I was defending myself in a 'malpractice suit' from a patient, *I would be expected to follow the internationally accepted and science based methods to defend my approach, and not decisions based on 'a political agenda'.*

5:WHY APPROACH YOUR SPECIAL INVESTIGATIONS UNIT?:

About six months ago when “Carol’s” nightmare experience lead to her premature death, I made a vow to myself to try and accomplish what “Carol” had hoped to achieve but was thwarted from doing so and ignored by those who made these decisions, including a letter to Ms. Wynne on her behalf. The idea to pursue a ‘police investigation’ came from the criminal charges against Australian government officials involved with blocking PET.

When “Carol” died, I called the Ontario Provincial Police [OPP] Headquarters and explained my dilemma, and asked where I should proceed with getting an opinion on this.

- Interestingly when the officer taking the call heard some details, including that more than one Ontario Attorney General dismissed my concerns and refused to answer questions, the officer I spoke to pointed out that the OPP is also a branch of the provincial government! He suggested I call the RCMP.
- I did, and was told that I should call the Municipal Police in Thunder Bay where “Carol” lived and attended the public hospital there.

I did not think that the Municipal Police Unit in Thunder Bay would be able to deal with such a complex and wide ranging investigation which includes not just the government and their medical experts, but other supposed ‘safeguards’ in Ontario, most importantly, the Office of the Ombudsman of Ontario. As I will outline in more detail in section 5, I have dealt with four different Ombudsmen.

6: EXTRACTS FROM LETTER TO AUDITOR GENERAL OF ONTARIO LETTER:

I will try and minimize repeating statements I’ve already made.

May 6 2018

Ms. Bonnie Lysyk
Office of the Auditor General of Ontario
20 Dundas Street West
Suite 1530, Toronto
Ontario

M5G 2C2

RE: “Slowness to introduce PET in Ontario.”

INTRODUCTION LETTER:

Dear Ms. Lysyk

KEY REFERENCE DOCUMENT ON THE STATUS OF PET IN CANADA AND THE ACTIONS OF THE ONTARIO GOVERNMENT:

TRIUMF is Canada’s premiere centre for atomic and high energy physics and is associated with the University of British Columbia. They commissioned a freelance journalist, Ms. Susan Martinuk, to write about the status of PET in Canada. I worked extensively with Susan on this article, introducing her to key experts and supplying her with the necessary documents and helped with the final editing. Susan has done an excellent job and it is a complete and thorough document of the situation up to 2010 in Canada. Since then, although Ontario has introduced new indications for PET scans, we still fall further behind the rest of the world as each year passes.

- http://www.edmontonjournal.com/Susan+Martinuk+Vancouver+based+freelance+journalist/11081705/story.html

This critical document will make clear why, or more importantly, how it came to be that Ontario patients have not just the most limited access to PET, *but the wrong indications.*

> The Use of Positron Emission Tomography (PET) for Cancer Care Across Canada
> Time for a National Strategy
> Susan Martinuk 2011
>
> - https://drive.google.com/file/d/0B4kxdxCm9_NQZnVYcHZSaUJ0REE/view?usp=sharing
> - The summary of Ontario starts on page 89

Since at least 2005, Canadian and International Medical experts have been condemning the Ontario government and their ‘medical experts’ for what they are doing to our patients to block PET because of cost concerns.

Here is an Editorial from the President of the American Society of Nuclear Medicine, Dr. Sandy McEwen, and published in the Journal of Nuclear Medicine [JNM]. Dr. McEwen is Canadian, and Dr. McEwen and I did our first training sessions on PET together at Guy's and Thomas Hospital in England.

- https://drive.google.com/file/d/0B4kxdxCm9_NQQW9ZRDJVc1piR3c/view?usp=sharing

HOW DID THIS HAPPEN TO ONTARIO’S PATIENTS?

At the end of this document I will include a more rigorous timeline which I had originally planned to put on my website.

