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Mr. Ratan Ralliarum (Chair)  
Chairman of the Board  
Cancer Care Ontario  
620 University Avenue  
Toronto Ontario, Canada  
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RE: Canadian and International PET imagers and Oncologists Condemn Cancer Care Ontario's methods to block Ontario cancer patients from PET imaging as "unethical" and "bordering immoral."

Dear Mr. Ralliarum and Board Members

**PREAMBLE:**

As you read this letter I would like you and the Board Members to be aware of the fact that notwithstanding the claims by Cancer Care Ontario as a 'world-class oncology' center, that beyond the hallways of our Ministry of Health, and CCO, Canadian and International Medical experts have been openly naming and condemning the actions of CCO 'medical experts' against Ontario cancer patients since at least 2005. The accusations and concerns raised are unprecedented and include:

- ***Cancer Care Ontario experiments on cancer patients were officially declared "unethical" and "bordering on immoral."***

Some of you may have experienced cancer, or very likely know someone with cancer and the profound impact it has on their lives and their loved ones. Events are now in motion that may very well lead to the Board Members of Cancer Care Ontario having to defend the actions of Cancer Care Ontario Committees, in particular those who have been mandated to block Ontario patients from Positron Emission Tomography, or PET scanning.

Therefore it would be prudent for you and the Board Members to make sure you have your facts straight before making public statements.

## **INTRODUCTION:**

My name is Dr. Dave Webster and I am a Nuclear Medicine physician and one of Canada's PET experts. Previously I was President of the Ontario Association of Nuclear Medicine [OAM] back in 2004 when Cancer Care Ontario was formulating its plans to discredit, delay and block PET scanning for patients. The purpose was to ensure that the government would not have to pay for PET scans for patients. This is known to be true since the OAMN hired a lobbyist, Mr. Michael McCarthy, who you may recall was involved with the Hepatitis C issues in Ontario. Mr. McCarthy was the Senior Assistant to the Minister of Health, Mr. Tony Clement and was present at the meetings where CCO physicians were given their 'marching orders' to stop PET. Their continue to this day.

I can understand why the average Board Member would not be aware of the issues I will be bringing to everyone's attention and understand why you would have no reason not to trust what you might be told by 'government CCO physicians.' My advice would be to 'question' everything you are told and demand backing literature and documentation before you respond publically. In particular you would be wise to consult with physicians not associated with CCO.

You and the other Board Members may not be aware that Positron Emission Tomography or PET scanning, typically performed in conjunction with a low radiation dose CT as PET/CT scan, has been the world standard of imaging management of cancer, and in the case of lung cancer, for almost 20 years. Over the past couple of decades the use of PET/CT has grown enormously and it is the standard also now for investigation of post traumatic head injuries, dementia and other important issues related to the health and wellbeing of patients:

- ***That is unless patients have the misfortune of living in Ontario, and not Quebec, or for that matter Paraguay.***
- ***This, thanks to the efforts of Cancer Care Ontario 'experts' who have taken Ontario patients to virtually last place in the world where PET is offered for benefit of patients.***

What I can tell you is that everyone from CCO involved in 'blocking PET' are very proud of the CCO's efforts to 'assess PET', and this includes Ms. Wynne and our Minister of Health, Dr. Eric Hoskins. However, notwithstanding the common theme of CCO websites about 'openness, transparency and accountability':

- ***During the past 15 years CCO representatives have refused to answer questions and concerns from major medical associations and PET experts defending how they evaluated PET.***

What has finally precipitated this letter to you as President of the Cancer Care Ontario Board, and the Board Members is that CCO physicians are now ***'stone-walling patients' who are asking them to explain how decisions on PET have been made that have affected their lives in very profound and damaging ways.***

Consider this statement made to me by Professor Rodney Hicks, an acknowledged expert in PET from Australia who has published in The Journal of Nuclear Medicine exactly what CCO experts did to block PET and lead to the serious accusations against CCO's actions.

- ***"Ontario has the most egregious and politically motivated agenda against PET (ie our patients) in the world."***

It is a true statement that:

- ***Ontario cancer, patients, and especially women with more advanced forms of breast cancer have a higher likelihood of dying prematurely from their cancer, as well as have virtually obscene 'overexposure' of radiation from all but useless diagnostic CT scans; profound and sometimes fatal delays in appropriate diagnosis; and being subjected to unnecessary high-risk investigations and therapies that PET could have shown were not going to be effective.***
  - ***Above all the actions of CCO experts has lead to an unconscionable increase in the already high personal stress levels that cancer patients and their loved ones are already under.***

You might consider asking why the CCO PET Steering Committee took such special care to block women with breast cancer from a PET scan which could potentially provide critical information to manage their disease. To the best of my knowledge we remain the only medical jurisdiction on the planet who continue to deny PET can be of benefit for particular women with more advanced forms of breast cancer.

It was the PET experiment on early stage breast cancer patients, that was 'deliberately designed to fail, that lead to the 2005 motions from the Canadian Association of Nuclear Medicine [CANM] declaring CCO experiments on patients as "unethical". In 2009, Dr. Al Driedger, the most senior member of the PET Steering Committee [PSC] publicly resigned in disgust and declared that what those blocking PET in Ontario were doing; ***"bordered on immoral."***

They will tell you that they are using an "evidence-based medicine" process

called Health Technology Assessment or HTA to determine the 'quality of evidence' regarding the possible uses for PET. Yet what I can confirm to you with appropriate documentation and recent communications from various CCO 'experts' is that:

- ***There is absolutely NO SCIENTIFIC BASIS OR EVIDENCE to support the use of HTA to evaluate PET or any other diagnostic imaging device.***

Therefore what we are left with is that the assessment of PET is AGENDA driven and given the current roles for PET in Ontario, in keeping with the statements made to the OAMN by Mr. Michael McCarthy and the disturbing accusations of Dr. Hicks.

