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Dr. Ur Metser Chairman
PET Steering Committee
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Dear Drs, McLeod, Dobranowski and Metser

Thank you for your letter of May 4th. It is a nice change to actually get acknowledgements and replies to letters after almost 15 years of 'stonewalling' from government experts. However, as expected not a single question of relevance was answered, but just more boasting about how PET is evaluated and not a single document offered to back your assertions. However what I have learned is that it is not what is said in the responses, but ***the statements and accusations that are made which you do NOT CHALLENGE that serves to confirm their accuracy.***

First and foremost in light of your statement "***patient and treating physician.***":

- ***I was consulted by the patient's oncologists: I met with the patient and families; I had numerous discussions with both the patients regarding the best way to proceed with their imaging management; then when PET/CT was available to discuss treatment options with the physicians and the patients.***
 - ***In short, I was clearly involved as a 'treating physician' with these patients.***

It begs the obvious question that if another specialist had been consulted regarding an oncologist's patient in an area they did not fully feel fully informed about, but it wasn't to do with PET:

- *Would you three be taking the same position about ordering of various tests including imaging tests that the consulted physician might request?*

WHAT HAS BEEN ESTABLISHED SO FAR IN OUR COMMUNICATIONS:

1. I have repeatedly asked for the documentation making it clear that as a licensed Ontario physician who is also an acknowledged PET expert *'that I am not allowed to make application for a PET scan for ANY patient either to OHIP or through PET ACCESS.*
 - **You have refused to produce any documentation to support your claims that I not be allowed to apply for PET scans for patients.**
 - Further you have refused to explain why there was no issue when I approached Ms. Aslam and made my position clear. She assigned me an ID and sent me the forms and instructions.
 - Ms Aslam stopped responding to emails asking for various documents and how to contact the 'medical experts' making the decisions directly when it became clear that patients also expected the PET ACCESS experts to answer their questions. BOTTOM LINE:
 - *The PET ACCESS Committee members have dismissed the patient's questions and concerns, presumably because they don't feel the patients are worthy of answers to their well-informed questions.*
 - ***Alternatively, THERE IS NO DEFENSE FOR THE METHODOLOGY BY WHICH DECISIONS REGARDING WHETHER OR NOT PATIENTS ARE GRANTED A PET/CT***

WE WILL NOW ASSUME AS FACT:

- **NO SUCH DOCUMENTATION EXISTS TO BACK YOUR STATEMENTS ABOUT MY ELEGIBILITY TO ORDER PET/CT SCANS.**
- Until you come up with a counter argument defending your position:
 - *We will assume that this part of CCO 'tactics' of working by 'threats and intimidation' to hospitals and physicians in Ontario such as the call by CCO to the administration at Thunder Bay Health Sciences and threatening to have me loose my right to work there.*

I was once again notified of the 'displeasure of CCO' regarding my advocacy for patients not by the usual channels of the Chief of my department who was completely unaware of the issues, or someone from the Senior Hospital Administration.

- *Therefore we will now assume that CCO and the Thunder Bay Senior Administration are aware this is not 'acceptable or defensible' on the part of the hospital and of course by senior CCO Administration.*

- ***Nevertheless I told my colleague that I will no longer perform consults on this issue, or make applications for new PET/CT scans.***
- Interestingly, when I was in Thunder Bay working last week Dr. Mark Henderson a CCO representative at Thunder Bay Hospital met with me. Dr. Henderson told me:
 - CCO wants me to continue me advocacy for PET, but not with Thunder Bay patients.
 - ***Then he made the statement “WITH OR WITHOUT PATIENT IDENTIFIERS!”***
 - ***It seemed that I was not going to be even allowed to use patient example images from anyone from Thunder Bay regardless of the fact there was no way of determining that the case examples originated from Thunder Bay!***
 - ***I also told him I obviously had to follow-up on the two patients that I had established a Patient/Physician contract with.***
 - ***His response was he expected me to HAVE THE PERMISSION OF THE ONCOLOGISTS WHO HAD CONSULTED ME! (It was clear CCO Senior Admin threatened these physicians, as well.)***
- I have sent Dr. Henderson a letter asking him detailed questions in order that I know **EXACTLY** what he and Cancer Care Ontario are demanding of me if I wish to continue at Thunder Bay Health Sciences.
- In the ‘boiler plate’ CCO instructions for responses related to PET, he did not answer a single question of relevance, or clarify just exactly:
 - ***What I would be allowed to do to carry on my advocacy for PET in a manner that would not ‘contradict or embarrass CCO’, and thus be able to continue to work in the department I set up for the hospital!***

