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July 30, 2008

Ms. Carol G. Potter NC Division of Health Service Regulation Medical Facilities Planning Section 701 Barbour Drive Raleigh, NC 27603

Dear Ms. Potter:

I am writing to express my deep concern regarding a proposal for a linear accelerator to be installed in a urology outpatient facility in Wake County. Currently, radiation treatments are delivered as part of the multidisciplinary care of cancer patients by radiation oncologists. The proposed linac facility is within 2 miles of a current facility that is already providing care. In addition, Wake county is already well-served by 4 linac centers capable of IMRT/IGRT therapy for prostate cancer, which bracket the proposed center at Cary Urology. In addition, there are 2 academic centers of excellence (UNC and Duke) which are located nearby in the Research Triangle area. All of these facilities accept indigent patients.

Adding an extra linear accelerator in a Service Area where the present State formula documents that no need exists will sap patients and resources from existing linear accelerator facilities. Organ-specific linear accelerator centers do not provide better outcomes than comprehensive community or academic centers and could lead to a statewide proliferation of linear accelerators (undermining the existing allocation formula for linac CON's in North Carolina). In addition, linac facilities owned by referring physicians create a lucrative opportunity for self-referral. Medicare is currently reviewing whether the current "ancillary service" exemption enjoyed by such facilities should be eliminated.

Cancer care of patients needs to remain in the care of physicians who are able to manage all sites of disease in a comprehensive fashion. I believe it is a dangerous precedent to allow a facility that will only be caring for urologic cancer.

Sincerely.

Káthryn Greven, M.D.

Professor

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