I suspect your investigative team is unaware of the reasons why, or more importantly how this situation arose. It was not by chance, but by a very concerted ‘ongoing 20 year’ effort by the Ontario government's ‘medical experts’ to discredit, delay and block PET. The massive unnecessary costs to the taxpayers are one thing, the impact on our patients, far more serious. And yes, it is about money which in our current provincial debt situation is a serious problem. However, introduced properly, PET would allow patients access to the current accepted world standards of imaging management of serious diseases in a far safer and a far more timely manner, but above all in a more humane approach to their care.

- *It would also be cheaper to the taxpayers.*

To do so, however, would mean the government would have to have the political will to take a stand against very powerful medical ‘self interest groups’. I believe the figure for Ontario radiologist incomes is that 2/7 earn more than a million/year. In Sault Ste Marie, one radiologist apparently earned close to three million. If PET/CT were properly introduced they could lose up to perhaps 60% of their incomes. Radiologists get paid to read CT and MR studies, not PET/CT studies, which are read by Nuclear Medicine Physicians.

This case *[reference to “Carol” video]* also lead to me being investigated by the Registrar of the College of Physicians and Surgeons of Ontario [CPSO]. Even though the CPSO has all the documents in their possession outlining exactly what CCO is

doing and continues to do to patients, including the 2005 motions from the Canadian Association of Nuclear Medicine [CANM] that declared the CCO trials on cancer patients “unethical”, they are threatening me, not CCO.

Here is the letter that was sent to the CPSO by my lawyer from the Canadian Medical Protective Association [CMPA]

- https://drive.google.com/file/d/1T3Jk0GkOTne3PAMmVvK9T8KQF2iL_TBy/view?usp=sharing

Motions from the 2005 Meeting of the CANM declaring the Ontario PET Trials “unethical”:

- https://docs.google.com/document/d/1Kh4DzGL5OKMXF7eYIHD_oq8fVYPX4i2dO5MHpNjayZw/edit?usp=sharing
- This motion was precipitated by the experiment they perpetrated on women with early stage breast cancer called the PET PREDICT Trial which I will cover in more detail further on.
    - *This trial begs the profoundly serious question of why the Research Ethics Board at McMaster University gave the okay to this trial and did not halt it when it was clear it was failing, since it was designed to fail.*
    - *Further, it begs another critical and disturbing question. If CCO has spent all this time, money and resources to block some of our sickest and most distressed patients from proper access to the ‘cornerstone of imaging management in the era of Personalized Molecular Medicine, just what else have they done to our patients to please their political masters? One can virtually guarantee this is not a ‘one off effort’ on behalf of the government’s ‘medical experts’.*

Here are two letters I recently sent to the CCO Imaging Group, and the PET Steering Committee asking them to justify the PET PREDICT Trial with as yet, no response:

- https://drive.google.com/file/d/1m7JUp8Esu5qbsle7JOu2lVbQ5RdK5w42/view?usp=sharing
- https://drive.google.com/file/d/1KIFt_A87geuesEg8_IwyIkFOQrI8Csh_/view?usp=sharing

I wrote the Auditor General's Office [AGO] several years ago regarding the issues that lead to your conclusion on access to PET in Ontario. I was told, and appropriately so, that this was not part of the mandate of the AGO which is to conduct value-for-money and financial audits of the provincial government, its ministries and agencies.

As I hope to demonstrate, there is far greater *'lack of value-for-money'* going on than I suspect your team would be aware of. In short, this prolonged effort in the 'name of saving health care dollars' has grossly increased health care expenses since the current "Evidence-Based, Patients First" health care platform of the Liberals is in reality based on:

- *The income expectations of certain physician groups.*

However, now that you have specifically mentioned PET in Ontario, without being too dramatic, you are effectively one of my last hopes that something can be done to stop what can truly be considered an assault on our patients. I have exhausted just about every available option to try and use the supposed 'safeguards' against government abuse of citizens and have gotten nowhere beyond the threats against me.

