

**Subject:** [Fwd: Cary Urology]  
**From:** "Carol G. Potter" <Carol.Potter@ncmail.net>  
**Date:** Fri, 08 Aug 2008 13:56:30 -0400  
**To:** Kelli Fisk <Kelli.Fisk@ncmail.net>

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----- Original Message -----

**Subject:** Cary Urology  
**Date:** Fri, 08 Aug 2008 13:53:19 -0400  
**From:** [julian.rosenman@med.unc.edu](mailto:julian.rosenman@med.unc.edu)  
**To:** [Carol.Potter@ncmail.net](mailto:Carol.Potter@ncmail.net)

August 8, 2008

Ms. Carol G. Potter  
NC 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:

Money and Medicine are uncomfortable bedfellows; even more so when the disease is cancer. It is the job of the state to be sure that "better patient care" is not just an empty justification for "more profitable business."

Running and maintaining high standards of care in radiation therapy is a difficult business. Difficult and often without incentive because most clinicians who are not radiation oncologists cannot judge how well the radiation is being done. Thus poor work is not always penalized by a loss of referral base. Most radiation departments work with academic centers and spend a great deal of time and effort to be sure that the quality of treatment is good, that is they self-police within the radiation oncology community. Departments who do this already exist in Raleigh and Cary.

I have no confidence that a new radiation oncology department put into place by urologists, that was not part of the radiation oncology community, and who has not requested help from the academic centers would offer patients better radiation care than the ones already existing. Indeed, based on the above discussion, it may well be that such a department would do poorer work, relying on self-referral from the urologists to maintain their operation.

For these reasons I believe the state should not permit an unneeded, possibly inferior radiation treatment center, whose major purpose cannot be justified in terms of improved patient care, but rather in terms of increased revenue.

Julian Rosenman, MD  
University of North Carolina

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