



TERMS OF REFERENCE

ONTARIO STEERING COMMITTEE FOR POSITRON EMISSION TOMOGRAPHY (PET) EVALUATION ("PET Steering Committee")

Background

As the Ontario government's principal advisor on the cancer system, as well as on access to care for key health services, Ontario Health (Cancer Care Ontario) drives continuous improvement in disease prevention and screening, the delivery of care, and the patient experience for chronic diseases.

The Ministry of Health has given Ontario Health (Cancer Care Ontario) the mandate to provide oversight, coordination and operational support for the provincial PET Program, ensuring patients have access to PET scans where supported by evidence for all ages and indications.

In addition to the funding of PET scans, this also includes oversight and management of the evidence-building portion of the provincial program (e.g., PET registries, provincial clinical trials), operations for the PET Access Program (case-by-case review program), quality oversight, and provincial service planning.

Objective and Functions

The PET Steering Committee will provide strong system-level clinical, scientific, quality and service delivery leadership for the provincial PET Program, across all current and emerging uses of PET (e.g., oncology, cardiovascular, pediatric oncology, neurology and other).

The PET Steering Committee advises Ontario Health on quality issues related to PET scanning, including: horizon scanning and system-level recommendations on the use of evidence-based PET scanning indications and technologies; opportunities for quality improvement and support for quality initiative development and implementation; strategies to improve provincial PET scan services.

To support this work, the PET Steering Committee will:

1. Advise on indications to be considered for funding through the provincial PET Program, with recommended stream (e.g., considered for routine/OHIP-covered use, or as part of a real-world evidence-building approach), based in part on the strength of existing evidence and impact to management
2. Identify emerging indications, including non-FDG radiopharmaceuticals and technologies (e.g., PET/MRI), through ongoing review of the scientific literature, horizon scanning, identification of trends in the PET Access Program, and stakeholder engagement.
3. Oversee evaluation of emerging indications through PET Registries (real-world evaluations) and/or provincial PET clinical trials, including:

- a. Identification of gaps in evidence required to inform whether, when in patient care, and for which cohort(s) of patients PET contributes to patient management decisions
 - b. Ensure appropriate research questions and study design
 - c. Oversee operations and analyses to support timely, long-term funding recommendations
4. Establish quality criteria (technical and clinical) for PET scan services and advise on processes and metrics (indicators) for quality oversight
5. Identify gaps and make recommendations for the improvement of access and quality of services, including data review, providing direction for analyses, and providing input to strategies and/or communications to drive appropriate utilization
6. Provide input to long-term PET scan demand and capacity modeling, including indication-specific demand and considerations for referral patterns and access
7. Provide advice on policies and processes related to the operation of the PET Access Program (case by case review program).
8. Advise on performance management and quality issues
9. Act as champions for the provincial PET program, including advising on and participating in communication and education strategies to promote awareness of services to specialists and other stakeholders including the public, as required.
10. Advise on issues relating to PET access in the province, including supply of radiopharmaceuticals, relevant theranostics (e.g., specialized radionuclide therapies and companion diagnostics), the distribution of PET scanners across the province (in collaboration with Ontario Health's PET Capital Advisory Committee), and other issues as required.

Membership (17-25)

One member may cover more than one area of expertise and/or representation.

Efforts will be made to ensure province-wide geographical representation and include representation from regions both with and without a local PET centre.

- Nuclear medicine physician(s) and/or radiologist(s) with PET expertise (3-6)
- Physician with cardiovascular PET expertise (1)
- Referring physicians from specialities and disease-sites relevant to PET (3-5), including representation from (at a minimum) oncology and cardiology
 - Additional disease-site specific experts will be engaged as required, including participation in sub-committees and/or working groups, and may attend one or a series of meetings on an ad hoc basis as non-voting participants
- Medical Radiation Technologist (Nuclear Medicine) (1-2)
- Medical Physicist (1)
- Individual with expertise in clinical trial methodology (1)
- Senior hospital administration (1-2), e.g.:
 - PET Services Administrator (e.g., Nuclear Medicine/Diagnostic Imaging Director)
 - Regional Vice President for Cancer Services
- Patient and Family Advisor(s) (1-2)
- Provincial Head, Cancer Imaging Program, Ontario Health (Cancer Care Ontario) (1)
- Senior representatives or designate (2) from:
 - CorHealth, Ontario Health

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- Pediatric Oncology Group of Ontario
- Non-voting members:
 - Manager, Cancer Imaging Program, Ontario Health (Cancer Care Ontario) (1)
 - Ministry of Health, Provincial Programs Branch (1)

Secretariat and programmatic support(s) from Ontario Health's Cancer Imaging Program, Capacity and Infrastructure Planning team, Quality Measurement and Analytics, and the Program in Evidence-Based Care.

Health technology assessment expertise will be engaged as needed.

Sub-Committees and Working Groups

Sub-committees and working groups may be struck at the call of the chair as needed to fulfill the Committee's work. These support work in focused areas that do not require full Steering Committee input at all phases.

Governance and Decision Making

The PET Steering Committee will report to the Vice President, Cancer Programs, Ontario Health (Cancer Care Ontario) and Vice President, Clinical, Cancer Programs, Ontario Health (Cancer Care Ontario) ("Ontario Health (Cancer Care Ontario) Executive Sponsors") via the chair.

Quorum (2/3 membership) is required for all decisions. Decisions will be made by consensus of the members. If there are any issues on which consensus cannot be achieved, the approach will be decided upon by the chair in consultation with the Ontario Health (Cancer Care Ontario) Executive Sponsors.

Meetings

Meetings will be 1-2 hours in length, held monthly or bi-monthly, a minimum of 6 scheduled meetings each year. Both in-person and virtual options are available. A meeting may be cancelled at the call of the Chair if there are no issues on the agenda.

To facilitate attendance, meetings will be scheduled as far in advance as possible. Members are expected to attend regularly, at least half of the meetings scheduled in a given year. Due to the nature of the ongoing program discussions, delegates are not permitted.

Key decisions and minutes will be recorded and shared with the committee for review and approval; upon approval the minutes will be available publicly, upon request.

Term

This Terms of Reference will continue for a two (2) year period until March 31, 2024, after which they will be reviewed and updated, as appropriate.

Members are asked to commit to this term upon joining the PET Steering Committee. Membership may be reviewed and may be renewed at the end of the period with the consent of the member on the recommendation of the chair.

Conflict of Interest

PET Steering Committee members must ensure that any actual or potential conflict of interest in regard to any matter under discussion by the PET Steering Committee is drawn to the attention of Ontario Health (Cancer Care Ontario). In consultation with the chair, Ontario Health (Cancer Care Ontario) will decide what action, if any, is required arising from the conflict of interest and

will take appropriate action, including but not limited to requesting the member absent him or herself from participation in discussion of the matter.

Members will be required to complete a Conflict of Interest Declaration upon joining the PET Steering Committee.

Confidentiality

Unless it is generally available to the public, all data and information acquired or prepared by or for the PET Steering Committee should be treated as confidential. Members should keep these data and information confidential and not directly or indirectly disclose them during or subsequent to their term as a member of the committee.

Members will be required to complete a Confidentiality Agreement upon joining the PET Steering Committee.

**For the purposes of this document PET is used as a broad term for PET-related technologies, such as PET, PET/CT or PET/MRI. At present, PET/CT is the most common modality of PET-related technologies*