- As my example of "Carol" above demonstrates, Ontario physicians are forced to practice substandard, even incompetent medicine or worse, and in effect, *routinely assault our patients with unnecessary radiation, unnecessary high risk biopsies, missed opportunities that might have given cancer patients a better chance to survive, perpetuate toxic therapies that PET would demonstrate early on are failing, and above all an exponential increase in their already high levels of stress and discomfort to name but a few of the devastating impacts, not infrequently fatal, on our patients.*
- *In addition, PET is the world standard for imaging for other serious diseases such as dementia, head injuries and other Central Nervous System [CNS] disorders, cardiac and other uses in General Medicine.*

THE DECISION IS MADE TO BLOCK PET AFTER THE GOVERNMENT REVIEWS THE INDEPENDENT REPORT BY 'NON-GOVERNMENT' EXPERTS ON ROLES FOR PET AND CCO SWINGS INTO ACTION

My colleagues and I know exactly how the strategy to discredit, delay and block PET was worked out with Cancer Care Ontario, who would then partner with the McMaster School of Evidence Based Medicine, to carry out their mandate. When I was President of the Ontario Association of Nuclear Medicine [OANM], we hired a lobbyist, Mr. Michael

McCarthy. Mr. McCarthy set up meetings with numerous high level government officials, including our last meeting, with Mr. Ali Samian who was the Senior Assistant to Mr. George Smitherman.

a. Mr. Michael McCarthy was the individual responsible for handling the "Hepatitis C Tainted Blood Scandal" in Ontario.
b. Previous to this he had been the Senior Assistant to Mr. Tony Clement, when he was the Minister of Health for the Conservative government.
c. Mr. McCarthy was present at the meetings with CCO when the strategies of how to block PET were being developed, and thus we know who was at these meetings and what transpired.

    i. http://www.grossomccarthy.com/our_people.php

THE INTRODUCTION OF PET IN ONTARIO IS HALTED BY SOMETHING WRITTEN ON A COUPLE OF PIECES OF BRISTOL BOARD!

Quite literally what was used by the Ontario government to halt the introduction of PET in Ontario and start their own trials to assess PET, but in reality, to discredit, delay and block PET, came from a 35mm slide of a medical poster at an Australian medical meeting. A 'medical poster' is not a peer reviewed work, but just someone's idea and a look at the work in progress. It stated that PET wasn't useful in lung cancer, even though at that time PET was already virtually the 'Poster Child' for why PET was becoming the standard of investigation of lung nodules and cancer. The Independent Multidisciplinary Team that had put together the report on why 40,000 Ontario patients would benefit from a PET scan were told based on this 'poster':

- ***With all the uncertainty about roles for PET, we clearly need to do our own experiments to determine if their are any roles for PET.***

IF NOT BASED ON SCIENCE, HOW DOES THE GOVERNMENT AND CCO DETERMINE THE "QUALITY OF EVIDENCE" FOR OR AGAINST PET?

PET demonstrates exactly how CCO and the government makes critical decisions regarding what to fund under OHIP, including what investigations physicians can order, or treatments they can offer their patients. This may sound like a 'conspiracy theory'. I only wish it was.

- The government decides which indications they would like to fund in discussion with CCO.
- Then CCO along with their colleagues from the McMaster School of Evidence Based Medicine come up with the 'evidence' to justify the government's position.
- They use a tool perfected at McMaster called health technology assessment [HTA]. The beauty of the HTA is they can literally 'dial in' whatever answers they need.
    - ***There is absolutely no scientific evidence to support the use of HTA to evaluate any type of diagnostic imaging equipment whether it is PET, CT MR, US and so on.***
    - ***No one from CCO and McMaster is even trying to pretend there is any science to validate the use of HTA.***

[ANOTHER EXAMPLE OF WHAT I BELIEVE TO BE AN ASSAULT ON PATIENTS.]

