

Dr. David Webster  
Health Sciences North  
41 Ramsey Lake Road  
Sudbury ON  
P3E 5J1

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Mr. Ratan Ralliarum (Chair) and CCO Board Members  
Chairman of the Board  
Cancer Care Ontario  
620 University Avenue  
Toronto Ontario, Canada  
M5G 2L7

Michael Sherar PhD,  
President and CEO  
Executive Team, and the Senior Executive Team.  
Cancer Care Ontario  
620 University Avenue  
Toronto Ontario, Canada  
M5G 2L7

Dear Mr. Ratan Ralliarum

Thank you for your letter dated June 14, 2017.

I elected not to accept the offer to meet with Dr. Sherar and other Senior Executive members as it seemed pointless. All things considered it would be reasonable to conclude that this meeting was simply an opportunity for CCO Senior Executives to threaten me personally for my long standing efforts to demand CCO defend how it has evaluated PET. It is clear that CCO intends to continue the 'mandate' to discredit, delay and block PET because of cost concerns. This 'mandate' was given to CCO years ago by Premier Dalton McGuinty, and his Minister of Health, Mr. George Smitherman.

CCO physicians have refused from the beginning and continue to refuse to answer questions from medical professional associations, and individual physicians regarding the methodology that CCO physicians are using to 'assess the quality of evidence' regarding PET. This 'stone walling tactic' is now being

extended to patients with CCO experts refusing to answer patient's well informed and critical questions about the 'imaging management' of their cancers. Who better to answer the concerns and questions of patients than those who have made the decisions regarding their 'lack of access to PET'. This speaks volumes as to how CCO views patients in Ontario notwithstanding CCO's claims of being a 'world class Cancer Agency'

With my numerous letters to CCO committees and various representatives and government officials, there has only ever been one instance where someone directly answered the question I put forward. What is critical to note however is that when I did get responses from various individuals:

- No one has ever challenged any of the statements I have made, or the serious and unprecedented accusations made against CCO physicians by various Canadian and International PET experts.
  - Therefore we will now assume that CCO accepts these statements as reasonable and/or factual, but have simply dismissed them.
- In this letter I will summarize what we all would seem to agree on. If you disagree with any of the following statements then please feel free to counter the statements, including the appropriate documents and supporting evidence.
- My repeated requests to see the documents declaring that I am not allowed to order PET/CT scans for my patients, continues to be ignored.
- If you would like to challenge the statements I have relayed to CCO by distinguished experts in PET, I will be happy to pass your rebuttals and backing evidence along to them for their appraisal and chance to defend their positions.

**STATEMENTS OF FACT ABOUT THE POSITIONS OF THE SENIOR EXECUTIVE OF CANCER CARE ONTARIO AND THE BOARD OF DIRECTORS:**

1. Everyone agrees there is absolutely no scientific basis or 'quality evidence' to justify evaluating the "quality of medical evidence" with respect to PET or any other diagnostic imaging device using Health Technology Assessment [HTA].
  - a. Even though CCO agrees there is no rational or defensible reason to support the use of HTA to evaluate PET, it will continue to use it for this purpose. This is fully in keeping with the statement made to me in 2009 by Dr. Julian Dobranowski, Provincial Head of Imaging for CCO.
  - b. The major 'selling feature' of HTA is that CCO physicians can 'dial-in' the answers the Liberal Government needs to justify funding policies on PET it has already decided on.

- c. CCO is aware of and has no concern about the implications for Ontario's patients, as exemplified by the case example of 'Carol', a patient with cervical cancer:

