

## FINAL SCRIPT FOR EQUITABLE ACCESS TO PET/CT FOR ONTARIO PARTIENTS WITH

### MOBILE PET:

I would like to thank those attending today's news conference and also Mr. Stephen Skyvington for all the assistance he has given me to help get my messages on PET out to the public. I would especially like to thank Ms. France Gelinias, the NDP health Critic and Mr. Bill Walker of the Conservative party who have allowed me this precious opportunity to speak to you today. The fact these two politicians from such seemingly different perspectives are willing to come together and join me here today highlights importance their respective parties have placed on these issues so critical to Ontario's patients.

Besides helping you to have a better understanding of what PET scanning is I also want to make clear why the Liberal Government has spent so much time and money blocking patients in seven communities from access to a MOBILE PET/CT. At first blush, it would seem a 'no brainer' to provide MOBILE PET/CT for these communities given that it is staggeringly cheaper than having their local hospitals provide PET. Perhaps after this session people will begin to ask the right questions to a government that would still rather have patients putting their lives at risk by travelling on winter roads for their PET rather than bringing the MOBILE PET to these communities.

Consider this statement from a northern Ontario patient travelling to Toronto for her PET scan.

***"I was so sick I had to lie down flat in the back of the car while my sister drove me to Toronto and back for my PET scan."***

Yet in spite of being aware it is both cheaper, safer and surely a great opportunity to show that

**PATIENTS REALLY ARE FIRST IN A LIBERAL ONTARIO**, Dr Hoskins will offer reasons in the media to block MOBILE PET/CT that **are 100% false!**

My goal besides making people more aware about the advantages of PET for patients is that now, better informed politicians who have the power and means to get access to what I will call **REAL INDICATIONS FOR PET** will be able to ask the key questions Ms. Wynne and Dr. Hoskins have so far refused to answer. In addition I hope an informed and inquisitive media will defy the claims of 'fake news from south of the border' and show the world that Ontario journalists are prepared to ask the tough questions of our politicians and in the process discover why since 2005 Canadian and International PET experts have condemned the government and their Cancer Care Ontario 'medical experts' for what they have done to block Ontario patients from PET.

- ***In short Ontario patients have the most restricted access to PET in the world to medical jurisdictions offering PET for the benefit of their patients.***
- ***They will also discover that the bad news is that up to 90% of OHIP funded PET scans would be considered incompetence or worse beyond our borders.***

People will also discover that in 2005 the Canadian Association of Nuclear Medicine passed motions declaring the Ontario Government PET experiments "unethical", and demanded an immediate investigation by a team of Canadian Experts in Ethics and Health Policy to try and determine how this could have happened in Ontario! They will also find out that in 2009 the most senior member of the Cancer Care Ontario PET Steering Committee, Dr. Al Driedger, would resign in disgust, and declare that the government efforts to block PET **"bordered on immoral."**

So as I proceed to explain more about PET keep this in mind.

- The only infrastructure cost to have MOBILE PET/CT access in seven Ontario communities **is the cost of installing a 220-volt power line to plug it into!**
- Yet some 9 million dollars will be spent in Sudbury to operate a permanent PET/CT **we will only be able to use for 1.5 days a week!!**
- Yet right next door in Quebec with half our population, and the same number of scanners they image up to 3,000 patients/ year/ scanner!

My colleagues and I have spent almost 15 fruitless years trying to get the Liberal Government and their 'medical experts' to defend how they have evaluated PET for use in Ontario.

But what exactly is a PET scanner anyway? Is it a fancy device so I can image my pet lizard? Few in Ontario, and especially the doctors who have limited access to PET, are aware of the power of PET to direct their patient's management or **the profound impact of the lack of access has on their patients.**

PET has been the accepted world standard of imaging management in mostly cancer but also dementia patients, and in the case of lung cancer for almost 20 years including places like Chile and Argentina. Yet to this day the position of the government's experts using a scientifically baseless and non-validated tool called **HEALTH TECHNOLOGY ASSESSMENT ARE STILL CLAIMING** that PET remains 'unproven technology'. **REALLY! The country of Turkey has almost 100 PET scanners!**

This has been a deliberate and well-orchestrated agenda against our patients by the government, and yes, it is because they don't want to pay for it.

