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Medical Facilities
PLANNING SECTION

Service Area 20 Special Need for a Linear Accelerator in a Prostate Health Center

July 30, 2008 Speech – Charlotte

Thank you, my name is Kevin Khoudary and I am a member of Cary Urology, a four-urologist practice in Cary North Carolina. Most of the committee has heard my request for a prostate health center before. So, today I am going to tell you why it is so important in Wake, Harnett and Franklin Counties now.

First, the patients we see. In our Cary and Clinton offices, we treat about 150 prostate cancer patients a year. The prostate gland is highly vulnerable to cancer. One in six men will get the disease in their lifetime. For African American men in North Carolina the numbers are much higher. We can treat about half of them with surgery and/ or brachytherapy. Both effectively remove the cancerous gland or kill the cancerous tissue, and preserve urologic and sexual function in the complex network of nerves and tissues that surround the gland.

We are concerned about the other half, those for whom the best option requires linear accelerator treatment. Many of them are coming back to us after those treatments with irreversible damage to tissues in other organs. As clinicians are trained to do, we have asked why and what can we do? We considered what we learned when we brought brachytherapy into our office. Almost immediately we noticed the value of combining the skills of the radiation oncologist with the skills of the urologist. Then we looked around the country and found nationally recognized cancer treatment centers that had taken the combination of skills to the next step. Many North Carolinians who can afford to and who know about it go to the MD Anderson Cancer Center in Texas, where the urologist and radiation oncologist and other specialists work as a team to customize each treatment to each patient. This is possible, because they are focused on one area of cancer. Their outcomes are good because they focus on tissue sparing approaches. Ten years ago, you went to Johns Hopkins in Baltimore for the same tissue sparing approach to surgery. Now, with the DaVinci robots and more urologists trained in Dr. Walsh's techniques, you can get comparable results at home in the Triangle. Linear accelerator radiation treatment is where surgery was ten years ago and it is time to bring it up to date.

Second is the Linear accelerator Service Area, Service Area 20. It is the only service area in the state where the ratio of patients to approved linear accelerator is more than 120,000. It is 129,000. Even with two teaching institutions, it has about half the capacity of the Winston Salem area. In this environment, where radiation oncologists working with the eight linear accelerators are responding to needs of brain, stomach, lung, breast, kidney and other cancers it is not surprising that prostate cancer is not a high focus area. A few of the medical school-based hospitals in the Triangle advertise prostate centers, but they are

either concerned primarily with disease risk communication, or they involve a consult with a urologist in selecting the treatment to be used. None does with the MD Anderson Center does. Service Area 20 presents a unique opportunity to focus one linear accelerator on prostate / urological cancers. It has a significant number of community urologists, who are willing to participate in a new approach to treatment. Why? Because most of the 20 community urologists share my concerns. If you have never tried to get specialist physicians to agree on anything, you cannot appreciate the significance of this statement. It is impossible for us to interact consistently with eight linear accelerators at four locations, do surgery at two to three hospitals and see patients, much less participate in five or six different tumor boards that are also dealing with multiple cancer types and communicate with one another about best practices.

Service Area 20 is unique in other ways. It has more than enough new prostate cancer patients every year – almost 500 reported, according to the Cancer Registry - to support a center. One in five men in the area is African American. North Carolina African American men have one of the highest rates of prostate cancer death in the United States. We have approached African American support groups like the African American Prostate Cancer Support Group and the National Association for the Advancement of Colored People (NAACP) and received enthusiastic support. Getting to all of these public hearings on the State Medical Facilities Plan is not easy; we do not have a public relations office or a bus; but we have letters from many such groups.

The Proposed 2009 Plan does not show a need in Service Area 20 because one of the linear accelerators is not yet operational, so the ESTV per linear accelerator is below the 6750 threshold that is the second requirement for showing need. The proponent for that linear accelerator argues that it will fill quickly to 6750 ESTV's . Yet, while wait for that event, people in a fast growing service area will continue to

Finally the payment system - Check the web site for the Wake County Health Department, the largest in the service area. You will find clinics for breast cancer, maternal and child health, social diseases and travelers immunizations. You will not find anything for male health. We are willing to make a unique commitment to that untouched area of public health and work with the support group and church / community infrastructure to provide correct information, outreach and screening clinics. We already do the screening clinics, so we are not talking about a big stretch.

I ask that you seriously consider this request for a special need allocation for a linear accelerator in Service Area 20 focused on multidisciplinary care for urological and prostate cancers.

Thank you for your time and attention. I am willing to entertain any questions you may have.

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