SOUTHEASTERN RADIATION ONCOLOGY

04 August 2008

Ms. Carol G. Potter
North Carolina Division of Health Services Regulation
Medial Facilities Planning Section
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Re: Petition from Parkway Urology, PA, d/b/a Cary Urology, PA

Dear Ms. Potter:

North Carolina Certificate of Need legislation was designed to ensure that all of our citizens have access to quality care while avoiding wasteful duplication of certain very costly services such as radiation oncology. Those of us who have applied for CON's in the past have been required to steadfastly adhere to these regulations and clearly demonstrate that our proposals would enhance the care of our patients in a cost-effective manner without detriment to our neighboring programs.

Now these concepts are being challenged in Service Area 20, and to some extent in our own Service Area 18, by a group of urologists who contend that they are the only ones who can ensure access to quality cost-effective care for their patients with prostate cancer. These proposals, I believe, are nothing more than a not-so-thinly-veiled effort to control and manipulate the prostate cancer "market" for their own financial gain.

For some time now, urologists have been particularly fond of brachytherapy since they have a reimbursable role in that modality. However, my group was recently approached by a urologist who, like the urologists in Service area 20, was interested in acquiring a linear accelerator for the purpose of creating a "prostate cancer center of excellence". When we questioned him about the services that would be offered at his center, specifically in regards to brachytherapy, he clearly indicated that he and his associates would forego implant in favor of more profitable intensity modulated radiation therapy (IMRT). In our own Service Area 18, a radiation oncologist whose sole practice for several years has been prostate brachytherapy has submitted a CON application to acquire a linear accelerator. The emphasis in his proposal is clearly on external beam irradiation and he indicates that brachytherapy might "potentially" be offered at some point in the future.

Please also note the national trend in androgen deprivation therapy for metastatic prostate cancer. For years the preference of most urologists was LH-RH analogs, e.g. leuprolide or goserelin. However, falling reimbursement for office administration of LH-RH analogs has resulted in a shift back toward orchiectomy, a fully reimbursable surgical procedure.

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The Triangle Area of North Carolina is internationally recognized for excellence in medicine. Duke, Duke Raleigh Hospital, UNC, UNC-Rex Hospital and Wake Radiology and Oncology already provide optimal multidisciplinary care for prostate cancer patients and offer a clear choice of modalities including traditional surgery, robotic surgery, brachytherapy, IMRT/IGRT, etc., without regard to financial incentives. In addition, all of these institutions have exemplary well-documented records for providing indigent care.

The current State Medical Facilities Plan shows no need for an additional linear accelerator in Service Area 20. Since allocations in the plan are based on the utilization of existing services and capacity, those of us who have followed the rules must assume that the time-tested formula used by the CON Section shows that every patient with every diagnosis is being well cared for. Therefore, what justification can there be for allocating another linear accelerator for an organ-specific center for prostate cancer? Why not breast, tonsil, cervix, rectum, lung, etc., etc.?

We treat a number of patients from Harnett County with prostate cancer at our two facilities in Cumberland County. We currently offer brachytherapy and IMRT/IGRT and Cyberknife radiosurgery will be available in the fall of next year. If the urologists in Service Area 20 feel that capacity is a problem, we are always able and willing to treat more of their patients without regard for reimbursement.

Multidisciplinary centers are good for oncology patients. They ensure the availability of ancillary and support services and they facilitate exchange of ideas, innovative thinking and self-scrutiny so that in the end our patient get the best of care without regard to other incentives that should have no place in medicine.

We urge you to deny the petition from Parkway Urology, PA, d/b/a Cary Urology, PA.

Sincerely,

J. Hugh Bryan

J. Hugh Bryan, MD
Medical Director
Radiation Oncology
Cape Fear Health System