

## NC - CARROS

*Council of Affiliated Regional Radiation  
Oncology Services*  
PO Box 2496  
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August 7, 2008

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

DFS Health Planning  
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Medical Facilities  
PLANNING SECTION

Dear Ms. Potter:

The North Carolina-Council of Affiliated Regional Oncology Societies (NC-CARROS) strongly opposes the petition filed by Dr. Kevin Khoudary of Cary Urology with the supporting statement from Dr. Henry Unger, also of Cary Urology, that requests an adjusted special need for a linear accelerator in Service Area 20. We further wish to correct the many inaccurate statements and assumptions made in this misleading document.

The petition and letter falsely claim that Rex Cancer Center has failed to provide multi-disciplinary care for prostate cancer patients in Wake County and the surrounding areas. In fact, Rex Cancer Center has pioneered a successful collaborative prostate brachytherapy program in conjunction with all interested area urologists, including Cary Urology, who have participated in this program during the past 10 years. This program has treated over 800 prostate patients. The results of the first 100 patients treated were presented at a well-attended community-wide dinner meeting in 2006, to which all of the area urologists were invited. The quality of the implant technique was equal or above that of the national centers quoted by the Cary Urology petition. The Rex Cancer Center outcomes showed 90% of the patients, some of whom had aggressive disease, with no sign of cancer recurrence at 5 years or more of follow-up. Contrary to the erroneous statements claiming that prostate irradiation frequently causes complications, in fact, what was observed was an extremely low rate of serious long-term side effects similar to that observed in patients receiving modern external beam radiation therapy.

In addition to implementing cutting edge technology such as image guided radiation therapy (IGRT), intensity modulated radiation therapy (IMRT), and high dose rate (HDR) brachytherapy, Rex Cancer Center has supported a free screening program in downtown Raleigh in conjunction with Dr. Leroy Darkes targeted to the African American community as well as the very active Man-to-Man Prostate Support Group where Rex Cancer Center physicians often speak.

For over 20 years, the multi-disciplinary approach to cancer care has been further promoted by the Rex Cancer Center through a weekly early morning Tumor Board conference with breakfast where cases involving prostate cancer as well as other cancers have been discussed. This has been well-attended by surgeons, radiation oncologists, medical oncologists, pathologists, radiologists and general medical practitioners. The Rex Cancer Center has also arranged for nationally recognized urologic oncologists to speak on prostate cancer at these Tumor Boards and at dinner meetings for the medical community. The Rex Tumor Registry has collected and tabulated prostate cancer cases on an annual basis for nearly 15 years which has allowed for the monitoring of treatment outcomes that have been excellent.

For over 30 years, Rex Cancer Center has provided the vast majority of unreimbursed radiation therapy to indigent prostate cancer patients in the Wake County region, many from the African American community. In addition, special outreach efforts have been made to help elderly patients and African-Americans with transportation. These efforts included arranging volunteer drivers through the American Cancer Society of Wake County, providing gas cards for patients and families facing long commutes, and supplying money for patients desiring public transportation.

One must seriously doubt the assumption that a private urology clinic as proposed by the Cary Urology petition, secluded by a maze of roads in one of the most affluent communities in North Carolina, would attract indigent patients from a widely dispersed area encompassing Sampson, Harnett and Franklin Counties where the long daily commute of up to 70 miles each way for two months is an unlikely option for the typical elderly population suffering from prostate cancer, where the alternative is a modern radiation oncology center that is available much closer to these respective communities.

Another falsehood slipped into the Cary Urology petition is that urologists must observe patients once a week when the patient is undergoing radiotherapy so as to ensure good care. None of the centers of prostate cancer excellence quoted by the petition routinely does this, and in fact, the urologists at these centers would deem it a waste of time, both for themselves and their patients. In fact, the present standard of care is for the radiation oncologist, who is much more knowledgeable of radiation side effects, to perform weekly and sometimes daily examinations of sick patients as part of the usual weekly treatment management. When a special urologic problem does arise in a patient undergoing radiation, the radiation oncology community employs a much more efficient means of calling the urologist by phone to explain the problem so the patient can be evaluated promptly in the urologist's office where the appropriate equipment and instruments are available.

Lastly, NC-CARROS feels that by awarding a private urology clinic masquerading as a public service organization an exception to the current well-reasoned system of CON rules which distributes expensive medical technology on the basis of appropriate public need would result in a flood of similar requests from many other private practices throughout the state, which if allowed would undermine the current ability of regional cancer centers to provide high quality comprehensive cancer care to the majority of

citizens in the state of North Carolina. I also enclose a copy of my letter of May 7, 2008, which addresses many of these issues.

I would hope that the thoughtful public servants in the Division of Health Service Regulation will carefully weigh their decision before making such a drastic change to the 2009 State Medical Facilities Plan.

Sincerely,

*Roger F. Anderson, Jr.*

Roger F. Anderson, Jr., MD  
President NC-CARROS