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RE:PET ACCESS THROUGH CCO COMMITTEES

Dear Dr. McLeod

Thank you for your letter dated March 24 2017. As Vice President of Clinical Programs and 'Quality Initiatives' you will be the perfect person to direct questions to about the "Quality" of the methods that CCO uses to assess PET indications in Ontario.

PREAMBLE:

Everyone my colleagues and I have dealt with from CCO over the last 15 years or so has always been very enthusiastic and proud of how they have assessed PET. In addition essentially all the CCO websites related to PET talk about 'openness, transparency, accountability and an 'evidence-based' approach to PET.'

Yet for some reason with but one exception, no one from CCO has answered a single question of relevance from my colleagues and I over all these years.

The patients have now learned that PET ACCESS 'medical experts' are also now choosing to refuse to answer their questions about their imaging management and the key role these physicians are playing in their access to PET/CT.

Consider your statement:

"While we encourage you to continue to advise your clinical colleagues on

when a PET scan may be beneficial for their patient...”

This would be in keeping with the ‘spirit’ of these proclamations and mission statements from CCO.

Perhaps you are not aware that officials from Cancer Care Ontario phoned Senior Administrative Officials at Thunder Bay Health Sciences and told them to ‘shut me down’ or else. In short, if I continue to be ‘open, transparent, accountable and provide the appropriate documentation and evidence’ to support my statements to patients and physicians on PET:

- ***I will no longer be allowed to work at this hospital.***

It would also appear that the oncologists who consulted me on these patients to be involved with decisions around imaging management and shaping radiation field therapies, were also told to ‘cease and desist’ their efforts to inform patients about Cancer Care Ontario’s ‘unique’ efforts to block patients from PET access.

Hopefully you are as shocked as the physicians I have talked to about his threat. I can tell you the patients were shocked. It did of course serve to drive home the claims that CCO has something very egregious to hide from patients and physicians.

They have all been made aware of the statement by an acknowledged world PET expert, Professor Rodney Hicks from Australia, who has published in the medical literature about how Ontario has blocked PET from patients.:

- ***“Ontario has the most egregious and politically motivated agenda against PET, (ie our cancer patients) in the world.”***

However hopefully you will see this as an opportunity to reassure these patients and their physicians that CCO’s efforts with respect to PET are about doing ***“just what is best for Ontario’s cancer patients”*** to quote Dr Les Levin past Senior Medical Advisor to the Ontario Ministry of Health when he spoke to me in 2004 about CCO’s efforts to assess PET for funding in Ontario.

THEREFORE:

1. I would ask that you find out who, from CCO called the administration at Thunder Bay Hospital and told them to shut me down so that I may pursue this threat to my livelihood further, and then send me their contact information.

SPECIFIC QUESTIONS RELATED TO YOUR RESPONSE:

I of course was fully understood the role of PET ACCESS in considering non-OHIP funded PET scans and how to apply, and in spite of initially sending the request by email, and not fax, this was exactly how the applications on behalf of patients were made.

The problem however, and not pointed until some six weeks after I became involved as a consultant on imaging management for patients, that I was not allowed to order the PET scans. You have said:

- “..requests must be submitted by the physician accountable for patient management.”

Yet the patients Oncologist had consulted me to become involved in their patient’s management because of my expertise in imaging management of cancer patients consulted me. Therefore:

2. Since my involvement with the physicians and the patients was directly involved in management decisions, why would I not be allowed to approach PET ACCESS on the patient’s behalf?
3. This also appears to be a unique anomaly in who can order tests on patients in Ontario. Why is this the case?

ROLE OF PET ACCESS IN ANSWERING PATIENT'S QUESTIONS:

I am sure you would agree that patients are entitled to have any and all of their questions and concerns regarding proposed imaging or treatments or how their case has been handled to date. Keep in mind that everyone I deal with will have received a copy of a letter from Dr. Hoskins, the Minister of Health, regarding his expectations about criteria that imaging tests in Ontario should meet, and with a special emphasis on radiation exposure to patients from diagnostic imaging tests. Further, they are fully aware of the unprecedented controversy and accusations made by Canadian and International PET experts with respect to how CCO has assessed PET. After all:

- ***The OHIP funded indications for investigations of lung nodules and lung cancer are the exact opposite of the entire world body of expert opinion regarding PET.***
- ***The implications of what PET scans are available for the patients I have so far represented to PET ACCESS have been profoundly negative for them.***

Therefore, I have taken the position and will continue to do so, that those physicians who make the decisions regarding patient’s access to PET in Ontario, are the ones who will be expected to answer patient’s questions. Surely given how proud they are of their efforts, this should not be presenting the problem it is.