The following example is a frequent outcome of how Ontario physicians are forced to investigate patients for possible lung cancer which accounts for the vast majority of PET/CT scans allowed under OHIP. I believe there could not be a clearer example of what truly is in many cases an avoidable assault on patients both physically as well as the stress and discomfort of undergoing absolutely avoidable high risk biopsies. Consider a statement made to me by a radiology colleague about to stick the 15 cm Shiva Biopsy needle into the chest of an elderly patient:

- *"Dave, I know that this patient needs a PET/CT and she would already have had one in most medical jurisdictions. However, because this patient lives in Ontario,* ***I have to stick this needle in this patient's chest first before she even will be considered for a PET scan."***

FROM LETTER:

- Many patients are forced to have higher risk, and more expensive biopsy procedures which can result in complications such as 'pneumothorax' with a collapsed lung which can require a chest tube and hospitalization. A PET/CT routinely identifies biopsy sites which are virtually risk free, less painful and far less stressful for already highly stressed, and often elderly cancer patients.

CASE EXAMPLE:

- An 83 year old woman has a compulsory needle biopsy of her lung mass when a PET/CT done after the biopsy demonstrated a much safer, less stressful and less costly biopsy site to get the diagnosis her physicians needed to treat her appropriately.

    - https://www.youtube.com/watch?v=yWb5br2PCR8&t=402s

- She developed a pneumothorax, a collapsed lung, due an air leak from the biopsy needle. She had to have a chest tube inserted, a very uncomfortable procedure, and spent several days in the hospital at unnecessary expense to an overburdened healthcare system.
    - Even though the PET/CT showed she had Stage IV lung cancer (mis-staged on CT), ***her compulsory 'CT guided biopsy was negative!***
    - In the rest of the world the PET/CT is done *before a biopsy is considered and can show safer sites outside the chest, and where to place needle in a mass even if the only biopsy location is in the lungs, to ensure the highest chance of getting a proper sample for pathology.*

        - ***In Ontario, the patient MUST have the biopsy before they can be considered for a PET/CT***

EXAMPLE OF IMPACT ON PATIENTS OF 'AGENDA DRIVEN EVIDENCE' FROM CCO MANDATED 'STANDARDS OF PRACTICE'

- I discovered an incidental 10 mm lung nodule in a patient with a history of breast cancer and smokes that was picked up during a routine Nuclear Medicine Bone Scan for back pain. Because she lives in Ontario she must have routine follow-up with serial CT scans. It might be 1-2 years before enough suspicion is raised that it might be cancer.
- In Quebec, she would have had a PET/CT and if there was suspicion of cancer, a biopsy would be ordered. If it was cancer, she would have been diagnosed and on appropriate treatment within as little as six to eight weeks. Yet because she has the misfortune of living in Ontario she has no choice, ***but more importantly, her physicians have no choice,*** *but to do as CCO says, or risk incurring their wrath.*

- *This woman said to her physician: 'My life is on hold, I can't sleep, and I can think of little else.*
- *CCO physicians may be many things but they aren't uneducated as to why the world moved to PET long ago.*

    - ***They are fully aware of what they are doing and the kind of cruel impact this has on Ontario's patients.***

SOME OF MY EFFORTS TO DEMAND ACCOUNTABILITY AND PROPER ACCESS TO PET/CT EXAMS FOR ONTARIO PATIENTS FOR ALMOST 15 YEARS

As I will try and make clear, I have exhausted almost every respectful and legitimate option during my failed efforts of dealing with the supposed 'safeguards/watchdogs' of our "open, transparent and accountable democracy". The concerns of my colleagues and me have been dismissed and indeed our intelligence and professionalism has been insulted by the rulings of the four different Ombudsmen I have dealt with over the years. I worked with the Ontario Ombudsman, Mr. Andre Marin, on what he publicly stated was the most complex investigation he had carried out. In the end Mr. Marin:

- *Dismissed all the concerns raised by my colleagues and me saying we were confused. His job was not to evaluate established policy but to review the processes used to come up with policies.*
    - *Yet there wasn't a single policy on PET until after his report!*
    - ***Absolutely every issue we brought to his attention and lead to the unprecedented accusations against the government were about the "process" the Liberals would and continues to use to establish policies on PET.***
- Repeated attempts to get the Ombudsman, including the current Ombudsman, Mr. Dube, to produce any documents to back their conclusions have been ignored.

