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DFS Health Planning
 RECEIVED

Comprehensive Cancer Center at Pardee
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07 August 2008

AUG 08 2008

Carol Potter
 NC Division of Health Service Regulation
 Medical Facilities Planning Section
 2714 Mail Service Center
 Raleigh, North Carolina 27699-2714

Medical Facilities
 Planning Section

Re: Petition from Parkway Urology, P.A., D/B/A Cary Urology, P.A.

Dear Ms. Potter,

I have recently become aware of a petition from the above group of urologists to have a proposed prostate cancer center designated as a "special treatment center" in an effort to obtain a CON for a linear accelerator. As a practicing radiation oncologist in Asheville, I would like to voice my opposition to this attempt. In non-CON states, similar "prostate centers" have been built and are generally owned by urologists. A widely held opinion is that these centers, through self-referral, are intended for the economic benefit of the physician owners without any real goal of patient benefit. The Federal Government apparently shares this perception, and these centers have received significant attention from CMF. Consideration is apparently being given to eliminating the current in-office "ancillary service" exception that they currently enjoy. If CMF moves forward with this, these prostate centers would no longer be legal.

In addition to this issue, designating a prostate center as a "special treatment center" would also open the possibility of creating other special treatment centers for other disease subsites such as breast cancer and colorectal cancer. My fear is that these centers would "carve out" the better reimbursed cancer treatments and would lead to, not only a proliferation of linear accelerators in the state, but to a decreased economic viability of the existing accelerators which would be left with the lower reimbursing treatments. In this way, these "special treatment centers" would actually hurt overall cancer care in our state. In my mind, these are precisely the type of developments that our existing CON laws are designed to prevent.

On a final note, good, multidisciplinary cancer care already exists in the vast majority of the existing cancer centers and clearly doesn't require that the referring physicians and cancer treatment equipment be housed in the same facility. It simply requires that there is good communication among the various disciplines that care for each of the patients.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Kuehn'.

Eric F. Kuehn, M.D.
 Mountain Radiation Oncology

EFK/mcb