Comments I have received from friends, colleagues, and in the Social Media realm could be summarized as ‘shocking and shameful’. Others couldn’t be printed here, but perhaps the description of “evil” would go nicely with Dr. Al Driedger’s claim that what CCO experts were doing “bordered on immoral.”

But we can also conclude that since there was ‘no comment’ from you three about these threats to my ability to work that:

- ***You three physicians fully support these threats to my career for having given physicians and patients the correct information and backed by the kind of documentation and literature support that ‘mere mortal’ non-CCO medical experts would be expected to use to defend their actions in a potential medical legal situation regarding the care ‘they were forced to offer their patients’ dictated by CCO medical experts.***

Since no one from CCO has challenged the statements and accusations made by PET experts and included in my various communications to you three, we can now conclude that the assessment of the 'quality of evidence for PET/CT:

- ***Is a FAITH based, and an egregious and politically motivated agenda driven process.***
- ***A process DIRECTED SQUARLEY AT ONTARIO PATIENTS BY MS WYNNE, DR. ERIC HOSKINS, AND THE LIBERAL PARTY OF ONTARIO.***

SUMMARY OF ACCESS TO PET/CT IN A LIBERAL ONTARIO:

- We have a Liberal State Sponsored assault on Ontario's cancer patients and threats against those who act as their advocates based on the acceptable scientific and medical basis of establishing a defense of ones recommendations to patients.
- That Cancer Care Ontario 'experts' are the 'mouthpieces' for Liberal Government policy using HTA to come up with the answers needed to institute Liberal Government 'health policy' already written.

To add the vicious/evil component to this assault on patients:

- ***Ms. Wynne and Dr. Hoskins, most cruelly, have labeled this as "PATIENTS FIRST HEALTH CARE".***

Further what needs to be acknowledged is:

- No one has ever challenged the advice and information I have provided to patients or their physicians as not being factual and documented as true. I'm just not allowed to say it...'OR ELSE'. Therefore, until you offer a successful counter argument backed by documentation I am going to assume the following;
 - ***Your indefensible actions, resulting in refusing to answer reasonable and well documented questions from physicians and patients is all part of the ongoing cover-up of what CCO 'medical experts' such as yourselves have perpetrated on patients to accomplish the mandate of 'discrediting, delaying and blocking patients' from PET.***
 - ***And yes we do know it is about money from several documentable sources.***
 - ***Indeed the physician using the FAITH in HTA approach inadvertently answered a question at a medical meeting years ago making it clear THE ISSUE WAS ABOUT THE GOVERNMENT NOT ABLE TO PAY FOR THE TEST AND NOT THE LACK OF EVIDENCE.***

- ***However you won't be too hard on him. Realizing he given the 'correct answer' to the question, he immediately left the stage and went to a National Post Journalist and reassured her there was no evidence to support PET.***

FURTHER STATEMENTS FROM YOUR LETTER:

