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September 11, 2017

**VIA FACSIMILE**

Ms Amy Block  
Legal Office  
The College of Physicians and Surgeons of Ontario  
80 College St.  
Toronto ON M5G 2E2

Dear Ms Block:

**Re: Dr. Akbar Khan and CPSO**

I write further to our telephone discussion on Friday afternoon. As you know, we have serious concerns about the misleading content and manner of presentation of information in the investigative files relied upon by the ICRC in deciding to refer Dr. Khan to Discipline.

Facts within both Investigator's Reports to the ICRC contained material misrepresentations of fact, and failed to disclose significant information which directly challenges the College's case.

In addition, the College's own expert report (Dr. Ko's June 2015 addendum report), was altogether omitted from one Investigative File (so the Committee considering the public complaint was never made aware of it), ~~and a letter of complaint (from Dr. Sandhu) was provided to Dr. Khan for the first time as part of the Investigative File.~~

mistake - it was provided to previous lawyer who never provided it to me

What follows are the details of these concerns, as well as Dr. Khan's request that both Investigative Files be reviewed and their contents reorganized to include the omitted information, the biased Investigator's Reports to the ICRC be removed from both files, and both matters be returned to a freshly constituted Committee for reconsideration of the Discipline referral with Dr. Ko's June 2015 addendum report specifically brought to the new Committee's attention.

***Discipline Referral Unreasonable – Based On Misleading Investigative File Information***

As you know, Dr. Khan was not present at the ICRC deliberations that considered his Discipline referral; only College representatives were present before the ICRC. Accordingly, the College bears the onus of ensuring that the information presented to Dr. Khan's governing body is entirely truthful and accurate. In this case, the College appears to have sacrificed natural justice for administrative expediency in the manner in which certain information was selectively presented and characterized, and other material information in the College's possession was entirely omitted.

As the Divisional Court has held in similar cases involving a breach of natural justice, "administrative convenience, although important, should not be achieved at the potential cost of

real injustice where there is independent credible evidence, as here, of a denial of natural justice.” (*Toronto Housing Co. v. Sabrie* [2003] O.J. No. 652 (Div. Ct.) at 32.

1) The Public Complaint (Trinkaus) (pages 873-1467 Investigative File)

The underlying referral to Discipline on the public complaint of Dr. Trinkaus was based on misleading information contained in the Investigative Report and missing information in the Investigative File.

Through no fault of its own, the ICRC was provided with a distorted and incomplete investigative file that materially mischaracterized the principal fruits of the College's investigation.

In particular, the Investigator's Report provided to the ICRC inaccurately asserts that the College's assessor, Dr. Ko, concluded that Dr. Khan's care displayed a lack of skill, knowledge and judgment and poses a risk of harm or injury to his patients. At page 882 of the Investigator's Report the investigator writes to the ICRC:

“Dr. Ko was retained by the College to review this matter. He opined as follows:

1. Does the care which Dr. Khan provided to the patient meet the standard of practice?

“...no...”

2. Does Dr. Khan's care display any or all of the following: Lack of skill, knowledge or judgement (sic)?”

“...yes...”

3. Are you of the opinion that Dr. Khan's clinical practice, behaviour, or conduct exposes or is likely to expose his patients to harm or injury?”

“...yes...”

What the investigator fails to draw to the Committee's attention, and what is omitted entirely from the investigative file in the public Trinkaus complaint file, is Dr. Ko's addendum opinion of June 2015 which supersedes the preliminary opinion provided to the ICRC, and which arrives at entirely different conclusions. The College was in possession of this addendum opinion and evidently opted not to include it in the Investigative File for the Trinkaus public complaint.

By way of explanation, Dr. Ko did produce a preliminary opinion in 2014 respect of Dr. Khan's care of patient GK (the Trinkaus complaint) (see pp. 420-423). This report was drafted before he met Dr. Khan and without the benefit of clarifying information provided to Dr. Ko following that meeting in relation to GK's treatment. Accordingly, the preliminary opinions in the 2014 report were replaced by the opinions in the addendum report of June 10, 2015 (pp. 111-125) in which Dr. Ko concludes as follows in respect of patient GK:

**“I cannot determine if the care given met the standard of a cancer doctor. The care may have met the standards of a doctor practising CAM. The care in this case does not display**

**lack of knowledge, skill or judgment. In this case, the conduct did not expose the patient to harm or injury.” (p. 120)**

This important clarification was glaringly absent from the Investigator's Report to the ICRC (and indeed the Investigator's Report leads the reader to the exact opposite conclusion). The June 2015 addendum report clarifying Dr. Ko's preliminary opinion on Dr. Khan's care of patient GK is nowhere to be found in the Trinkaus investigation file at all, even though the College was in possession of it since June 10, 2015.