The most attractive feature of HTA is that the government experts can literally 'dial in' the answers from the world literature to support OHIP policies on PET, ***that the government has already decided on.!*** Sound like a conspiracy theory? Read on.

The position of CCO experts is that there remains almost no evidence that PET is a valid imaging device for cancer, or for the important other uses such as identifying early dementia among other critical uses for patients.

Yet:

- ***In 2006, based on the same evidence, France bulk ordered something like 80 PET scanners.***
- ***The country of Turkey currently has just fewer than 100 PET cameras!***

Keeping in mind the Canada Health Act and equal access to health care in Canada:

The Canadian Medical Imaging Inventory  
March, 2016:

TABLE 19: TOTAL EXAMS PER 1,000 PEOPLE, BY MODALITY AND PROVINCE

Exams per 1,000 people. [PET CT]

<b><u>Ontario:</u></b>	<b><u>0.7</u></b>
Quebec:	5.1

Quebec with half the population of Ontario and same number of PET/CT scanners performs approximately 3,000 scans/scanner/ year.

- ***In Ontario we are only allowed to scan less than 800 patients/camera/year.***
- ***In Thunder Bay they scan less than 300 patients / year.***

But that bad news is up to 90% of the PET scans recommended by CCO and covered by OHIP could result in charges of incompetence or worse against physicians using PET in this fashion in Quebec, or for that matter Paraguay. These indications involve dealing with lung nodules and lung cancer:

- **The indications CCO came up with are the exact opposite of the entire world expert body of opinion on PET.**
  - o **A very powerful tool in the hands of your CCO medical experts to get the answers demanded by their political masters!**

### **CANCER CARE ONTARIO WORKS BY THREATS AND INTIMIDATION AGAINST HOSPITALS AND PHYSICIANS:**

Starting in January, some Oncologists in Thunder Bay asked me to become involved with patients and advise them on imaging management issues. I began making applications to the CCO group, PET ACCESS, which can grant PET scans not covered routinely by OHIP. One of the key points I made to the PET ACCESS Panel members was this:

I have taken the position that Ontario physicians are being forced to practice not just substandard medicine, but medicine that would be considered incompetence or worse beyond our borders. Indeed in some cases, such as lymphoma, the Cancer Care Ontario indications, until very recently, would result in criminal charges in the US.

However patients in Ontario are entitled to full informed consent, and the right to ask questions about any proposed investigations, treatments, alternatives, risks and benefits. I have taken the position that:

- ***The time has come for those who have made the rules forcing us to practice bad and dangerous medicine on our patients are the ones who will now answer patients questions and do the informed consent.***

This clearly did not 'sit well' with PET ACCESS Panel Members. Although they have allowed the patients to have a PET/CT not covered by OHIP, ***they have refused to answer the questions that patients are clearly entitled to get from those who are responsible for making critical decisions affecting their lives.***

- Two weeks ago, someone from Cancer Care Ontario, called the Senior Administration at Thunder Bay Regional Hospital, and told them to shut the physicians informing patients about the status of PET in Ontario compared to the rest of the world. Bottom line:
  - ***If I continue to approach physicians and patients with the facts, all backed by extensive documentation I WILL NO LONGER BE ALLOWED TO WORK AT THE HOSPITAL.***

I am certain that the radiation oncologists I was consulted by have been put in their place as well.

I would hope that you and the Board Members are as shocked as the patients, colleagues and people in positions of power and influence that I have shared this with.

Everyone agrees the information I am giving to physicians and patients is 100% sound, and would be the best management for the patient. However, I am not allowed to say this, and now Cancer Care Ontario is prepared to force the hospital to threaten my ability to work in Thunder Bay if I continue to do so.

### **SUMMARY:**

My first request is that someone from the Board provide me with the contact information for whomever it was from CCO that called the Senior Administration at Thunder Bay Health Sciences and having a conversation that has lead to a very real and direct threat to my ability to work there.

Secondly I would again suggest that you, Mr. Ralliaram, and the Board Members get all the information and facts you can, and not confine these efforts to CCO representatives.

- It is a fair statement, that almost anyone who has had a PET scan since first covered by OHIP and especially those who have been denied a PET scan:
  - ***Would have an exceptionally strong case to bring lawsuits against those involved with blocking them from access to PET.***
  - ***Indeed, a major motivation for Quebec to start providing PET coverage was that they were sued by Mr. Barry Stein, a colon cancer patient who had to go the US to get his PET scans.***

If it would be useful, I would be more than happy to meet with the Board

members and do a presentation on PET, and answer your questions, or supply any documentation you would need to better understand the behaviour of those in the organization you represent.

With this letter I will send a copy of a document that I sent to members of PET ACCESS Committee with the patient's name removed. It will give you and the Board members an opportunity to witness directly one of the, by now, tens of thousands of Ontario cancer patients who have been victimized in an unconscionable effort to avoid paying for PET. It also makes clear why PET is the accepted world standard of imaging management of cancer patients.

I will also include a copy of the CANM motions from 2005.

Thank you for taking the time to consider these important issues.

Sincerely

Dr. Dave Webster.