

Cancer patients deserve better (National Post, April 27, 2005)

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At my age, nobody hasn't had a personal brush with cancer. If not yourself, others in your extended family or circle of friends have it or did: Some are now dead, some have undergone multiple surgeries, some are in chemo or radiation therapy, some are in remission or cured. I hear a lot of cancer- related bad news, although more and more cancer- related good news too.

Some of the good news derives from Positron Emission Tomography (PET) -- which snoops around in our innards at the molecular level, effecting early detection, monitoring and follow- up of cancer as no other technology ever has or could. What an anatomical Computed Tomography (CT) scan "stages" as inoperable, a PET scan, delving deeper, may find operable. It's fair to say that PET scans -- of proven benefit and widely obtainable elsewhere for a decade -- can literally make the difference between life and death. Yet Canada is the only country in the developed world where PET scans are not routinely available to its citizens.

The curious insularity of the Canadian oncology system was brought home to me by the experience of friends, cancer patient "Max" and his wife "Penny." After a colon cancer operation, Max's surgeon informed Penny that Max's cancer was a Stage Four, and he would likely die within five years. The surgery uncovered a possible spread to the liver, which a CT scan failed to confirm either way.

A friend urged Max to get a PET scan at a private U.S. clinic. (At the time -- July, 2001 -- there was one PET machine in Ontario at McMaster University in Hamilton, for research only.) With no encouragement, in fact marked indifference from his oncologist and surgeon -- even though both knew Max had the means for private initiatives -- Max called a Buffalo clinic, secured an immediate appointment and was told, two hours after the scan, that there was nothing wrong with his liver, and that he was, for the moment, healthy.

Penny told me that his surgeon and the oncologist were galvanized by the news: Where both had been tentative and muted concerning the prospects of a patient they considered essentially doomed, upon receipt of the PET results, their attitude became one of optimistic engagement. The psychological effect on Max, from considering himself terminally ill to a man with a fighting chance for full recovery during his subsequent year of chemotherapy, was incalculable. Max is still cancer- free.

Max wouldn't have to go to the U.S. today. Although there is a private stand- alone PET clinic in Toronto and one in Vancouver, for cutting- edge technology he would come here to Montreal. In November, 2004, businessman Steve Stein opened the private Ville Marie PET/ CT Centre in Montreal, the first (and only) Canadian clinic to offer combined PET/ CT scans, the new gold standard in cancer diagnostic. Stein charges \$2,500 per scan. Most private insurance companies reimburse between 80% and 100% of the cost.

The fee, well within the means of middle class clients, reflects the price of the machine, about \$3- million, and its installation bunker, costing another \$1- million. More important, unlike an MRI or a CT scan, every PET scan involves a fluoro- dioxy glucose tracer injection, which runs about \$500 per session, so the surrounding expenses, including two technicians, are indeed daunting on a mass level, and -- except for Quebec, which is the only province to fund about seven to 10 PET scans a day -- explains general governmental foot- dragging on widespread implementation.

Nevertheless, it's a scandal that we are so far behind the curve on this technology. Cancer patients should be agitating for access to what is available "everywhere else in the world," in the words of Dr. Raymond Taillefer, chief of nuclear medicine at Hotel- Dieu Hospital in Montreal. But they aren't made aware of the gap, because Canadian oncologists adapt their practice to the scarcity of resources. Since most of their patients can't afford private clinics, or won't get timely access to the few machines in hospitals, which mostly sit idle for want of funding, they restrict treatment protocols to the resources at hand.

If I were diagnosed with cancer, I'd want the same standard of diagnostic, monitoring and follow- up care that patients in the U.S., Japan, Western Europe and Australia take for granted. Luckily I can afford to just head down Sherbrooke Street to the Ville Marie PET/ CT Centre to get it. I daresay the very politicians who publicly rail against two- tier medicine might do the same.

Oncologists, it is in your interest to empower your cancer patients with the information they need to address the PET deficit politically. You took an oath to help sick people. Why should you be apologists for -- and thus complicit in furthering -- a retrograde health care system?

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