**Case Example:**

- The unnecessary suffering of this patient is a direct result of the evidence-based methods used by CCO physicians to block PET.
- The patient was grossly mis-staged and her radical radiation therapy was based on the compulsory 'CCO standards of investigation' with CT and MR. She had the expected severe complications of radiation to her colon, rectum and bladder among other effects.
- If the patient had of been allowed the accepted world standard of imaging work-up with PET/CT it would have appropriately demonstrated that her 'potential curative therapy' offered based on her CT and MR would have been contraindicated as she already had Stage IV cervical cancer.
- She now has to adjust to the 'possible cure' she was offered based on CCO 'evidence-based medicine' to the reality of her impending death, suffering the unnecessary misery of the complications of her radical radiation therapy to her pelvis. Having spent her career as a nurse she will never come to terms with the knowledge that was done to her intentionally by CCO physicians under the direction of the Liberal Government. In particular, Ms Kathleen Wynne and Dr. Hoskins are fully aware of her situation, but like CCO:
  - Consider her suffering a SUCCESS STORY, in their determined and highly effective efforts to block patients from routine access to PET/CT.
  - Carol's suffering is the price SHE HAD TO PAY, for CCO to carry out the mandate to discredit, delay and block patients from PET.
  - Sadly, the patient is aware of the tragic irony, that faithful CCO and McMaster based physicians were just finalizing a paper using the 'CCO evidence-based' approaches and determining that PET/CT had no role to play in the management of cervical cancer. This 'result' was what Dr. Hoskins would have asked for.
  - CCO, or for that matter, Ms. Wynne, or Dr. Hoskins, have shown no concern for this patient, and have ignored her repeated requests to answer her well informed and obviously even more critical questions in light of the gross mis-staging by CCO 'standards of care'.
- The patient's physicians were forced by CCO 'evidence-based medicine' to practice incompetent medicine with Carol, and for their

troubles of trying to advocate for this patient for a proper standard of imaging management and investigation, they have been threatened by CCO.

- All physicians take the Hippocratic Oath stating that first one should do no harm to patients.
  - Harm was knowingly and intentionally done to this patient and she and her family are fully aware of this.
- “Carol” is but one of literally tens of thousands of patients over the last 15 years who have been used as ‘pawns’ and become necessary ‘casualties’ of CCO’s determined, well orchestrated and highly effective efforts to carry out it’s mandate to be ‘mouthpieces’ for Liberal Government Health Policy, now called, as a cruel joke: “PATIENTS FIRST HEALTH CARE”, and the newest ‘slogan/propaganda’ statement’ from CCO: “CCO | Our future health built with care.”
2. Further the Senior Executive and Board of Directors for Cancer Care Ontario condones the use of threats and intimidation against physicians if they dare to act as patient advocates and discuss the manner in which CCO has evaluated and assessed roles for PET in Ontario.
  3. In addition, CCO is aware that a mere ‘medical poster on a couple of pieces of bristol board” from an Australian medical meeting in the late 90’s claiming that PET was not useful in lung cancer was the excuse used by the Ontario Liberal Government to halt the recommendations by an independent Multidisciplinary Committee to introduce PET in Ontario. The committee members had recommended more than 24,000 patients would immediately benefit from a PET scan. The Ontario Ministry of Health would use this ‘medical poster’ as the excuse it needed to halt PET and to run ‘it’s own experiments’ to come up with the answers it needed on PET.
  4. CCO was given carte blanche to discredit, delay and block PET. They would partner with physicians from the McMaster Medical School, and would form multiple so called ‘evidence-based’ committees, such as the Institute for Clinical Evaluative Studies [ICES] and the PET Steering Committee [PSC].
  5. The first report by ICES would use this ‘poster’ and the ‘evidence-based methods’ being developed through McMaster University to state that there was insufficient “quality evidence” to justify OHIP paying for a single indication for PET.
  6. Dr. Al Driedger, who was the Chairman of the Multidisciplinary Committee would become a member of the PSC. He would bypass Dr. Bill Evans, the Chair of the PSC and write to Mr. George Smitherman and claim among things, that CCO medical experts were deliberately ignoring evidence favoring PET because of the government’s concerns about cost. In 2009, Dr. Driedger would resign ‘in disgust’ from the PSC and state publically to Dr. Dobranowski, Provincial Head of Imaging for CCO who had just delivered a talk on CCO’s approach to PET that:

