

SOME COMMUNICATIONS WITH MR LOWMAN FROM THE AGENDA

Hi Dave,

My name is Harrison Lowman. I am a producer at The Agenda. We received your email the other day. I was wondering if you might have a few mins to talk over the phone next week, so that I could better understand your concerns.

Cheer

Dear Harrison

I presume you have access to the various emails I have sent to Ms. Clark and more recently to Mr. Jon Thompson. One I hope you find of interest is a follow-up to the email I sent to Ms. Clarke in the February 27th email. The woman, 'Carol' who I was referring to has sadly become the archetypical example of why Canadian and International PET experts have since least 2005, been openly naming and condemning the Ontario government and Cancer Care Ontario for what they have done to patients to discredit, delay and block PET from patients. And yes it is about money. When Mr Tony Clement was the Minister of Health, he was presented with an independent report of experts in Oncology and Diagnostic Imaging assessing how the five roles commonly used in the late 1990's would benefit Ontario patients. Up to 40,000 patients were estimated to benefit. This Multidisciplinary Report was Chaired by Dr. Al Dreidger. Dr. Clement called the key physicians from Cancer Care Ontario and told them to discredit and block PET since they weren't going to pay for it.

- We know this to be a fact since Mr. Michael McCarthy (handled the Hepatitis C issues on Ontario) was Mr. Clement's senior assistant. He was present at these meetings, and when I was President of the Ontario Association of Nuclear Medicine we hired Mr. McCarthy as our lobbyist.

No one on the planet has done a better job at blocking PET leading Professor Rodney Hicks from Australia to say to me in an email:

- ***"Ontario has the most egregious and politically motivated agenda against PET (ie our patients) in the world." Statement from 2016.***
- ***Dr. Hicks has published a detailed account in the Journal of Nuclear Medicine showing how the Ontario government and Cancer Care Ontario used a photograph of a mere 'medical poster presentation' on a couple of pieces of bristol board from an Australian meeting claiming PET was not useful in Lung cancer to:***
 - ***Take the 40,000 patients recommended in the Multidisciplinary Report on PET in Ontario from 40,000 patients TO ZERO!***
 - ***This was the first report from the Institute of Clinical Evaluative Studies [ICES] headed by Dr. Andreas Laupacis***

- ***In a recent letter Dr. Laupacis acknowledges there is absolutely no scientific basis to justify how CCO evaluates PET, but he justified his use:***
 - ***"I believe there is a role for health technology assessment in evaluating diagnostic imaging devices." I BELIEVE, IN OTHER WORDS SIMPLY BASED ON FAITH!***
 - ***He goes on to say how proud he is of his work on PET, and has nothing further to say.***
 - ***In another exchange with Dr. Laupacis at a medical conference he spoke at, he inadvertently answered a question correctly making clear the reason for blocking PET was not because of insufficient medical evidence but because the government could not afford to pay for it.***
 - ***Realizing his mistake, he left the stage, went to a National Post reporter and told her the reason was there was not evidence to support PET.***

Regarding the tragic issue of Carol this woman is currently living a nightmare because had the PET/CT been done as it should have been BEFORE her mutilating radical radiation therapy to her pelvis with severe side effects to her rectum and bladder...it would have demonstrated correctly that this treatment was contraindicated because she was already stage IV and untreatable.

As you may know as a result of my being consulted on Carol and another patient in Thunder Bay, the senior administration at Cancer Care Ontario called the Senior administration, not for the first time, and told them to shut me down or else.

- ***If I continue to speak to patients and physicians about PET in Thunder Bay, or even use case example of patients from Thunder Bay, I will no longer be able to work in Thunder Bay.***
- ***I was the physician who set up the PET/CT scanner and was heavily involved in their selection of a cyclotron to produce PET isotopes.***

In response, I wrote the Mr. Ralliaram the Chairman of the Board of CCO and Dr. Michael Sherar President and CEO.

