



February 2, 2017

Dear Dr. Webster,

Thank you for your letter and for sharing your concerns regarding the initial introduction of PET scanning to Ontario. As requested, your letter was shared with the PET Steering Committee.

I have been the Chair of the Committee since 2012, and as a physician I am proud to be able to bring together the diverse clinical, research and administrative expertise of the Committee to make recommendations on the use of PET scanning in Ontario based on evidence.

Since 2012, these recommendations have increased patient access to PET through the introduction of a number of additions to the provincially funded indications. There have been four additions to the Schedule of Benefits related to esophageal cancer, metastatic squamous cell carcinoma, liver metastases from colorectal cancer, and nasopharyngeal carcinoma; registries have been opened for aggressive and indolent lymphoma staging, pediatric oncology, and medically intractable epilepsy, and; three provincial clinical trials have been launched to develop evidence on the use of PET for muscle-invasive bladder cancer, advanced breast cancer and cardiac sarcoidosis. For indications where the utility of PET has been proven, but there are delays in provincial implementation through insured funding streams of the establishment of registries where needed, we work with CCO to provide continued access for patients so care is not impacted.

The PET Access Program continues to provide a mechanism for physicians to submit referrals for their patients for any indication. The turn-around time for a physician to receive a decision upon submission of a completed request continues to be typically better than two days, and the approval percentage has been consistently near 70 percent. Where possible, we have also leveraged data collected through PET Access to identify emerging referral trends and help streamline the referral and adjudication process.

The PET Steering Committee continually reviews the evidence – not only through analysis of Ontario data, but also through regular, systematic reviews of the peer-reviewed literature. For topics that are identified as benefiting from targeted review (e.g., in areas such as emerging non-FDG radiopharmaceuticals or indications brought forward by clinical experts across Ontario), we collaborate with other relevant clinical experts to assess the literature in greater depth.

We are also working to promote the use of PET through various means. This includes championing the appropriate use of PET as part of our clinical interactions with our peers, as well as leveraging the networks and tools available through CCO (e.g., CCO's Ontario Cancer

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## PET Scans Ontario

Advisory Committees and embedding PET into disease pathway maps) and through health organizations outside of oncology (e.g., Cardiac Care Network). In addition, we are directly engaging with professional societies such as the Canadian Association of Nuclear Medicine and the Ontario Association of Nuclear Medicine to strengthen relationships and identify opportunities for collaboration.

We would be happy to receive evidence on indications we haven't yet considered.

Regards,

A handwritten signature in blue ink, appearing to read 'Ur Metser'.

Ur Metser, MD, FRCPC  
Chair, PET Steering Committee