There has been a serious breach of Dr. Khan's right to procedural fairness. In this case, material expert opinion evidence going to the central issue of whether Dr. Khan met the expected standard of practice was both mischaracterized by the College's investigator in her report to the ICRC, and utterly absent from the investigative file.

It is not reasonable to assert, as we expect the College will, that even though it was not specifically mentioned in the Investigator's Report to the ICRC on the Trinkaus matter, the single paragraph relating to patient GK in Dr. Ko's 2015 addendum report was nevertheless technically available to the ICRC as part of the larger 1500 + page investigative file from the Registrar's Investigation, and that we can assume the ICRC understood that Dr. Ko's 2014 opinion on GK's care was superseded by his addendum opinion from June of 2015. How could the ICRC possibly have understood this?


The ICRC was given no reason to doubt that Dr. Ko's 2014 report was his final opinion because the Investigative Report to the ICRC made no mention of the 2015 report at all. Neither did it mention that Dr. Ko's opinion of Dr. Khan with respect to patient GK was reversed in the 2015 report.

There is simply no reasonable basis upon which Dr. Khan should have been referred to Discipline on the Trinkaus public complaint when the College's own expert has concluded that Dr. Khan **may have met the standards of a doctor practising CAM, and the care in that case did not display lack of knowledge, skill or judgment, nor did his conduct expose patient GK to harm or injury.**

On this basis, Dr. Khan requests that the matter of the Trinkaus public complaint be remitted immediately to a freshly constituted Committee for reconsideration, with the benefit of Dr. Ko's addendum opinion of June 2015, specifically brought to its attention as having superseded Dr. Ko's 2014 preliminary opinion, and with the Investigator Reports expunged from the file.

## 2) Registrar's Investigation (pages 16-867 of the Investigative File)

As for the Registrar's Investigation, there are additional concerns. In this matter Dr. Khan was deprived of the opportunity to review and respond to the underlying complaint (from Dr. Sandhu); and the information contained in the Investigator's Report to the ICRC was false and misleading. Accordingly, Dr. Khan submits that the Discipline referral on the Registrar's Investigation was likewise unreasonable and must be reconsidered.

At no time prior to receiving disclosure from the College on August 22, 2017 was Dr. Khan ever afforded the opportunity to review Dr. Sandhu's allegations against him; or provide a response to them. Rather, the investigation unfolded over more than three years  the underlying letter of complaint from Dr. Sandhu was never provided to Dr. Khan.

Now for the first time, after Notice of Intention to Impose an Order under s. 25.4 has been given, the College has provided a copy of the Letter of Complaint from Dr. Sandhu. The letter appears prominently in the early Investigative File, but was for some reason not shown to Dr. Khan until now.

In this case, the College only revealed the true concerns underlying the Registrar's Investigation after Dr. Khan had already been referred to Discipline. Because of this, Dr. Khan was deprived of his ability to make meaningful and responsive submissions to the complaint, and thereby deprived of his entitlement to procedural fairness. By denying Dr. Khan the ability to know the underlying primary allegations against him, the ICRG turned Dr. Khan's "statutory right to make submissions into nothing more than a charade", per Nordheimer, J. of the Divisional Court (*Mozaria v College of Physicians and Surgeons of Ontario*, 2017 ONSC 2014 at 64).

In addition to this breach of procedural fairness, the Investigator's Report to the ICRC in the Registrar's File materially misled the Committee by inaccurately characterizing Dr. Ko's expert opinion, substituting her own conclusions for those of Dr. Ko.

At page 7 of the Investigator's Report to the ICRC, the Committee is told:

"Dr. Ko, Medical Oncologist, was retained by the College to review this matter on August 12, 2014. His report is based on a review of 25 charts, an interview with Dr. Khan on Jan 22, 2015 and additional records provided by the College and Dr. Khan.

Dr. Ko opined as follows:

Does the care which Dr. Khan provided to the patient meet the standard of practice?  
"...no..."

Does Dr. Khan's care display any or all of the following: lack of skill, knowledge or judgement (sic)?  
"...yes..."

Are you of the opinion that Dr. Khan's clinical practice, behaviour or conduct exposes or is likely to expose his patients to harm or injury?  
"...yes..." (see page 8, Investigative Report)

None of these statements is accurate. Rather, in his June 2015 addendum report Dr. Ko opines repeatedly that, "**There was no risk of harm in this case.**" (see pages 111-125 of the Investigative File for Dr. Ko's June 2015 addendum report).