2. "If the patient's treating oncologist believes a PET scan may be beneficial for their patients."
 - How curious the choice of the word "***believes***", rather than saying 'based on the best and current evidence'. We have established that the only necessary and sufficient basis for dealing with PET/CT is to have a 'religious inspired' FAITH/BELIEF in the process you are using to evaluate PET/CT. That and of Ms. Wynne and Dr. Hoskins "agenda".
3. That in fact, oncologists know very little about PET, which is abundantly clear as I talk to oncologists and surgeons routinely using PET. This is a 'great credit' to CCO experts, if this were the kind of credit one was looking for. CCO's efforts have made sure they are poorly informed using a scientifically baseless process to 'educate them', and of course only allowing CCO approved indications anyways, no matter if they were actually reading the real medical journals and attending International Level Medical Conferences.
4. If that doesn't work then plan B is to ***threaten anyone who offers actual evidence.***
 - What is also clear is that if these oncologists were to consult someone about their patients regarding issues they felt were outside their area of expertise, and as long as wasn't about PET, ***then this would be okay. They would be free to order any tests they felt may be of use, AND NOT HAVE TO GET THE APPROVAL FOR EACH TEST OR SUGGESTION FROM THE ONCOLOGIST WHO CONSULTED THIS PARTICULAR PHYSICIAN.***
 - ***Just like CCO has 'world class unique' indications for PET, they have 'unique/threat based' approaches to anyone who would dare share with patients or physicians information that doesn't have the official 'seal of approval' of CCO 'literature/propaganda'.***
5. I was particularly curious about the statement:
 - "...and the majority of requests are approved."
 - Surely this begs the question:
 - ***'WHY WEREN'T THESE INDICATIONS ALREADY ROUTINELY APPROVED FOR ALL PATIENTS IN SIMILAR CIRCUMSTANCES.***
 - Further you go on to say, "...access supported by evidence which we have already established has no scientific basis or justification to assess PET."

- ***So why weren't you aware of this evidence BEFORE THE REQUEST WAS MADE?***
 - ***However since we know that decisions are not based on proven methods of science but politically based:***
 - ***WE WILL NOW ASSUME THAT A SCAN WILL BE GRANTED DEPENDING ON HOW MUCH 'POLITICAL FALL OUT', THAT NOT GRANTING THE SCAN MIGHT GENERATE.***
6. We all knew, as did the patients, that for the past more than 15 years, the major 'defense' of the actions of CCO on PET were to ignore the controversy and refuse to acknowledge or address well informed questions by 'non-CCO physicians:
- True to form and as I put in letters and the patients expected:
 - ***NOT A SINGLE QUESTION FROM THESE PATIENTS, TO WHICH THEY ARE ENTITLED TO HAVE ANSWERED, HAVE BEEN ADDRESSED BY CCO "OPEN, TRANSPARENT AND ACCOUNTABLE' PHYSICIANS.***
 - ***In short, these CCO experts:***
 - ***HAVE DISMISSED THE PATIENTS CONCERNS PRESUMABLY OF UNWORTHY OF THEIR CONSIDERATION.***
7. Therefore a further 'fact' we have established, that notwithstanding the special 'duty' of a government committee based physician to be accountable to the citizens of Ontario:
- ***That you three physicians, who like me took the Hippocratic Oath to first do no harm to our patients, do not believe patients are entitled to have answers to their questions from CCO experts, even though these 'experts' are playing literally a 'life and death' role in how these patients are managed in Ontario.***
 - ***Could it be argued successfully that the actions of CCO experts lead to serious and unforgiveable harm to this, and endless other patients?***
 - ***Perhaps we will have the opportunity to have this answered in the near future.***

NEW DEVELOPMENTS REGARDING ONE OF MY PATIENTS:

That with respect 'Carol', the patient with cervical cancer, the PET/CT she was graciously 'granted by PET ACCES **AFTER** her radical radiation therapy was in fact correct:

- ***SHE WAS STAGE IV DISEASE AND WOULD HAVE BEEN BEFORE HER RADICAL RADIATION THERAPY TO HER PELVIS.***
- ***Therefore she clearly SHOULD NEVER HAVE HAD THIS THERAPY FROM WHICH SHE HAD AND CONTINUES TO SUFFER FROM SIGNIFICANT MORBIDITY TO HER RECTUM AND BLADDER.***
- ***That her oncologist was forced to practice medicine what could reasonably be considered 'incompetence given how readily the PET/CT determined her 'correct stage' BY THE ONTARIO LIBERAL GOVERNMENT ON RECOMMENDATIONS FROM CANCER CARE ONTARIO EXPERTS.***
 - ***The patient has been informed of these facts.***

It was because of the well-understood 'imaging from 10,000 feet' limitations of CT in the era of PET/CT imaging, that she is in this profoundly serious situation, which was utterly not necessary but will continue to add to her misery. She is a nurse and fully aware of the implications both of the fact that she should never of had this therapy and the fully meaning and implications of her Stage IV status.