4. Do you agree that those physicians from CCO who make the decisions directly impacting patients lives ***should be compelled to answer patients questions regarding their access to PET, and most importantly on what basis those decisions are made as well as any other reasonable and well-informed questions?***
5. If you agree then will you immediately direct PET ACCESS members involved in the decision making process ***to answer all the patients questions and concerns?***
 - Having granted the PET scan request ***does not eliminate the need to answer their questions and concerns, just as it would not be sufficient for those discussing with the patient the specifics of the PET/CT scan they are about to have.***
6. If you do not agree they should be required to address questions and concerns from patients, then I would ask that you explain your reasoning in detail. I will then share your response with the patients.

GENERAL QUESTIONS REGARDING THE 'QUALITY' OF EVIDENCE WITH RESPECT TO HOW CCO HAS EVALUATED PET.

No one from CCO is even trying to pretend that there is any 'quality evidence' to justify the use of the scientifically baseless process of Health Technology Assessment [HTA] to determine 'the quality of evidence' regarding uses for PET in Ontario. I have written the key physicians and groups involved with this process, and only one physician was willing to explain their support for HTA. This physician did not offer any documents or medical literature to support HTA. He felt his response was full and sufficient reason to justify using the HTA and has made it clear he has nothing more to say on this matter:

"I believe that there is a role for health technology assessments in the evaluation of diagnostic imaging devices."

In other words the 'Quality Assessment PET by CCO, is base on ***'FAITH ALONE'*** and how dare anyone challenge their right to believe this to be true.

However as 'mere mortal' non-CCO physicians, we are compelled to use the accepted standards of validated methods to assess what we recommend to our patients.

- ***This would be particularly critical in any medical legal challenges to how patients have been managed.***

Concluding this 'full stop' justification for using HTA with the very disturbing statement of Dr. Hicks what patients now have to consider is:

- ***The assessment of PET by CCO is a FAITH BASED and AGENDA DRIVEN process that appears to be directed against them!***

However, I am sure you will want to correct this 'misperception'.

Therefore:

7. Given there is no 'quality evidence' to justify using HTA to evaluate PET for Ontario patients, ***how do you as a physician in a senior position involved with 'quality' issues affecting patients and their access to PET defend the use of HTA?***
8. Since a scientifically validated process is not being used by CCO groups such as PET ACCESS to determine the quality of evidence for PET, ***please explain, or have someone qualified to do so, how decisions are made about what PET scans are considered for funding either by OHIP, or for the exceptions granted from PET ACCESS.***
 - The benchmark to assess your response will be the criteria outlined by Dr. Hoskins and with special reference to the amount of radiation exposure from diagnostic imaging tests patients in Ontario are exposed to.
 - You will also no doubt want to refute Dr. Hicks' statement about the process determining PET funding in Ontario. I will then be happy to send your rebuttal not just to the patients, but also to Dr. Hicks for his comments.

And one final question:

9. Please make clear why the refusal to answer questions and concerns from physicians and now patients, combined with the threat to my livelihood by CCO is fully in keeping with CCO claims of:
 - ***'Openness, transparency, accountability and above all USING AN EVIDENCE BASED APPROACH.***

Respectfully Submitted

Dr. Dave Webster.

Accompanying Documents:

1. Letter from Dr. Hoskins regarding diagnostic imaging in Ontario.
2. Editorial from President of the American Society of Nuclear Medicine regarding the use of evidence-based medicine in Ontario, to block patients from PET.
3. Paper from the Journal of Nuclear Medicine by Drs. Ware and Hicks regarding how PET was evaluated in Ontario.
4. Motions from the Canadian Association of Nuclear Medicine from 2005 declaring the PET trials on Ontario patients by CCO “unethical” and demanding an independent review of the ethics of CCO’s actions by Canadian experts in Ethics and Health Policy. (Ignored by government and CCO.)