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Dr. Julian Dobranowski
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620 University Avenue
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STATEMENT FROM CCO:

Cancer Imaging Program,
Strategic Directions

**Timely Access to
Quality Imaging**
January 2012

Based on Principles including:

- **Transparency**
- **Evidence-based**

RE:CANCER CARE ONTARIO'S ROLE IN THE TRAVESTY OF PET IN ONTARIO

Dear Dr. Dobranowski

The time has come to demonstrate how these 'noble' mission statements apply to PET and the reality of Ontario patients having not just most restricted access to PET indications in the world, but indications, which could be rightfully, considered incompetence or even malpractice.

INTRODUCTION:

This will be the first in a series of letters addressed through you, to Cancer Care Ontario [CCO]. This first letter will outline what we both agreed on based on our conversation in 2009, and then two specific questions. Then, since CCO is the lead on PET in Ontario, I will be sending letters on behalf of patients and physicians who have asked me to write on their behalf. They will be asking very specific and

well-informed questions. Patients in particular are entitled to full disclosure and informed consent about diagnostic and therapeutic procedures that are being proposed, and more importantly denied to them.

According to the world accepted standards for investigation of cancer and other serious disease, at least beyond the borders of Cancer Cares Ontario, physicians are being forced to practice not just substandard medicine, but medicine that could be reasonably assumed to be incompetent. The time has come to have those who have advised the government on appropriate roles for PET, ***to do the informed consents to our patients, and give detailed, 'quality evidence' backed reasons to justify Cancer Care Ontario's position of using serial CT exams to follow patients, and as a possible justification. To order a PET scan.*** There be other questions to follow given that the majority of OHIP funded PET scans, involving lung nodules, is the exact opposite of the world expert body of opinion.

In addition, I will be sending you a copy of a letter sent to me by Dr. Eric Hoskins along with my follow-up letters to his statements. This response was to a letter he requested I write to him back in May 2015 regarding PET in Ontario. After some 'gentle persuasion', he finally responded. However, his response is critical, since he makes clear how proud he is of the work that CCO and it's various 'expert advisors' have done to assess PET.

- More importantly he makes clear the rigid expectations of what a diagnostic imaging test must meet before being considered for funding by OHIP, criteria I'm sure we can all agree on. Some of the key criteria Dr. Hoskins states include:
 - Effective (sensitive, specific, accurate)
 - Have the potential to impact patient management
 - ***Have benefits over other tests/imaging***
- He also was kind enough to remind me of the risks of exposure to PET scans, which of course CCO continues to claim has little evidence to support its use.
- Cancer Care Ontario will now have the opportunity to demonstrate to patients and physicians how the CCO sanctioned approach, and specifically serial CT exams, meets these criteria including risks from radiation exposure

I will not repeat what is in these letters but will get right to the matter.

LETTER 1:
WHAT WE KNOW FROM OUR 2009 CONVERSATION:

This conversation took place as you were coming off the stage having giving a talk to a gathering of physicians outlining CCO's approach to assessing the quality of evidence for or against PET. This talk precipitated the resignation of Dr. Al Driedger from the PET Steering Committee and his shocking statement:

- ***“What those who are blocking PET in Ontario are doing borders on immoral.”***

In June 2010 I wrote you to make sure that my recollection of our conversation and in particular your statements on the evidence to support the use of Health Technology Assessment to determine the quality of evidence for PET in the medical literature was correct. I will append a copy of this letter to refresh your memory, along with the response from your office.

In this response, true to the universal response of the Ontario Ministry of Health ‘expert medical advisors’ and politicians, including most recently Dr. Hoskins, not a single question of relevance was addressed.

- ***More importantly my statements and recollection of the facts of our conversation were not refuted or challenged.***
- ***By default you have agreed to them.***

Based on that conversation and the communications we shared we have established the following:

1. ***It turns out that everyone agrees with your 2009 statement regarding Health Technology Assessment***, including, Dr. Les Levin the who belittled the use of the HTA at my meeting with him in 2004, Dr. Sandy McEwan when he was President of the Society of Nuclear Medicine and such notable experts as Professor Rodney Hicks of Australia:

- ***THERE IS ABSOLUTELY NO SCIENTIFIC BASIS TO JUSTIFY THE USE OF THE HTA TO ESTABLISH THE “QUALITY OF EVIDENCE” OF THE MEDICAL LITERATURE ON PET OR ANY OTHER DIAGNOSTIC IMAGING DEVICE!***

In addition we also know, among other things that:

- The Ethics Committees reviewing the PET Steering Committee’s proposed experiments, and the patients taking part in these CCO experiments, were NOT TOLD, that there was no evidence to support the use of the HTA to evaluate the results of the experiments patients would take part in.
- That CCO through the PET Steering Committee were not in fact using the HTA to evaluate the quality of evidence for PET, BUT USING PET TO TRY AND VALIDATE THE HTA!