### **SO JUST WHAT IS A PET SCAN AND WHY ALL THE FUSS?**

Most are aware that CT and MR scanners provide images of the STRUCTURE or ANATOMY of our bodies and masses such as cancer. The problem and severe limitation of CT scans is they have almost no ability to determine whether a mass is cancer, or scar tissue with the difference obviously critical to patients.

PET is the Premiere example from a class of imaging devices that allow us to directly image **CELL FUNCTION OR METABOLISM**. By using less than a billionth of a gram, and most commonly of radioactive sugar molecules, we can observe the patient's own cancer cells using sugar and how they are responding, or more importantly **NOT responding to treatments**. Thus years ago PET became the 'imaging cornerstone' in the Era of Personalized medicine, where treatments are tailored to the patient's own unique cancers.

**An era that Ontario patients have been banned from.**

All cells use sugar, but cancer cells require an enormous amount of sugar to survive. Thus if the mass is cancer it will 'shine out against the background' such that anyone in this room could look at the images and say..**THAT DOESN'T LOOK GOOD!**

But I keep saying PET/CT. In fact with each PET scan we also acquire a low radiation dose CT with no need for contrast media that patients can have severe reactions to, but are often necessary with the higher radiation dose CT. The total radiation dose to the patient from a PET/CT is similar to the diagnostic CT.

With PET/CT we have the **'best of both worlds'**. We can identify the masses with the CT, but the PET provides the critical missing information *to help differentiate harmless masses of scar tissue from active cancer cells requiring more treatment.*

Besides sugar however there is an almost limitless number of other molecules PET can utilize to observe virtually any metabolic activity in living cells.

For example, recent advances have a lead to a major breakthrough in PET imaging and treatment monitoring for men with Prostate cancer.

However if the past 15 years of dealing with Cancer Care Ontario is any indicator, **the government's 'medical expert's will already be working out how to discredit, delay and block men with prostate from PET imaging** that is currently spreading across Europe, the US and the world.

It was **the special efforts of the government's medical experts** to block women with more advanced forms of breast cancer from PET **that lead to the unprecedented 2005 motions declaring the Ontario PET trials unethical and Dr Driedger to declare what**

**was happening “bordered on immoral.**

So as we sit here today, the Cancer Care Ontario ‘seal of approval’ method for diagnosing and following cancer patients is not with PET/CT but with repeated CT exams:

- I have a patient who has had 23 and counting CT scans, **the equivalent of almost 200 years of background radiation exposure!** Using PET/CT would result in a gross reduction in radiation exposure to patients **AND** be more appropriate to guide this patient’s management.
- A Canadian medical publication showed that PET scans more appropriately guided oncologists in decision making in almost 85% of cases compared to serial CT scans.
- Ontario patients may well survive their cancers only then to develop other cancers from what is ***“an obscene overexposure to radiation from all but useless CT scans!”***

Here is an example demonstrating to power of PET/CT to most appropriately guide patient management.

A Sudbury patient and owner of a large business was diagnosed with colon cancer. CT and MR exams showed liver masses and **BOTH CONCLUDED THEY WERE NOT CANCER!** Yet repeat CT scans showed the masses were growing and yes they were cancerous. Had a PET/CT been performed at the time of his diagnosis it would have lead to further investigations confirming the masses where cancer and he would have been started on

therapy **7 months earlier!**

After his treatment I asked a radiology colleague to read his follow-up CT. He said:“Dave, the man is toast”, although his final report was more subtle, the news was far from subtle for the patient who started the process of selling his business and cancelled plans to spend the winter with his wife in Florida. However he had also heard about PET and decided to pay for his scan, which I interpreted.

The PET SCAN showed!