- a. *“What those who are blocking PET in Ontario are doing, borders on immoral.”*
7. A paper in the Journal of Nuclear Medicine by Drs’ Ware and Hicks confirmed Dr. Driedger’s serious accusations which were ignored by Mr. Smitherman and the various CCO ‘evidence-based’ committees assigned to blocking PET. Drs. Ware and Hicks demonstrated how ICES:
  - a. ‘Elevated’ the ‘medial poster’ claiming PET was not useful in lung cancer to a Level A quality paper. Then papers that clearly were Level A or B, but favoured PET were ‘demoted’ to unacceptable Level C and D papers.
  - b. A ‘testament’ to the power of HTA to come up with the answers demanded by CCO’s political masters is best exemplified by the fact that up to 90 % of OHIP funded implications are for lung nodules and lung cancer. Use of the CCO ‘stamp of approval’ indications for PET could result in charges of incompetence for physicians who used them. The indications are the exact opposite of the entire ‘non-government based’ world body of PET experts on appropriate roles for PET. The implications for patients, goes beyond “immoral” and borders on criminal. Indeed, when Dr. Rodney Hicks was able to expose what the Australian Ministry of Health officials did to delay and block PET, there were criminal charges laid.
8. CCO is fully aware that ‘CCO sanctioned experiments’ on patients were declared “unethical” by the Canadian Association of Nuclear Medicine [CANM] in 2005. A more ‘profound’ motion was to have a team of Canadian experts in ethics and health care policy immediately investigate how this could have happened in Ontario. These ‘unprecedented and serious accusations’ were dismissed by Mr. Smitherman and CCO. These motions were precipitated by the ‘special efforts’ made by CCO to block Ontario patients with breast cancer from PET.
  - a. To this day the *“unethical and bordering on immoral”* PET PREDICT Trial on women with breast cancer is still used by the Ontario Liberal Government to block women with appropriate indications from a PET scan. Ontario remains the only medical jurisdiction on the planet that I am aware of that continues to deny the critical benefit to specific women with breast cancer from having routine access to PET.
  - b. In spite of the claims of pride by those involved with blocking PET not a single CCO committee assessing PET, or physician involved with CCO efforts has agreed to support the motion to have Canadian ethics experts investigate the actions of CCO. Surely this would be the ‘ultimate litmus test’ to back CCO’s claims of what great work, but more importantly the *‘ETHICAL’* basis of what they have done to patients to block PET and enthusiastically backed by Ms. Wynne and Dr. Hoskins.

- c. *This above all makes it clear that the unprecedented accusations by Canadian and International PET experts against CCO are in fact justified and true.*
9. Further CCO is aware that the only CCO based physician to answer my question as to how CCO physicians justified using a scientifically baseless process to use HTA was by Dr. Andreas Laupacis, the first President and CEO of ICES. CCO has no problem with his statement: *“I believe there is a role for health technology assessment...”* In short, the justification for using HTA is based on ‘FAITH’.
10. Given the evaluation PET is not based on the accepted methods of ‘science’ we will now assume that the assessment of “quality of evidence” regarding PET is *‘agenda based’*. You have not challenged the statement and therefore we will assume you agree with Professor Rodney Hicks of Australia.
- a. *“Ontario has the most egregious and politically motivated agenda against PET ( ie Ontario’s patients), in the world.”*
11. This “agenda” is to block PET because of cost-concerns, and is not because there is insufficient ‘quality-evidence’ to justify the use of PET.
- a. I will back this claim at a later date. At a Nuclear Medicine meeting in 2004, Dr. Laupacis left no doubt about this when he responded to a question from me following his talk on CCO evaluation of PET.
12. That based on the responses or lack thereof to legitimate questions from physicians and patients to CCO and it’s actions against patients makes it clear that CCO Mission Statements of *‘openness, transparency, accountability and evidence-based medicine’ are demonstrably false and thus a sham.*
13. *That CCO Senior Management and the Board of Directors fully support the use of threats against physicians that would dare educate physicians about how CCO has handled PET,* and how other medical jurisdictions came to view PET as the ‘cornerstone of imaging management of patients’ in the Era of Personalized Medicine.
- a. *The threat against me by CCO remains in effect, and if I continue to speak to physicians and patients in Thunder Bay, or even use case examples from Thunder Bay, even without information identifying the source of the cases, that I will no longer be able to work at the hospital.*
14. It is curious that CCO has no trouble with statements made to me by Dr. Mark Henderson from Thunder Bay, who personally informed me of the threats against my ability to work. Dr. Mark Henderson was aware of ‘clinical’ information about one of my patients before the patient and I were aware of the details. *This would seem a rather serious violation of ‘patient confidentiality’* since to the best of my knowledge, Dr Henderson was not acting as a medical consultant to the patient, but as ‘an agent of CCO’.

**Conclusions:**

The deliberate and longstanding efforts of CCO, with the backing of the Board of Directors, and in concert with McMaster University physicians and experts is very disturbing, and shameful. To have repeatedly dismissed the unprecedented and severe condemnation of your actions by Canadian and International medical experts and scientists justifies their accusations that the actions of CCO and it's committees are indeed:

- *“Capricious, unconscionable, egregious and immoral”*.

Regards

Dr. Dave Webster