However an even bigger and more profound, unnecessary and harder to deal with stress she and her family are now struggling with is:

- ***She was offered 'false hope' and a radical therapy because of the fact that her physicians were not allowed to routinely use the accepted world standard of imaging management for her cancer.***
- ***That this was knowingly and deliberately done to her because Ms. Wynne and Dr. Hoskins needed 'proof' from CCO experts that PET/CT was not justified in her initial work-up in order to get 'red ink' off the balance sheets.***
- ***In a terrible case of tragic irony, as her oncologist was making investigation and treatment decisions for Carol, she was asked to review the most recent efforts of the McMaster Medical School team intimately involved with HTA and designing experiments to come up with the needed answers for Dr. Hoskins. The 'foregone' conclusions' of the HTA FAITH BASED AND AGENDA DRIVEN experiment was that:***
 - ***THERE IS NO ROLE FOR PET/CT IN EARLY WORK-UP OF CERVICAL CANCER.***

Compounding this blatantly unnecessary extra stress she and her family are struggling with is that she has been repeatedly told that for follow-up imaging **IT WILL HAVE TO BE WITH CT.** This is an insult to her intelligence treating her as if she was an idiot:

- ***A further PET/CT WOULD ONLY BE ALLOWED:***
 - ***"IF THE FINDINGS ON THE CT WERE NOT DEFINITIVE"!!!!***

- Curious how the fact that it was the ‘lack of definitive answers from her CT and MR’ ***that she is this intolerable, viciously cruel and unnecessary situation of added stress as a direct result of the actions of CCO ‘experts’ but this was and continues to be conveniently ignored by CCO.***

Further in the letter you speak about the power of PET as well as the limitations. I repeatedly emphasize this point to physicians and patients.

- PET IS NOT THE BE ALL AND END ALL FOR EVERY CANCER.

She is aware of the statements I made to Ms. Wynne in a letter last July:

- ***When it comes to funding diagnostic imaging procedures, the government should only pay for tests that have a reasonable chance of assisting the physicians and patients how next to proceed.***
 - ***She also is aware of the paper by Worsley et al showing how PET helped oncologists make more informed and better decisions in patients compared to CT and MR in some 85% of cases.***

ONE FINAL KEY PIECE OF INFORMATION CAROL AND OTHERS HAVE:

Although it took Dr. Eric Hoskins some 18 months to respond to a letter he asked me to send him regarding my concerns, he did finally respond and each patient, their physicians and others have a copy of this very helpful document in which Dr. Hoskins lays out very clearly his expectations about imaging tests which OHIP should fund:

In Ontario, PET diagnostic services must be:

- Effective (sensitive, specific, accurate)
- Have the potential to impact patient management
- Have benefits over other tests/imaging

It goes without saying that this would not just apply to PET but to ALL diagnostic imaging tests particularly if there are risks to patients such as radiation. Since these really are ‘motherhood and apple-pie’ issues we would all agree any diagnostic imaging test should have:

- It is time to bring the data on CT and MR that meet these laudable requirements to the attention of Ontario physicians and the patients demanding it to back the answers to the questions, they have yet to receive.

In addition, Dr. Hoskins **WAS VERY CLEAR** about the critical issue of ‘***unnecessary exposure of patients to radiation from diagnostic imaging tests***’. He chastised me

for not being concerned about recommending PET/CT given of course according to 'HIS' experts, there is very little 'quality evidence' to support routine PET.

- If only the experts in Turkey had consulted with CCO experts they would not have wasted their money on just fewer than 100 PET scanners.

