



# WAKE RADIOLOGY

ONCOLOGY SERVICES, PLLC

DFS Health Planning  
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Medical Facilities  
PLANNING SECTION

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8/01/08

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

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

Dear Ms. Potter,

We understand that Cary Urology has submitted a petition for an adjusted need determination for an additional "specialty" linear accelerator in Service Area 20.

At this time, there is no need for this type of additional linear accelerator in Area 20. A certificate of need is currently available for an additional linear accelerator in Service Area 20 and this certificate of need is the subject of a contested case to which the Petitioner here, Parkway Urology, is a Party. Prior to the addition of that accelerator, the four linear accelerators at Rex Hospital and the single linear accelerator in Cary at our facility have available treatment capacity.

While multidisciplinary care is essential for treatment of all cancers, we are not aware of any evidence that suggests that having all the physicians in the same facility results in improved outcome. Multidisciplinary care has been delivered in separate facilities effectively for many years. There will not be any cost savings by sharing radiographic studies among physicians in the center. Diagnostic radiographic studies are often different than the CT scans done for radiation therapy planning that require specialized positioning to insure precise delivery of radiation. We do not believe that medical oncologists, radiologists and pathologists, who are part of the multidisciplinary treatment of prostate carcinoma, will be part of the proposed facility, so the proposal may not include all disciplines involved in the care of prostate or other genitourinary cancers.

In regards to the need for a new linear accelerator to provide care to the under-served population within Service Area 20, we feel this need is already met by care that the current providers deliver. At our facility, we treat all patients regardless of their ability to pay.

In summary, we do not feel that an additional "specialty" linear accelerator in Service Area 20 is indicated because of the available treatment capacity of current linear accelerators, the addition of a new linear accelerator based on the 2007 SMFP, the multidisciplinary care that is already provided in the area, and the lack of need for a special center to provide access to an under-served population given care that is already provided by current centers.

Sincerely,



Scott Sailer, MD  
Co-Medical Director



Andrew S. Kennedy  
Co-Medical Director