And from the government and the Ministry of health they don't hesitate for a moment to routinely use threats and intimidation to hospitals and physicians.

- I have been told by more than one senior hospital administrator and on more than one occasion that I cannot say anything that will contradict or embarass the Ministry of Health, *or they will cut our funding.*
- In spite of the Liberal's Bill 8 making it illegal for hospitals to run deficits, they routinely force them to do so, but don't dare mention this publicly.

- A powerful and unique imaging method, one of the only ways to detect neuroendocrine tumors called Indium 111 Octreotide scanning, is performed in Nuclear Medicine. A single dose of just the tracer costs over $2,500 and no other expenses included.

■ ***The Ministry reimburses $0.0 to the hospitals.***

I have even dealt with documentary filmmakers who in the end won't touch this story. In one case, this woman's father had his life turned around by a PET scan, having been told he had stage III lung cancer. The PET showed he had something called sarcoidosis and he is now on the appropriate treatments with steroids as he needs.

- *Yet she decided she couldn't do a story on this because a large part of her work comes from the Ontario Government.*

ONTARIO'S FIRST PATIENT OMBUDSMAN WILL SET A NEW 'LOW' IN HOW THE OMBUDSMAN'S OFFICE HAS DEALT WITH COMPLAINTS ABOUT PET IN ONTARIO

For the past year I have been dealing with Ontario's first Patient Ombudsman, Ms. Christine Elliott. I met with her and presented her two detailed cases, including particularly "Carol", emphasizing that I along with her other physicians were forced to do this to her because of the compulsory CCO 'standards'.

Her office has all the necessary documents to back my claims. I wasn't the only physician that CCO threatened for daring to recommend that our patients were investigated and treated based on the most current 'science based' medical evidence. The two oncologists dealing with "Carol" and the other patient Ms. Elliott was assessing were also threatened.

- ***Yet Ms. Elliott has dismissed all that happened to these two patients either as an example of the "Excellent Care for All Act of 2009", or not part of her mandate and of no concern to her. She has refused to respond to the questions I sent to her in January on behalf of "Carol's" family to back her ruling.***

  Letter to legal council for Patient Ombudsman

https://drive.google.com/file/d/1FIo5vh-wPGPivrCQ_8ZEKahPebU9eS0B/view?usp=sharing

Recent Registered Letter to Ms. Elliott asking her to respond:

https://drive.google.com/file/d/1dbB69zYDXNLCttDh52L5sStRGJFqL-7V/view?usp=sharing

THE MOST SENIOR MEMBER OF PET STEERING COMMITTEE RESIGNS IN DISGUST:

Dr. Al Driedger headed the Independent Multidisciplinary Review Team assessing PET. He then went on to serve on the PET Steering Committee. In 2004, Dr. Driedger had bypassed the Chair of the PSC, Dr. Bill Evans, and wrote directly to Mr. Smitherman accusing the government of blocking PET because of cost concerns. He also accused the government's 'medical experts' of denying evidence that favoured PET.

- https://drive.google.com/file/d/0B4kxdxCm9_NQc2E0X1BRNi1fLWM/view?usp=sharing
- https://drive.google.com/file/d/0B4kxdxCm9_NQUFVzbkFKYmltV1k/view?usp=sharing

Mr. Smitherman would refuse to acknowledge or respond to this letter or the accusations on more than one occasion including my work with an Ontario Ombudsman.

