

DFS Health Planning
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Medical Facilities
PLANNING SECTION

Dr. Thomas L. Walden, Jr., MD
Gibson Cancer Center
1200 Pine Run Drive
Lumberton, North Carolina 28358

August 7, 2008

Ms. Carol Potter
Medical Facilities Planning Section
701 Barbour Drive
Raleigh, North Carolina 27603

Re: Cary Urology' Application for a Prostate Cancer-Specific Linear Accelerator in Service Area 20

Dear Ms. Potter,

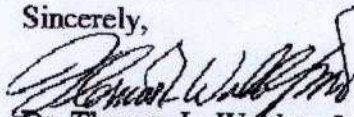
I am writing to express my reservations regarding a proposed application for a certificate of need for a prostate-specific linear accelcrator in Service Area 20 including Wake, Harnett, and Franklin Counties. I am a practicing radiation oncologist in the Lumberton and Fayetteville area through Southeastern Radiation Oncology. I have been informed that a petition is to be filed with the State Health Coordinating Council requesting a change in the formulas/criteria for allocating certificates of need for linear accelerators, to allow for a specific disease – prostate cancer. I am perplexed that this would be considered in light of the ready access to radiation therapy for all cancers already available in the Raleigh area and meeting the current county population requirements. Patients in this region have access to multidisciplinary cancer centers in Raleigh and availability to the outstanding academic centers of Duke and the University of North Carolina as well as locally in Raleigh through their affiliate health systems. Further, it is my understanding that this proposed center would be located in Cary, only two miles from a current radiation oncology center. This affluent community is already well provided with medical access.

One of the drawbacks to treatment options for prostate cancer is not the need for a specialized "center", but rather that patients with prostate cancer receive adequate informed view points on their treatment options. To address this issue, some states have

Linear accelerators are expensive, and the American Board of Radiology certified Radiation Oncologists who treat cancer patients are well trained in the treatment of all cancers, including prostate. Because of the potential treatment options of these machines, it would not only be a disservice to allocate its use solely for a specific cancer (when adequate and multidisciplinary facilities are clearly available to Area 20), but could open up a "rush" for other specialists/ cancer sites to petition for similar exemptions. A private specialty facility would also not be able to provide extensive coverage for indigent patients and would most likely be supported by self-referral by the urology group. Advances in the treatment of prostate cancer by radiation oncologist have come through radiation oncology, radiation physicists, and the supporting industries.

I do not see the benefit to Area 20, or the state at-large from an organ-specific certificate of need. I do see erosion of the benefit to the state health care system if the certificate of need process is further compromised, inhibiting existing facilities from maintaining state-of-the-art equipment to help all cancer patients. I strongly request the state not to permit certificates of need for linear accelerators to treat specific organ systems.

Sincerely,



Dr. Thomas L. Walden, Jr., MD
Radiation Oncologist