- I received a registered letter from Mr. Ralliaram saying Senior Management was looking into the issues.
- Then the information Carol became clear and she was still being treated like a fool (she is a nurse) by her physician from McMaster regarding her follow-up investigations as will be made clear in the letter I sent to Mr. Ralliaram keeping him abreast of the changes. The letter was copied to Dr. Sherar.
- I received an email from Dr. Sherar's assistant asking for a meeting.

- I considered this a positive step but asked Dr. Sherar to outline the format of the meeting and who would be attending and so on.
- I sent a copy of this letter to Mr. Thompson, but will also attach to this email.
 - ***Dr. Sherar has yet to respond to my letter and I can now only assume it was a 'set-up' to make clear their threats to me.***
 - ***I would be happy to give you more examples of how the MOH and CCO control hospitals, and physicians by threats and intimidations if you would like.***

FURTHER DEVELOPMENTS:

I have submitted more patients and information to Ms. Christine Elliot the Patient Ombudsman, along with numerous documents to their lawyers.

- The government has structured her mandate in such a way that she cannot register complaints against the government or CCO. She can only do so against physicians and hospitals.
 - ***The Catch-22 is that the physicians and hospitals want to practice competent medicine, but ARE NOT ALLOWED TO BECAUSE OF THE MOH AND CCO, which she in theory cannot go after.***

The most current patient I am working with is a tragic case of a 36 year old recently married woman who was then diagnosed with locally advanced breast cancer.

- ***The Ontario Liberal Government directed CCO to make a 'special effort' to block such patients from access to PET/CT, something that physicians in Paraguay would have known this patient would have benefited from.***
- ***What the PET Steering Committee did to women with breast cancer to block women from PET lead to unprecedented motions officially declaring the Ontario government PET trials on patients "unethical" and demanded an independent panel of Canadian Experts in Ethics and Health Policy determine how this could have happened in Ontario.***
 - ***These motions were dismissed by the Minister of Health, George Smitherman, and the Chair of the PET Steering Committee, Dr. Bill Evans.***
 - ***Dr. Al Driedger would resign in disgust from the PET Steering Committee and declare what the government was doing to block patients, "bordered on immoral."***

To this day we are the only medical jurisdiction on the planet to deny that PET scanning can be of critical benefit to woman, like the tragic case of the 36 year old I am dealing with.

- Ms. Wynne is fully aware of all the details as is Dr Hoskins.
- Dr. Hoskins asked me to write him in May 2015 and although required by provincial law to have someone on his staff acknowledge and respond to my letter, he refused to do until I wrote Ms. Wynne last July.

I don't know how much you have had to deal with cancer patients, and there are other critical uses for PET, but simply put:

- ***If you are a cancer patient in Ontario you have a greater chance of dying sooner; suffering from obscene overexposure to useless radiation from endless CT scans; undergoing unnecessary high risk biopsy procedures; and a massive delay in time to appropriate diagnosis and treatment, often fatal, because they have the misfortune of living in Ontario, and not Quebec for example.***
 - ***The exponential increase to these already highly stressed patients, like Carol, because of the actions of CCO medical experts is unforgivable.***
- ***Consider one of many patients I am dealing with who have had 23 and counting CT scans....the equivalent of over 200 years of background radiation exposure, whereas in Turkey for example this patient would have been managed by only a few PET/CT scans at a fraction of the radiation exposure and more appropriately.)***
 - ***The position of CCO is that there is little evidence that PET is of any use, yet the country of Turkey, for example, has just under 100 PET scanners.***

One issue I struggle with is that I have been trying to find someone in the new media who would be willing to deal with this story which has in fact impacted far more people, albeit in a different way, but than the scandals involving the Catholic Church. Yet without exception, in my 15 years of efforts, no one has been prepared to at least present the facts to the public at large so they can then have an informed discussion about the issues based on the facts, and obviously access to the government's defense...which of course they have refused to do, and have made very real threats to me for attempting to do so.

Therefore here are a couple of documents you might find helpful as food for thought before our conversation next week.

Thanks again for listening to my 'ramblings'.