- *Dr. Hicks would confirm these accusations and more in an article published in the Journal of Nuclear Medicine in 2011.*

- https://drive.google.com/file/d/1MbPSXbmvPCEMyp4hdskN7tJLB-kiGbEd/view?usp=sharing

At a 2009 meeting in Toronto entitled PET IN ONCOLOGY, Dr. Julian Dobranowski, just recently appointed as Provincial Head of CCO Imaging, gave a talk on how PET would continue to be assessed by CCO. Dr. Driedger had finally had enough. He went to microphone after the talk and stated:

- *I resign from the PET Steering Committee [PSC] and regret ever having worked with this committee.*
- ***"I believe that what those who are doing to block PET boarders on immoral."***

NOTE:

This segment contains the reference I made earlier confirming that even the government's 'medical experts' agree there is no scientific basis or validity to how the government will determine what roles will be funded for PET/CT scans.

- It is worth mentioning again that CCO's roles in patient investigation and treatment decisions for the government *will not be restricted to just PET/CT.*

FROM LETTER:

Over the past couple of years I have written letters to all the CCO committees assessing PET and among other comments and questions said the following:

- We all agree that there is no scientific basis or justification to use the HTA to evaluate PET or any other diagnostic imaging device. Therefore, how do you justify its use?
- Here is the letter to Dr. Andreas Laupacis. It was Dr. Laupacis, who was the first President and CEO of ICES and wrote the first Institute for Clinical Evaluative Studies [ICES] report in 2001. It was this report that reduced the "40,000 patient recommendation' of the independent review team to zero.
    - https://drive.google.com/file/d/1LQR7w0bIGjiNjrBdhBnHU9J2Sqhlon2k/view?usp=sharing
    - In his response he does not offer any evidence to justify using the HTA, but instead offers his ***FAITH that there is a role for the HTA.***
    - https://drive.google.com/file/d/1HbKiHwXqLMoqplfr18IBkvB5q184p4BK/view?usp=sharing
    - Everyone I have dealt with over the years, including direct statements from Dr. Hoskins and Ms. Wynne all speak about how proud they are about the job CCO has done.
        - *The obvious question is whether this is because no group in the world has done a better job at blocking patients from PET?*

        - *Indeed I have challenged Ms. Wynne, who refused to acknowledge or respond to a letter I wrote to her on behalf of "Carol"', that far from being concerned about what happened to "Carol":*
            - ***"Carol's case is confirmation that their ongoing efforts to block PET are a staggering success story in the face of all the criticism the Liberal Government has 'weathered' over the years.***
    - Here is another response you may find interesting from Dr. Mark Levine who is head of the Ontario Clinical Oncology Group [OCOG].
        - https://drive.google.com/file/d/1xCfOOZzKXpV-IbbF_aVTLjWDXJxU1JSc/view?usp=sharing
    - It was OCOG that would sponsor the PET PREDICT Trial on women with early stage breast cancer which was what precipitated the 2005 motions from the CANM.

NOTE:

This is a key segment of the letter and will outline in detail the CCO Trial that lead directly to the 2005 CANM motions declaring the CCO PET Trials "unethical".

FROM LETTER:

PET PREDICT TRIAL SUMMARY:

- https://www.youtube.com/watch?v=ohgiejNaQrM&t=56s

KEY POINTS:

1. The women entering the trial were not told that the HTA the government physicians were using had no scientific basis or validity to design and evaluate the proposed experiment the patients were asked to take part in.
    a. Dr. Dobranowski would confirm my suspicions that they were not using HTA to assess PET, but to use PET to try and validate HTA.
2. The experiment on these women, terrified with their new diagnosis of breast cancer, ***was deliberately designed to fail:***
    a. *The PET cameras were incapable of imaging the cancers the women were told they were trying to detect.*

    b. *The women were not told this.*
    c. *To deliberately design a study on humans to fail is a flagrant violation of the Declaration of Helsinki on Human Experimentation.*
3. Instead of immediately stopping the trial as required by the Declaration of Helsinki, when it was immediately obvious the experiment would fail:
    a. *They put over 300 women through this experiment which would include the unnecessary exposure to non-trivial amounts of radiation that only served to increase their lifetime risk of developing a cancer from radiation exposure not to mention the unnecessary stress they went through.*
4. In spite of their stated goal of determining what may be possible uses for PET:
    a. *They deliberately excluded from the trial the very women that the rest of the world knew could benefit from a PET scan.*
    b. We remain the only medical jurisdiction to my knowledge on the planet that continues to deny there could be any benefit to specific breast cancer patients.
    c.
        i. ***For many patients this will absolutely lead to premature death from their breast cancer.***

