

August 2, 2023

Sandra Greene, PhD Chair  
State Health Coordinating Council  
Andrea Emmanuel, PhD Acting Assistant Chief  
Healthcare Planning Section  
Division of Health Service Regulation

2714 Mail Service Center  
Raleigh, North Carolina 27699-2714

**RE: Carteret Health Care Petition for Hybrid PET/CT Simulator / Scanner at an Acute Care Hospital in Carteret County, HSA VI, North Carolina**

Dear Dr. Greene and Dr. Emmanuel,

I am writing to support the petition submitted by Carteret Health for an adjusted need determination in the *2024 State Medical Facilities Plan* for one hybrid PET scanner/simulator in HSA VI and designate it for a licensed acute care hospital in Carteret County. I understand that this request will improve access, affordability, and quality of care for cancer patients in Carteret County and surrounding areas.

I know from experience that cancer is increasing in Carteret. The state forecasts 600+ new cancer cases every year based on the cancers we diagnose. As we improve diagnosis, the forecasts go up. Please do not be fooled by the pause in statistics following the COVID years. When patients stayed home, diagnoses dropped, but they came back with more advanced cancers. The county's high elderly population and other prevalent health issues indicate that cancer cases will not slow down. Moreover, cancer survival also means more cases of recurrent cancers that also require treatment. CHC serves 96% of cancer cases in Carteret County.

CHC's current mobile PET scanner is only available on Sundays and is constantly overbooked. Sunday only service also means no rest for our staff. The mobile scanner can only accommodate half of the PET demand because the vendor caps scans at 12 per day and limits the isotope to FDG. CHC needs more capacity but may not have enough demand to justify a full-time scanner. The hybrid PET scanner/simulator would help by providing extra simulator capacity. That in turn would have the ripple effect of more time to use the existing simulator to back up the Emergency Department. We are about to add a second linear accelerator; we have added a second radiation oncologist. Simulator demand is increasing. Every radiation therapy plan requires one to two simulations, and they take a long time.

The proposed hybrid would give us PET scanning access every day of the week. This in turn would allow the hospital to arrange for the specialized isotopes needed for specialized breast, prostate, and brain scans. It is frustrating to talk about half of our cancer patients that they must take a day out of their lives



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to travel to another cancer center for their PET scans. These specialized isotopes are only available on certain days of the week.

As a medical oncologist, I understand the value of PET scans both for diagnosis and for radiation therapy planning. A single piece of equipment that can provide both functions is an excellent, cost-effective solution for a situation like Carteret County. CHC has radiologists who can and do interpret their PET scans and having it on site with access to a full range of PET isotopes would make it so much easier to complete patient care plans.

Dual use would make this technology affordable to a rural health care system, like CHC and enable them to keep costs affordable for their patients and within the scope of their insurance arrangements. With dual use, the second part of the petition, reducing the performance standard from 2,080 to 1,040 scans in the third operating year also makes sense.

Please approve the petition from Carteret Health Care to include a special need for one hybrid PET scanner/simulator in HSA VI and designate it for a licensed acute care hospital in Carteret County. Thank you for your time and attention to this critical issue.

Regards,



James Loynes, MD  
Medical Oncologist/Raab Clinic  
Carteret Health Care