

TRIANGLE RADIATION ONCOLOGY SERVICES, INC.
P.O. Box 10407
Raleigh, NC 27605

DEPARTMENT OF
RADIATION ONCOLOGY
REX HEALTHCARE

Phone: (919) 784-3018
Fax: (919) 784-1473

R.D. Ornitz, M.D.
(Pete) L.G. Hoffman, M.D.
C.W. Scarantino, M.D., Ph.D.
Catherine M. Lee, M.D.

August 7, 2008

DPS Health Planning
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Medical Facilities
 Planning Section

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

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

Dear Ms. Potter:

I have had an opportunity to review the application and current events relating to the application of Parkway Urology, P.A. and Cary Urology P.A. to seek approval for the addition of an IGRT/IMRT linear accelerator in service Area 20 for the specific treatment of prostate cancer. It is to be emphasized that my comments are purely personal and do not represent those of Rex Healthcare and the University of North Carolina.

I have been practicing radiation oncology in Wake County for 29 years. Certainly, as the growth of the county has exponentially increased, there was historically a definite need for additional linear accelerators to meet the service needs of Area 20. At the present time, there are four dedicated radiation oncology programs represented by Wake Radiology in Cary, Cancer Centers of North Carolina in Raleigh, Duke University Medical Center, and Rex Healthcare/University of North Carolina. These facilities currently have seven linear accelerators operating with an eighth unit recently approved for dedication at CCNC.

I have carefully reviewed the communications you have received from Dr. Robert W. Fraser, President of Southeast Radiation Oncology in Charlotte, as well as those of Dr. Roger F. Anderson, representing the position of CARROS. These letters are brilliantly crafted and I will not simply recapitulate the arguments made for rejecting the application from Parkway Urology. It is however important for me to state that in my opinion, a very dangerous and negative precedent would be set if the North Carolina Division of Health Service Regulation approved a linear accelerator for a specific site-specific treatment center. Specifically, there would be no reason if such approval occurred, that other centers might not be developed for the treatment of patients with primary brain tumors, head and neck cancer, gynecologic malignancy, or endothoracic malignancies.

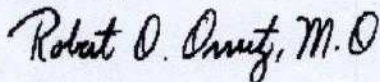
It is important to emphasize that Rex Healthcare/UNC currently has an extremely active and comprehensive program for the treatment of urologic malignancies. It is in fact the most common type of patient we treat. Our program is quite comprehensive relating to the ability to treat patients with the most modern external beam techniques utilizing IGRT. Our interstitial prostate seed program dedicated in 1998 has treated well over 800 patients. Rex Healthcare has a specific clinical navigator to assist patients with sundry logistical issues ranging

from transportation to our clinic for treatment as well as referral to support groups. The Department of Radiation Oncology at Rex Healthcare has never turned a patient away based upon ability to pay.

At the risk of being politically incorrect or offensive, I must state that it is my opinion that the application of Parkway Urology is flagrantly flawed and simply offers arguments for approval that are quite transparent relating to its justification. Only recently earlier this week, it was reported by the National Institute of Health, that they do not recommend screening for prostate cancer in patients over age 75 due to the fact that there has been no substantive body of data suggesting that early detection improves long-term outcome. There is no reason to expect that yet another redundant and unnecessary site-specific prostate cancer treatment center would impact upon either access to medical care or improvement in outcome. It must be stated that the only justification for this application rests with the very high reimbursement currently available for patients undergoing IGRT treatment for prostate cancer. One would speculate as to whether this application would have ever been submitted if the financial bottom line were coequal to what profit margin may be made on reimbursements for such procedures as TURPs. It is my best judgement that the entire justification for this type of application must rest with financial remuneration as opposed to any legitimate argument that it would improve patient care or outcome.

In summary, I believe that the application for another linear accelerator for the treatment of prostate cancer (Mens Health Center) is a flagrantly spurious proposal that is unnecessary based upon the existing and/or approved linear accelerators for Service Area 20 with the fact being that at this time there is under utilization of existing equipment in Wake County. I believe that approval of this application would set a very negative and dangerous precedent for the future, and at the risk of being somewhat overly direct, cast significant doubt upon the credibility of your office in carrying out your major charge to limit unnecessary expensive medical technology and avoid redundant and unnecessary medical services which increase the cost of healthcare. I am hopeful that you will do the right thing in terms of seeing this application for what it is, and make the appropriate judgement.

Sincerely,



Robert D. Ornitz, MD/INTER
Department of Radiation Oncology
Rex Healthcare

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copy: Leroy G. Hoffman, MD/IOMAIL
Catherine M. Lee, MD/IOMAIL
Charles W. Scarantino, M.D./INTER
Robert W. Fraser, III, M.D.; 200 Queens Road, Suite 400; Charlotte, NC 28204
David M. Brizel, M.D.; DUMC; Department of Radiation Oncology; Durham, NC 27710