

March 12, 2024

Sandra Greene, PhD, Chair
State Health Coordinating Council
Micheala Mitchell, Chief
Andrea Emmanuel, PhD, Acting Assistant Chief
Healthcare Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714
E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

RE: Carteret Health Care Petitions for PET/CT Simulator / Scanner Methodology or Policy Change

Dear Dr. Greene and Dr. Emmanuel,

As Chief of Radiologist at Carteret Health Care, I am writing in support of the concepts embodied in the petitions submitted by Carteret Health Care for a policy or methodology change in the *2025 State Medical Facilities Plan* to provide a path for midsize cancer centers to obtain a certificate of need for a PET scanner. Eastern Radiologists provide professional interpretive services to Carteret Health Care and its cancer patients and are pleased to be associated with this excellent, American College of Surgeons accredited Community Cancer Center. We also work with the much larger cancer program at ECU Medical Center.

My colleagues and I know from experience that Positron Emission Tomography -- or PET scans and PET scanner technology are rapidly advancing -- now used for diagnosis, for radiation therapy planning, and in some cases for cancer treatment. PET scans are standard of care for cancer. Today, you can acquire a single piece of equipment that can function as both a simulator for a center with two linear accelerators and as a fixed PET scanner. This is an excellent, cost-effective solution for a situation like the midsize cancer center Carteret County. Providing patients with access to a full range of PET isotopes in midsize cancer centers would make it so much easier to complete patient care plans. The local cancer center would have fewer logistics with regard to the scan records, and the patients would have less travel time and stress.

When one piece of PET equipment serves two functions, it makes sense to reduce the expected number of strictly PET scans from 2,080 to 1,040 scans in the third operating year. In fact, limiting qualified applicants to those with two linear accelerators and 7,000 ESTV's, you would not really need a performance standard. The methodology change seems simpler than the policy change. The methodology change provides a predictable path for other midsize cancer centers to introduce Fixed PET scanner technology as they grow. Please do something, because if you do not, the methodology, as written, will not allow for another PET scanner in Eastern North Carolina, Health Service Area VI in the foreseeable future.

Please act this year to approve one of these petitions and provide for systematic addition of standard of care PET technology in midsize cancer centers in North Carolina. Thank you for your time and attention to this critical issue.

Regards,

A handwritten signature in black ink, appearing to read 'T. Finizio', with a long horizontal stroke extending to the right.

Tobin Finizio, MD, Chief of Radiology
Carteret Health Care (Eastern Radiologists, Inc.)