Further, in 24 of the 25 patient files reviewed, Dr. Ko concludes that, "**The care in this case does not display lack of knowledge, skill or judgment.**" In only one case he opines that Dr. Khan had a limited lack of knowledge of the "natural history of esophageal cancer".

Again, on whether Dr. Khan failed to meet the standard of care of a CAM physician, Dr. Ko could find no convincing evidence of failure. In 19 of the 25 patient files Dr. Ko reviewed, he concluded that he was "unsure" about Dr. Khan's meeting of the standard of care. In the

remaining 6 patient files, Dr. Ko found that Dr. Khan met the standard of care (see pages 111 to 125 of the Investigative Record). See also enclosed chart summarizing Dr. Ko's conclusions.

Dr. Ko concludes his opinion with the following important observation, **"I do not believe that the outcomes could have been different in these cases, nor do I believe that the patients were significantly harmed."** See Dr. Ko's June 10, 2015 addendum report, along with a summary chart of his conclusions, enclosed.

### 3) Additional Areas of Concern

In addition to the foregoing areas of concern, there were a number of anomalies with the manner in which information was presented in (or omitted from) the Investigative Files. Based on this:

- a) The Committee was left with the mistaken impression that Dr. Khan did not respond to Ms Arnott's February 2017 addendum report (p. 722), when in fact he was not provided with it until he received this Investigative File in August 2017, after he was already referred to Discipline. Nevertheless, Ms Arnott herself observes favourably that, *"It is encouraging to hear that several process improvements have been made, and that validation of the environment has been independently tested. These will improve patient safety and public confidence....It is also important to maintain a culture of continuous quality improvement in the care setting, which Dr. Khan seems committed to."* (p. 722)
- b) The Committee was left with the mistaken impression that Medicor patients pay Dr. Khan directly for their SEF chemo treatments (see pp. 689 & 692), when this is not the case. See enclosed correspondence from patients Mr. [REDACTED], Mr. [REDACTED], and Ms [REDACTED] confirming that payments were made directly to Berkeley Institute, not Dr. Khan or Medicor. Confirmation of the payment recipient could easily have been verified by the investigator, but was omitted from the investigation. Indeed, information included in the Investigative File at pp. 723 & 726 leads the reader to the opposite conclusion. Omission of this clarifying information may have contributed to the unfounded referral relating to Dr. Khan's billing practices.
- c) The Committee was deprived of material information gleaned by the investigator in the course of her investigation which was not included in either Investigative File (i.e. favourable interviews with patients such as T [REDACTED] R [REDACTED] is but one example and her letter to this effect is enclosed).

### Relief Sought

When taken together, the failure to provide the ICRC with material opinion evidence going to the principal issue in the Trinkaus matter, **the failure to afford Dr. Khan the opportunity to respond to Dr. Sandhu's primary complaint**, and by providing the Committee with misleading information about issues of vital importance (e.g. risk of patient harm or injury) in both investigations, the College has denied Dr. Khan his entitlement to procedural fairness.

Providing a patently misleading characterization of the College's own expert opinion to the ICRC in both case files is unconscionable. It is impossible to tell how the Committee might have otherwise decided on the referral if the material information about Dr. Ko's addendum opinion

had not been omitted from the Investigative File and if misleading information about Dr. Ko's conclusions had not been provided to the Committee.

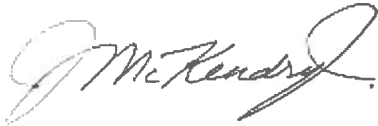
Dr. Khan hereby requests that both the Discipline referral based on the Trinkaus public complaint and the Registrar's Investigation based on the Sandhu complaint be reconsidered by a freshly constituted Committee, with the Investigator Reports expunged from both files, and with the June 2015 addendum opinion from Dr. Ko specifically brought to the Committee's attention.

Dr. Khan will deliver separate submissions on the s. 25.4 issue if they are required.

