

**NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL****DUKE RALEIGH COMMENTS REGARDING PETITION FOR ADJUSTMENT  
TO NEED DETERMINATION IN SERVICE AREA 20  
FOR ADDITIONAL LINEAR ACCELERATOR**

Duke University Health System, Inc. d/b/a Duke Raleigh Hospital (“Duke Raleigh”) submitted a petition to adjust the need determination for linear accelerators in Service Area 20 in Chapter 9 of the 2014 State Medical Facilities Plan for one additional machine. Duke Raleigh submits these comments to respond to comments from Cary Urology and to provide certain updated information.

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**Cary Urology**

Cary Urology contends that its recently opened linear accelerator should be considered as a basis for denying the petition. This disregards the unique nature of Cary Urology’s demonstration project and is at odds with the SMFP. Cary Urology PA was awarded a certificate of need specifically for a statewide demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer. By the express terms of the SMFP, it may not be counted in the inventory, and it would not be consistent with this determination that it could be used in consideration of Duke Raleigh’s petition. Cary Urology represented in its certificate of need application that its equipment “will be used exclusively for the treatment of prostate and urologic cancers.” It stated that the project met the requirements for the demonstration project because “[a] project for a linear accelerator that will be involved in the treatment of multiple site cancers, other than urological cancers, cannot truly be “focused on the treatment of prostate cancer.”

Even if this machine were counted in the inventory, it is not anticipated that this dedicated-use accelerator would alleviate the demand on the existing high-volume accelerators in the service area in any event. For example, Duke Raleigh’s urologic cancer volumes – for all urologic procedures for both male and female patients – reflect less than 15% of its total. Even if every single Duke Raleigh urologic cancer patient (many of whom receive multidisciplinary care at the hospital) were to receive care instead at Cary Urology, Duke Raleigh would still have volumes in excess of 8000 ESTVs per year.

CCNC

Duke also understands that CCNC submitted a progress report regarding its undeveloped CON on August 1. Only after the CON Section specifically instructed CCNC to identify the equipment it would purchase and to demonstrate it had entered into a contract with an architect has CCNC now taken those steps. However, CCNC has not entered into any obligation to purchase the equipment identified, nor has it bound itself to any particular construction expenditure or timetable simply by engaging an architect. Therefore, CCNC is still able to defer development of its project indefinitely without significant cost to itself.

Updated Duke Raleigh Volumes

Duke is also able to provide slightly updated utilization figures for FY 13 (July 2012-June 2013). At the time the petition was filed, Duke had preliminary year-end figures, but in the ensuing weeks, Duke has been able to determine its final annual utilization, set forth below, which was slightly higher than the initial figures provided with the petition. Either way, Duke Raleigh’s utilization has been approximately 40% higher than the 6750 ESTVs assumed as appropriate utilization in the SMFP for the last two years.

**FY 2013 Linear Accelerator Volumes  
 Duke Raleigh Hospital**

<b>CPT CODE</b>	<b>Charge Code Description</b>		<b>Total Treatments</b>	<b>ESTV Multiplier</b>	<b>ESTVs</b>
77403	RAD TX DEL SIMPLE 6-10	External Beam	17	1.00	17
77404	RAD TX DEL SIMPLE 11-19	External Beam	105	1.00	105
77409	RAD TX DEL INTRMD 11-19	External Beam	10	1.00	10
77413	RAD TX DEL CMPLX 6-10	External Beam	946	1.00	946
77414	11-19 MeV	External Beam	4,835	1.00	4,835
77417	THER RAD PORT FILM	DOS	3,049	0.50	1,525
77418	IMRT TX	IMRT	2,076	1.00	2,076
<b>Total</b>			<b>11,038</b>		<b>9,514</b>

Conclusion

For all the reasons set forth herein, Duke Raleigh respectfully requests that the need determination for linear accelerators in Service Area 20 be adjusted to find a need for a single additional linear accelerator.