SOUTHEASTERN RADIATION ONCOLOGY

To: Carol G. Potter
Medical Facilities Planning Section
701 Barbour Drive
Raleigh N.C. 27603
FAX (919) 715-4413

Re: Cary Urology's application for a prostate cancer-specific linear accelerator in Service Area 20

Dear Ms. Potter,

August 4, 2008

I am writing a letter to express my concern about the possibility of a prostate-specific linear accelerator (linac) in the Raleigh area. I am a radiation oncologist practicing in Fayetteville, NC with Southeastern Radiation Oncology, and I am affiliated with the Cape Fear Valley Health System. It is my understanding that a group of urologists has filed a petition with the State Health Coordinating Council (SHCC) asking for a change in methodology in allocating linear accelerator certificates of need (CON's). There are several reasons outlined in the petition claiming to support this need for an additional linear accelerator, including access to care, specifically for indigent or underserved populations, as well as the purported need for "better multidisciplinary management" of prostate cancer. I would like to submit that these reasons are without any merit, and could in fact lead to inferior outcomes and health care for the patients of this region.

According to the Prostate Cancer Coalition of North Carolina (www.pccnc.org), across the United States 218,890 men were projected to be diagnosed with prostate cancer in 2007, of whom 33,370 will die of their disease, for a 15.2 % nationwide mortality rate. In the State of North Carolina, there were 6420 men projected to be diagnosed with prostate cancer in 2007, of whom 835 will die, giving a mortality rate of 13.0%. These statistics strongly suggest that the men of North Carolina are currently receiving treatment for their prostate cancer that is actually better than the nationwide average, refuting the idea that prostate cancer patients as a whole are underserved in this state.

Multidisciplinary care is indeed a vital component of cancer care. At our comprehensive Cancer Center, weekly Tumor Board meetings are held, and all treating specialties are invited. Moreover, ancillary services such as social workers, dieticians, support groups, financial assistance are all available to patients at no charge, something that a stand alone prostate specific center would be unable to provide. Academic multidisciplinary consultations are also available at Duke and UNC, should the patient wish a second opinion.

J. Hugh Bryan, M.D.
P.O. Box 41208 · Fayetteville, NC 28309 · 910/609-6690 · 800/682-3367 · FAX 910/609-6313
Cape Fear Valley Medical Center

Nearby rural areas such as Harnett County and Sampson County are already served well by linear accelerators in Cary (Wake Radiology and Oncology) and at Health Pavilion North (part of Cape Fear Valley Health System), which bracket these areas, as well as Sampson Regional Cancer Center in Clinton. The proposed location of the new linear accelerator is in fact two miles north of the currently existing linac in Cary. It is disingenuous to suggest that patients in these rural counties would be served BETTER by locating an additional linear accelerator in Cary, FURTHER away from these areas.

Patients who are indigent are never turned away from our facilities at Cape Fear Valley Health System. We have a significant proportion of patients who are Medicaid or uninsured, and they receive intensity modulated radiotherapy (IMRT) and image guided radiation (IGRT) at our facilities. There are other major centers such as Duke and University of North Carolina at Chapel Hill, well within reach for most patients in the counties in question, who also provide radiotherapy for this population. The proposed linac would in fact be located in Cary, a very affluent community, with an excellent payor mix, further casting doubt on the purported reason of reaching underserved populations as described in the petition.

The Raleigh/Cary area is already well served by multiple linear accelerators, one of which is only two miles from the proposed new facility. Sophisticated radiotherapy such as IMRT and IGRT are very labor and resource intensive endeavors. By sapping the resources from the currently existing facilities, this proposed linac would do exactly what the CON laws were fundamentally designed to prevent – the needless duplication of services, resulting in decreased resources for all facilities, which in turn would make it more difficult to invest in newer and better treatment in the future. This could actually lead to less desirable outcomes for cancer patients overall, and prostate cancer patients specifically.

The American Society for Therapeutic Radiology and Oncology (ASTRO) has recently approached the Centers for Medicare and Medicaid Services (CMS) with concerns about the potential problems with self-referral. Currently exempt from Stark regulations as an "in-office ancillary service", radiotherapy facilities owned by referring physicians have proliferated in some states. This type of potentially inappropriate financial relationship has called into question the rendering of fair and unbiased opinions that physicians are supposed to give their patients. In fact, allegations of overuse of IMRT abound in areas that have seen the implementation of these urology owned radiotherapy facilities, with the use of other treatment options for prostate cancer patients such as radical prostatectomy, radioactive seed implantation and watchful waiting falling drastically.

I hope that the above points can be taken into consideration when the petition in question is evaluated. Please contact me anytime at (910) 609-3840 if I can be of further assistance.

Yours truly,

Istvan Pataki, MD
Southeastern Radiation Oncology
P.O. Box 41208
Fayetteville, NC 28309