SUMMARY:

This is a much longer letter than I had originally planned and I have spent many hours working on it, and no doubt it still has many imperfections. However, as I am a 'one man operation, I must get back to my efforts to make this a key election issue.

I have tried to outline both some of the 'value-for-money' issues' that are directly part of your mandate, but also the 'backstory' to your correct conclusions on the limited access to PET in Ontario. Ultimately, however, what is most important, is that your 2017 Auditor General's Report regarding "Cancer Treatment Services" in Ontario does not end up sitting on a shelf:

- ***But will be the key document that will lead to an end to this "unethical and immoral" assault on Ontario's patients.***

If this letter generates sufficient interest I would be more than happy to meet with your team, or to whomever you might direct me to, and walk them through the issues in more

detail. I have an enormous number of documents, articles and pieces of information that I have collected over the years of my so far failed patient advocacy efforts. I will also show more case examples to try and make clear:

- ***How not having proper access to PET is so devastating for Ontario's patients.***

Certainly one key recommendation I hope you might consider making, or if not your office, another 'body' of authority will consider making is to demand:

- ***That the 2005 CANM motions asking for an independent review team of Canadian experts in Ethics and Health Policy be immediately assembled and have unfettered access to all the documents and individuals they need, to evaluate the ethical and moral actions of the Ontario government and their 'medical experts.***
- ***This could not help but lead to the 'beginning of the end' of the lie that is Cancer Care Ontario.***

I have virtually no support from my Nuclear Medicine colleagues, and if my plea to you also ends up as 'yet another dead end' I will have to search for an influential body outside Canada such as the WHO, or the United Nations. In fact I have already spoken to Dr. Margaret Chan, who just retired as the Medical Director of the WHO and is a classmate of mine. Margaret knows better than most about the kind of people I'm up against. Her advice to me when I briefed her on the issues was this:

- ***"David, you need to end your efforts right now. You need to protect your family, you need to protect yourself."***

I have a vision of a better world for my patients and the citizens of Ontario. I just need to find the right people in positions of power and influence to make it happen.

Sincerely

Dave Webster MD FRCP Nuc

END OF EXTRACTS FROM LETTER TO AUDITOR GENERAL:

CONCLUSIONS:

My workload as a physician is very heavy and demanding and I have had to take an enormous amount of time I could have spent with my family to create the hundreds of letters, documents and videos I've done and as a 'one man operation' for at least ten years now. I have no support from my colleagues in Nuclear Medicine since I am being 'politically incorrect' on the assumption that the issues will require a political solution and therefore it is best not to alienate them. Even now my ability to work as a physician and support my family is being threatened. I have promised my family that if I cannot make any progress during this election, then I will abandon my efforts to bring Ontario patients into the 21st century of medicine.

My hope is that you will at least allow me to meet with people from your unit to hear me out. This egregious, unethical and immoral assault on our patients, which our 'professional sources of news and information' have not found 'newsworthy', surely has to end.

Sincerely

Dave Webster MD FRCP Nuc

705-688-8492 cell
705-675-4714 office

Here is a more detailed timeline I had initially planned to use on my website but didn't. I have other entries on website beyond the year 2000.

Timeline:1999 - 2000

https://docs.google.com/document/d/17GmU77SPMWfTh3l7xl1iLszlh9jnNNt-MbOj9cLr_MY/edit

Website:

petontario.org

YouTube Channel: DR DAVE Webster

https://www.youtube.com/channel/UCwCbt_AHZ-SFN8k_cpyt2qA/videos

TWITTER Account:

@petscansontario