Each patient, and Carol in particular asked the PET ACCESS Panel and the other CCO PET expert committee's to provide the evidence meeting the criteria laid out by Dr. Hoskins, but most importantly:

- ***Justify in great detail with the supporting documents, the 'benefits' to her from the radiation she has and will continue to receive from her past CT exams, and the ones she is currently booked for.***

BUT SURELY THIS IS A UNIQUE AND WONDERFUL OPPORTUNITY FOR CCO':

In 2009 Dr. Bill Evans et al published an 'Original Article' in the Journal of Clinical Oncology:

Evidence-Based Approach to the Introduction of Positron
Emission Tomography in Ontario, Canada
William K. Evans, Andreas Laupacis, Karen Y. Gulenchyn, Les Levin, and Mark
Levine

This paper promotes the CCO approach to assessing the 'quality of evidence on PET and other diagnostic imaging devices' as an almost virtuous model of perfection.

- Surely given your letters and responses and universal pride in the accomplishments of CCO experts, Carol's case should present you with the perfect example of what Dr. Evans et. al., 'the pride and joy' of CCO!
- You should not need Carol's permission to use her case file with no identifiers, but she has assured me she is quite prepared to put her name forward in a very public way to get answers to her questions and concerns.
- ***Regardless, and in keeping with the ABSOLUTE POSITION THAT CAROL MAY NOT HAVE ANOTHER PET/CT UNTIL HER SERIAL CT EXAMS ARE "NOT CONSIDERED DEFINITIVE:***
 - ***CCO experts will surely want to offer up Carol's case as THE ARCHETYPICAL EXAMPLE of this paper and CCO's 'brainchild' approach to PET.***
 - ***It will not only be an opportunity to demonstrate to Carol and her physicians, but also to the rest of the world of 'doubting Thomases' that CCO experts really are the WORLD CLASS EXPERTS THEY CLAIM, and the rest of the world effectively 'bought snake oil'.***
 - ***It will be time to put physicians like Professor Rodney Hicks and Dr. Sandy McEwen and others in their places and make them 'eat***

crow for making such terrible accusations against the 'purest methods' of CCO experts.

I almost forgot, although Dr. Dobranowski no doubt remembers. I will be sure to send your 'example of CCO perfection in action' to Dr. Al Driedger. Dr. Driedger, who was a member of the PET Steering Committee stood at a medical meeting in Toronto in 2009 and said to Dr. Dobranowski after his talk showing the use of HTA by CCO to evaluate PET:

- ***"I resign from the PET Steering Committee.***
- ***"I regret having ever worked with this group.***
- ***"I believe that what those who are blocking PET are doing "borders on immoral"***
 - ***HOW DARE DR. DRIEDGER MAKE SUCH AN UNPRECEDENTED AND EGREGIOUS ACCUSATIONS.***
 - ***The time has come to 'put this so-called physician expert' in his rightful place.***

And above all I am sure that our Premiere, Ms. Kathleen, badly needing political 'brownie points' with the up coming elections, and Dr. Hoskins will want to use Carol's management by the best of CCO 'standard of care' recommendations as the perfect case to demonstrate:

- **That the Ontario Liberal Health Policies truly are PATIENTS FIRST!**

CONCLUSIONS:

'Carol' as you know, has been and will continue to be copied all the various communications from the 'proud CCO medical experts'. She, as well as all my patients, will also be given access to all the facts and documents that they may need depending on what, in this case, Carol and her family decide to do with this terrible knowledge and 'dismissal of her questions and concerns' by CCO experts.

Therefore unless you are prepared to challenge the facts and statements I have offered in this letter with the appropriate and compelling evidence and documentation, I see no further need to address this particular patient's issues. It will now be up to Carol and her family to decide how to proceed.

But as the information is getting 'out there' in spite of the ever shielding 'Chomskian Press' the government has counted on, there will be many other letters from people named:

- Stephen

- Greg
- Monique
- Celine
- and so on.

They too are aware that they will likely be 'IGNORED' by CCO experts. However this will still serve a very useful purpose for documentation which I continue to accumulate for those who might find a use for it after all these years I have utterly failed in getting justice for Ontario's patients. The evidence to date would seem to support the statement that:

- That some of Ontario's sickest and most distressed patients have been made 'victims' and 'pawns' by CCO experts in their efforts to 'please their political masters'.

But then again, your using Carol's example to show your 'superior, albeit, FAITH based methodology', will presumably prove me wrong like the rest of the world.

Regards

Dr. Dave Webster
cc:Carol