

NC-CARROS

Council of Affiliated Regional Radiation

Oncology Services

PO Box 2496

Matthews, NC 28106-2496

May 7, 2008

Christopher G. Ullrich, MD

Charlotte Radiology

1701 East Boulevard

Charlotte, NC 28203

Dear Dr. Ullrich:

As President of the North Carolina-Council of Affiliated Regional Radiation Oncology Societies (NC-CARROS), which represents member radiation oncologists in North Carolina, I wish to express the opinion of our group in regards to the comments made by Dr. Kevin Khoudary of Cary Urology at the April 9 meeting of the Discussion Group on Radiation Oncology Issues in regards to the filing of a certificate of need (CON) for a linear accelerator to be placed in a proposed prostate health clinic in Wake County claiming the need for a "multidisciplinary approach" to prostate cancer.

NC-CARROS strongly opposes the approval a CON on the basis of this argument.

As specialists in providing cancer treatment to many different sites of the body, we feel the preferential "carving out" of one diseased organ by a regulatory decision would be detrimental to the current multidisciplinary approach to cancer care being practiced in North Carolina, which requires a critical mass of high technology and expert support staff in addition to the radiation oncologist to provide appropriate and efficient treatment for not only prostate cancer, but a wide variety of both common and uncommon cancers. One can see if a more common cancer such as prostate gets special designation for a separate center, why not similar designation for other organs such as breast, lung, and colorectal so that cancer care for the community would be fragmented among each referring specialty. This would threaten the economic viability of the cancer center, which offers treatment for many less common cancers as well.

Excellent multidisciplinary cancer care can be provided without the radiation oncologist and the urologist being in the same building. In fact the multidisciplinary approach to prostate cancer requires the interaction with medical oncologists, radiologists, and pathologists who are commonly not in the same building.

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In regards to the need for additional prostate cancer care in a Wake County location, NC-CARROS feels that excellent multidisciplinary cancer treatment is currently being provided in Raleigh and Cary and the nearby Research Triangle area. Of note in Raleigh, Rex Cancer Center has received the special designation as an Approved Cancer Program by the American College of Surgeons based on its multidisciplinary approach to cancer care, its quality assurance program, and its tumor registry monitoring of outcomes. In 2006, the Department of Radiation Oncology of Rex Cancer Center presented a community wide medical evening program reporting on the 5 year outcomes from the first 100 prostate radioactive seed implant patients selected from a group of over 700 patients performed to date. The outcomes matched or exceeded those reported by major cancer centers. The Rex Cancer Center also supports a large and active Man-to-Man prostate cancer support group.

NC-CARROS also shares the concern raised by investigations quoted by the American College of Radiology, American College of Radiation Oncology, and the American Society for Therapeutic Radiology and Oncology about the powerful financial incentive for self-referral by referring urologists with ownership in linear accelerators. These three national organizations have petitioned the Center for Medicare and Medicaid Studies (CMS) to exclude radiation oncology as an in-office ancillary service (IOAS) under the Stark physician self-referral regulations. If this exclusion occurs, the proposed prostate cancer center would be illegal.

Lastly, NC-CARROS feels the current linear accelerator needs methodology that has been carefully created by the Medical Facilities Planning Section to appropriately distribute this costly treatment technology would be undermined by setting the precedent of designating linear accelerators for an organ specific treatment center. This would lead to the proliferation of applications for linear accelerators on the grounds that other organ sites should be given equal consideration as prostate. The end result would be excessive capacity and under utilization. It should be noted that Wake County already has excessive capacity of linear accelerators based on the current methodology.

Therefore, NC-CARROS feels the petition for a special exemption to circumvent the current CON regulations should be denied.

Sincerely,



Roger F. Anderson, Jr., M.D.
President, NC-CARROS