Yours truly,

**McCarthy Tétrault LLP**

Per:

A handwritten signature in black ink, appearing to read "J. McKendry". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Jennifer A. McKendry

JAM/mj

Encl.

e.c. Dr. Akbar Khan  
#17038282

## Dr. Ko - Jun 10/15 addendum report – Summary of Conclusions

Chart	Patient	Failure to meet standard of care of CAM doctor?	Lack of knowledge?	Lack of skill?	Lack of judgment?	Expose patient to harm?	Expose patient to injury?
1	HS	Unsure	No	No	No	No	No
2	RO	No	No	No	No	No	No
3	LN	No	No	No	No	No	No
4	BR	No	No	No	No	No	No
5	MN	No	No	No	No	No	No
6	MH	No	No	No	No	No	No
7	GB	Unsure	No	No	No	No	No
8	AK	Unsure	No	No	No	No	No
9	EJ	Unsure	No	No	No	No	No
10	WP	Unsure	No	No	No	No	No
11	RA	Unsure	No	No	No	No	No
12	HP	Unsure	No	No	No	No	No
13	AB	Unsure	No	No	No	No	No
14	ML	Unsure	Yes*	No	No	No	No
15	AC	Unsure	No	No	No	No	No
16	TM	Unsure	No	No	No	No	No
17	RT	No	No	No	No	No	No
18	MG	Unsure	No	No	No	No	No
19 (Complaint)	GK	Unsure	No	No	No	No	No
20 (Complaint)	KB	Unsure	No	No	No	No	No
21	YP	Unsure	No	No	No	No	No
22	JF(1+2)	Unsure	No	No	No	No	No
23	AY	Unsure	No**	No	No	No	No
24	LL	Unsure	No	No	No	No	No
25	FH	Unsure	No	No	No	No	No

\*claimed lack of knowledge of natural history of esophageal cancer only

\*\* claimed "lack of common practice" (use of prednisone instead of dexamethasone for brain met)

Sept 9, 2017

To Whom It May Concern;

Through this whole ordeal that I've gone through, I've lost lots of sleep and weight leaving me as a hollow man. After SEF Chemo it wasn't long where I gained self-respect, self-worth and health. Now I could move with my life. We are preparing to build a new home as well as spend more time in our home in Nova Scotia.

Now this new turn of events where Dr. Khan is saving my life, my future looks great. Now somebody wants to take that away from me and my family. We are back to sleepless nights, worrying days and have come so close to beating this.

The medical records will show my cancer markers at 8855 in November when I started SEF Chemo. It has dropped down to around 30 now. These records are available at Dr. Khans' address and my family Dr. where the blood was taken from our local hospital and a copy was sent to Dr. Khan and family Dr. Higgins in Southampton. The numbers are real and not made up.

I've been going for quite some time and seen changes in patients that are going to Dr. Khan office for the better, who also had no hope. I'm offering myself, To Whom It May Concern, as an open book to investigate my case fully. I will supply anything you need to show that this is not a scam. My payment is to Berkley Institute in California and I have all records to show that. If any investigation needs to be done, should be what works and doesn't work. I had the other Chemo and Operation that didn't work so the cancer spread more and The Medicare Cancer Centre have turned things around to I am alive and well: who do you think should be investigated?

Sometimes I might need an infusion for Vit. D saline or Potassium and Dr. Khan does that which is supplied by Dr. Khan. That's the only thing I'm billed for and that's only if I need it. I have all records of payments also for that.

How can assisted suicide be ok to take someone's life at their request, but on my request to stay alive someone wants to take that away. I don't think it's morally right or mentally ok to make that decision on my behalf! Please let me live and use me as an example of living life.

Remember, the idea of Cancer research and funding is to save lives. As Drs. You have an obligation to do so.

I'm available upon request for any concerns or questions you have. Please let me live peacefully and in Dr. Khans' care.

Take My Testimony Not My Life

Tom Peters

Theresa Rogers  
3937 Riverview Road  
Creston, BC V0B 1G2  
Tel: 250-428-0100  
Cell: 250-428-1372

September 8, 2017

College of Physicians and Surgeons  
80 College St, Toronto, ON  
M5G 2E2

Attention:       Inquiries, Complaints and Reports Committee

Dear Committee Members:

Reference:       Dr Akbar Khan – Use of SEF Chemo

I have been a patient of Dr Khan's for the past four years and I am writing to you again (the first letter was December 2016) in support of Dr Khan's use of SEF Chemo. I consent to this letter and attachments being used in your investigations but prohibit the use of this material to investigate other physicians or facilities named herein.

I was born and raised in Alberta and recently moved to British Columbia with my husband, to retire. Prior to retiring, I worked in a professional environment and spent my spare time as an avid equestrian enthusiast. I am now 61 years old with stage IV triple negative breast cancer, originally diagnosed in 2001 as Stage IIB (ER+/PR+/HER2+). At that time I was 45 years old and underwent breast surgery, chemotherapy and radiation. The lymph node dissection indicated 1 in 18 nodes contained cancer.