- **The masses identified on his post treatment CT were scar tissue and NOT CANCER!**
- **However the PET showed he did have a small 1.5 cm active tumour that was missed on the CT.**
- **His physicians told him to go to Florida and they would look after it when he returned in the spring!**
- **OH.. AND NO NEED TO SELL HIS BUSINESS!**

It has been a remarkable experience to be part of this kind of ending, but unfortunately I've also witnessed the harsh reality of what it means for a cancer patients to live in Ontario, and not Quebec or for that matter Paraguay. I've seen a 36 year old woman who if she had lived next door in Quebec, and had routine access to PET she might not have had to tell her three children and her husband that *mommy is going to die.*

So hopefully you have a better understanding about PET, so let's get back to why Ms Wynne has gone out of her way to block Mobile PET.

A remarkable man from Sudbury named Sam Bruno never gave up trying to convince the government to get a PET for Sudbury and the same access as patients would have elsewhere. When he died in 2010, his family and friends with the help of Ms. Gelinias, set up the Sam Bruno PET fund. France has been and remains an enormous support to the family and helping them achieve Sam's dream for a PET scanner in Sudbury. When the fund started the government said they would pay the operating cost for a PET if the community raised the three to four million for the scanner.

Behind the scenes, I had worked with my hospital administration on three business plans over the last six years to bring the MOBILE PET to Sudbury.

- **The Ministry of Health ordered the hospital to shut down every plan**

including the one I proposed in June of 2015 that almost certainly would have resulted in getting the MOBILE for Sudbury patients.

Then in November of 2015 Dr. Hoskins and MPP Glenn Thibeault showed up with a cheque for 1.6 million to cover operating costs for a permanent PET for Sudbury with the money available April 2016 **Yet it was estimated it would be another three to five years before the money would be raised for the scanner!**



## SO WHY THE USELESS CHEQUE?

- **To block MOBILE PET!**
- If Sudbury got MOBILE PET, the other six Ontario communities would also want access to the MOBILE.

What few knew was that Dr. Hoskins had for almost two years been blocking a proposal from the MOBILE PET/CT owner that for a very meagre investment would have provided MOBILE PET/CT access to seven Ontario communities ***for less than the 1.6 million he gave to Sudbury to operate a SINGLE PET SCANNER we could only use 1.5 days a week!***

Move forward to November of 2016 when yet again Dr. Hoskins and Mr. Thibeault would make a surprise visit 'bearing more gifts of money'. What they had neglected to mention the year before was that not only would the community have to raise the money for the PET/CT ***but also the 5-6 million required to house the PET unit!***

Yet miraculously and on the same day, in spite of news report only days earlier that the PET/CT plan was on hold, two anonymous donors added sufficient funds to pay for the scanner and Dr. Hoskins had a cheque to now cover the full cost of the building to house the PET/CT!

**Perhaps it was a coincidence that at the same time there was all this fuss in the media surrounding how Mr. Thibeault was chosen as the Liberal Candidate for Sudbury in the last election.**

Yet again a critical piece of information would not be made public, **but was made very clear to**

**the Sudbury Hospital administration.**

- ***UNDER NO CIRCUMSTANCES COULD ANY OF THE 1.6 MILLION SITTING GATHERING DUST BE USED TO BRING THE MOBILE PET/CT TO SUDBURY/***

**BUT WAIT** isn't it still cheaper, and safer to bring the Mobile to these seven communities not to mention the opportunity to show how **PATIENTS ARE NUMBER ONE IN ONTARIO?**

So for the next two years patients from across Ontario will still be driving to places like Toronto maybe vomiting in the back seat of their car, maybe too sick to go, or risking serious injury if not death on the winter highways for their PET scans!

There must be some pretty powerful reasons for Ms Wynne to block our cancer patients from access to MOBILE PET!

So once again, and behalf of Ontario's Cancer patients I implore you Ms. Wynne to do the right thing and allow the cancer patients in these seven Ontario communities to have access to the MOBILE and get their PET scans in their own communities.

Respectfully submitted Dr Dave Webster