You did state that even though there is no evidence to support the use of the HTA to assess the quality of evidence for against PET, that ***Cancer Care Ontario would continue to use the HTA to do just that!***

QUESTION 1:

RESPECTFULLY SUBMITTED TO CANCER CARE ONTARIO THROUGH YOU, DR. DOBRANOWSKI:

PRELUDE:

I believe that it is a reasonable statement, that considering Cancer Care Ontario's "unique" position on the lack of 'quality evidence' to support routine and widespread use of PET, which has resulted in the most restricted access to PET indications on the planet for our cancer patients, ***then surely the reasons, and justification for doing so must be especially strong and profound given there is absolutely no basis to use the HTA for this indication.***

1. Therefore Dr. Dobranowski I would ask that you, or someone appropriate from Cancer Care Ontario, please state very clearly with very powerful reasoning and justifications to explain Cancer Care Ontario's "***capricious use, to quote Dr. Sandy McEwan***" of the scientifically baseless HTA to determine the 'quality of medical evidence for or against PET'.

The answer must very carefully describe how using the HTA would be able to establish the rigorous standards Dr. Hoskins has laid out in order to determine whether or not a diagnostic imaging device such as PET should be funded by OHIP. This includes evidence showing that the technique is"

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

The response to this question should make clear why Dr. Hoskins is so proud of Cancer Care Ontario's approach to assessing the appropriate uses of PET. Above all the answer should make clear to one and all that:

- The use of the HTA was "***just what was best for our cancer patients***" this particularly in light of Dr. Hoskins proposed legislation entitled:

- **"PATIENTS FIRST"**

QUESTION 2:

The Litmus Test to Demonstrate to the World That Cancer Care Ontario Truly is the World Class Cancer Institution It Claims to Be.

Professor Rodney Hicks is a world-renowned PET expert from Australia and one of the international experts who have condemned what Cancer Care Ontario [CCO] has

been prepared to do to some of our sickest and most distressed patients. In a recent email response Dr. Hoskins made the following point:

'Other medical jurisdictions in the world are still trying to block PET, sadly even Australia. However, Ontario has the most egregious and politically motivated agenda in the world.'

Professor Rodney Hicks 2016

For almost 15 years in spite of unprecedented condemnation from Canadian and International Medical Experts, Cancer Care Ontario has steadfastly maintained that there is insufficient "high-quality evidence" to support the widespread use of PET. They have been equally steadfast in refusing to acknowledge or respond to the unprecedented condemnation and motions declaring their experiments "unethical", and statements such as "bordering on immoral" It must be very frustrating for you and your colleagues who worked very hard to assess the proper roles of PET for the benefit of our patients. Surely the quickest and most definitive way of settling these contentious issues would be to carry out the 2005 Canadian Association of Nuclear Medicine Motion that was overwhelmingly passed.

- ***This motion demanded that an independent body of recognized experts in ethics and health policy determine whether what Cancer Care Ontario has done, with your approval, was ethical.***
- It goes without saying they obviously would need unfettered access to any and all documents and communications to make their assessment. Unless there is something to hide, surely those who are being presumably unfairly criticized would welcome the investigation and a chance to prove to the world what great expert advisors they are.

You'll note there is no motion to assess the 'scientific merits' of Cancer Care Ontario's approach because as we all agree.

- **THERE IS NO SCIENTIFIC BASIS OR MERIT TO HOW CCO EVALUATES PET!**

What lead to the unprecedented and profoundly series accusations against your expert medical advisors, is whether or not what they did was ethical!

Surely this would be the ultimate litmus test and clear Cancer Care Ontario's good name and reputation.

1. Therefore Dr. Dobranowski would you or someone from Cancer Care Ontario be prepared to recommend that this motion to evaluate the 'ethics' of Cancer Care Ontario's actions, be carried out by an independent group of experts

with unfettered access to all the documents they would require to do their job?

- a. *If not, then Cancer Care Ontario will need to explain in detail why not. Silence is no longer an option. Ontario's patients and physicians deserve the truth.***

Given the number of years Cancer Care Ontario has been involved with establishing its own 'high-quality evidence' regarding possible uses for PET, there should be no delay in having someone respond to this letter as soon as possible. Indeed I would expect that Cancer Care Ontario, will be anxious to get on with the Ethics Review, so you all can finally put this annoying doubt in the abilities and intentions of their top experts.

This letter will be followed by others, and including letters I will write on behalf of cancer patients who will look to your experts reassurance that Cancer Care Ontario's Standard approach for them is, to quote Dr. Les Levin from 2004:

- ***"...just what is best for our cancer patients."***

Dr. Les Levin Senior Medical Advisor to Ontario Ministry of Health,
2004

Respectfully submitted.

Dr. Dave Webster