

MY FIRST MAJOR COMMUNICATION WITH MS CLARK
THE EDITORIAL 'GATEKEEPER' FOR THE AGENDA

Dear Ms. Clark

I would be very happy to meet with you ahead of time..

I will send you a timeline that I will have on me website expected to go up on March 1.

It isn't complete yet, but the key information is there.

I would be happy to send other information as well.

SENT DOCUMENT LINK:

A quick Summary would be however.

1. Independent Multidisciplinary Team of Diagnostic headed by Dr. Al Driedger assessed the five roles for PET including in such entities as dementia. Keep in mind the original use of PET was to investigate the intact brain and was the first imaging tool we had to establish much of what we now understand about brain function.
 1. Yet Government experts will declare that none of this research is of any use because of it's poor quality.
 2. They will use a research tool that has no scientific evidence to validate the quality of any evidence for diagnostic equipment such as PET or CT to make these statements.
2. They recommend up 24,000 to up to 40,000 patients would immediately benefit from PET.
3. Mr. Tony Clement gets report and calls key Cancer Care Ontario [CCO] experts like Dr. Bill Evans, and tells them the government will not pay for this, and directs them to do whatever they need to do to discredit, delay and block PET.
 1. **We know this to be true since when I was President of the Ontario Association of Nuclear Medicine we hired Mr. Michael McCarthy [from Hep C scandal fame] who was Mr. Clement's right hand man and was at these meeting.**
 2. **They would form various 'evidence-based medicine' committee's through CCO such as PET Steering Committee [PSC], ICES OCOG ECT.**
4. The Multidisciplinary Team gathers to hear governments response to their report expecting to role out PET.
 1. **The government presents a 35 mm slide of a mere poster presentation from an Australian Medical Meeting, on a couple of pieces of bristol board claiming PET not useful in lung cancer.**
 2. **The role out of PET was literally stopped by someone's idea they were working on for publication, and not yet written or peer reviewed, TO STOP PET IN ONTARIO.**
 3. **The government claims they will need to do their own experiments to determine roles of PET.**
5. This continues to this day.

What is key is that all of this activity lead to unprecedented accusations and motions declaring the PET trials on patients "unethical" and "boarding on immoral"

What finally precipitated the outrage from the Canadian Nuclear Medicine Community was the what they did to women with breast cancer. Keep in mind that the supposed role of the PSC was to figure out the proper roles for PET, in this case for women with breast cancer.

PET PREDICT TRIAL:

- **The trial was deliberately designed to fail, a gross violation of Human Ethical Research. The PET camera was not physically capable of detecting the cancers in the women they chose to put in the trial.**
 - **They used 'early stage breast cancer patients, terrified with their new diagnosis, but PET is entirely inappropriate as noted above.**
- **Equipoise demands that if a trial is failing, it must be stopped.**
 - **It was designed to fail, and thus it was immediately obvious that it would fail.**
 - **Instead of stopping trial they would put over 300 women through this trial with all the further stress of the test, waiting for results ect, and some 300 chest x-rays worth of radiation exposure (average dose of diagnostic CT) when trial had to fail.**
 - **THEY EXCLUDED FROM THE TRIAL THE VERY WOMEN WITH MORE ADVANCED BREAST CANCER that the entire world knew could get critical benefit from a PET scan.**
 - **They did not tell the women that the tool used to design the trial and interpret the results had absolutely NO BASIS TO DO SO.**

I will also send your team an absolutely key document put out by TRIUMF from University of British Columbia. It was written by the Independent Journalist Susan Martinuk and it will contain an enormous amount of background information about PET in Canada. The section on Ontario is particularly enlightening. I helped Susan by putting her in contact with key people in Nuclear Medicine in Canada and also supplied her with all the documents of letters that were sent to various MOH officials who typically would not respond or acknowledge, and when they did, without exception they would never answer a key question.

**I will also send a much more detailed Press release I was preparing for those like your group which would consider pursuing further.
It is not complete but I could fill you in on what is missing.**

I will also send you a summary of the key paper from the Journal of Nuclear Oncology from Dr. Evans et al. Dr. Evans was the first Chairman of the PET Steering Committee [PSC].

The major point to understand is that this is all orchestrated through McMaster University School of Medicine and Epidemiology.

They will use a tool they consider themselves the Master of called Health Technology Assessment or HTA. For years we tried to get them to answer the question as to whether there was any scientific basis or validation of the use of this research tool to assess the quality of medical evidence of PET or any other diagnostic imaging device such as CT or MR.

- **The major strength of the HTA is that it allows the users to come up with the evidence that those paying for the technology need to justify what they want to pay for.**
 - **I will send you the key paper from Dr. Rodney Hicks from Australia which outlines in detail how Cancer Care Ontario manipulated the medical literature to come up with the indications which involve the investigation of lung nodules and lung cancer that are the opposite of the entire world expert body of opinion..**

- It also confirmed the accusations of Dr. Al Driedger who was the Chair of the Multidisciplinary Team and then went on to become the most senior member of the PET Steering Committee. He bypassed Dr. Evans and wrote to Mr. Smitherman and among other statements said that members of the government were denying evidence that favoured PET. Mr. Smitherman refused more than once to acknowledge or respond to this letter as he was required to do by law.
 - This led to a whole other chapter I haven't gone into, but I have worked with THREE Ontario Ombudsmen on the process by which the government handled PET.
 - They have dismissed the concerns of all the Canadian and International PET experts such as Dr. Hicks, said we had confused what their role in assessing PET was.
 - They have buried the two investigations I was involved with from Public Access
 - Mr Marin has gone on record in Hansard congratulating the world of CCO on assessing PET.
 - I would be happy to share my communications with the current Ombudsman, Mr. Dube, who refuses to respond to my questions asking for clarifications on his ruling with my latest attempt to get an inquiry.
- **There is zero evidence to support its use.**
- **At this point in time and based on my recent communications no one from Cancer Care Ontario is even trying to pretend there is any basis to justify its use. I will send you my letter to Dr. Andreas Laupacis who was the first President and CEO of the Institute of Clinical Evaluative Studies [ICES]. After all the misery and tragedies my colleagues and I have witnessed over the years, when asked how did he justify using the HTA was : "I BELIEVE THERE IS A ROLE."**
- **Dr. Laupacis is also key to the truth that the whole 15 year process is about cost. At a medical meeting in Niagara on the Lake I asked him a question after his talk. He could not have been clearer it was because the government could not afford to pay for it. I have these communications. When he realized what he said, he took no more questions from the audience, and immediately went to a National Post reporter and said there is no evidence that PET worked.**
 - Based on the same evidence France bulk purchased some 80 scanners, and as noted in my script, Turkey has almost 100.
 - In places such as Chile and Argentina, PET has been the standard of care for lung cancer for almost 20 years.
 - Yet in Ontario, the Ontario indications as I have noted, would result in charges of incompetence or worse.
 - Until very recently, how lymphoma was investigated, including in 17 year olds would lead to criminal charges in the states from obscene overexposure to unhelpful and useless radiation from something called Gallium scans and CT exams.

SUMMARY:

Although the process seems complex, in reality it boils down to this.

1. **The government did not, and still does not want to pay for PET so they instructed CCO medical experts to discredit, delay and block PET.**
2. **No one on planet has done a better job, and several like Dr. Les Levin...head scientist of Mars Excite, would seem to have been rewarded richly.**
3. **It of course begs the question of what else CCO has done to our patients.**

Thanks for your interest.