In 2011 the recurrence indicated the cancer was triple negative and had metastasized to the right axilla and supraclavicular region. Based on the treatment plans offered at the Tom Baker Cancer Centre in Calgary, Alberta my prognosis in 2011 was 2.5 to 3 years. In June 2011 I started their traditional cancer treatments (chemotherapy and radiation) undergoing 7 "iv" treatments of Docetaxel. Side effects included total hair loss and many months of fatigue. The next treatment was Capecitabine which I took from Oct 2012 – April 2013 and again from Dec 2013 – March 2014 when I could no longer tolerate the side effects which were hand and foot neuropathy causing severe pain. During this time I also underwent 5 radiation treatments to my right arm.

By early 2014 the scan results showed the cancer was continually worsening and I had reached the end of my tolerance for Capecitabine. The March 14<sup>th</sup> PET/CT (attached) indicated "the overall trend is for worsening of disease since 2011". In April I began 8 "iv" treatments of Gemcitabine/Cisplatin. Fatigue was again the major side effect as well as cognitive difficulties and by June my hemoglobin was at it's lowest (80) so I received a blood transfusion.

While undergoing Gemcitabine/Cisplatin treatments, I knew I had to find another solution since it was becoming apparent that the treatments were going to kill me before the cancer. I had heard how effective DCA was in fighting cancer so I began my quest for an alternative solution. My research indicated Medicor Cancer Centre in Toronto had the most experience with DCA and trying to purchase it and figure out a protocol on my own looked like a dangerous option so I contacted Dr Khan for guidance.

In May 2014 he suggested and supplied oral DCA which was to be added to the chemo regime. His directions for use in combining the two were very specific and he also sent requisitions for blood work in order to monitor my condition. By July 30<sup>th</sup> the PET/CT (attached) results showed not only "no new hypermetabolic metastatic disease" but also "significant improvement, only residual low-grade metabolic activity and hypodense lesions decreasing in size". I was amazed and so was my oncologist. These results were achieved in "3 months" whereas I had already undergone "3 years" of traditional cancer treatment with a constant decline in my condition.

Since the cancer was now at a manageable stage, Dr Khan told me about SEF chemo. He explained how it worked. Mesna would be administered by "iv" for a number of days to protect the healthy cells as well as causing the immune system to kick into action and fight the cancer. On day 4 high-dose, high-quality Carboplatin would be administered to directly target the cancer cells. At no time did Dr Khan promise remission, he simply said some patients were having good results. Prior to me making a commitment, he provided comprehensible information about the use of SEF chemo, possible side effects and how I would be monitored for my well-being. Since Medicor Cancer Centre is the only location in Canada that administers SEF chemo I agreed to travel from British Columbia to Toronto for the treatments to be done bi-weekly.

In October 2014 I began SEF chemo. I found the Medicor office to be staffed by highly trained professionals with superb hygiene practices, not to mention the beautiful surroundings which were serene and calming compared to the chaotic, gloomy facilities I had been at while previously doing traditional cancer treatments.

Dr Khan was welcoming, knowledgeable, well spoken and above all candid. It was like a breath of fresh air! On the days I received the actual chemo, Dr Khan always brought it into the room, verified the dosage and that I was the correct recipient. Over the course of the treatments, I experienced only minor side effects such as intermittent headaches, stomach aches, hot flashes, constipation and dizziness. Because of the dizziness I was immediately booked for a MRI to ensure there wasn't an undetected brain tumor which was being killed by the chemo which may have caused a stroke. That didn't seem to be the case but Dr Khan lowered the chemo dose so I would not have to miss a treatment.

By early 2015 I had completed 6 SEF chemo treatments and by all measurable instruments (circulating tumor results and PT/CT scan) the cancer was in remission. The February PT/CT scan (attached) states "the findings suggest continuing near complete if not complete metabolic response". Regardless, Dr Khan encouraged me to complete at least the 7<sup>th</sup> treatment but I was suffering from mental fatigue from the "travel" and chose not to. Unfortunately the cancer returned after 6 months. I'm certain if SEF chemo treatments had been available regionally I would have been able to complete all the treatments and can speculate I might be cancer free, even now.

When the cancer returned in 2015 I began oral DCA in addition to seeing a local naturopathic doctor for Vit C "iv" treatments and his regime of supplements. For months this was keeping the cancer under relative control but I wanted to try SEF chemo again but this time I decided to go to Berkeley, CA because it was closer than going to Toronto and the Canadian dollar was strong.

So January to April 2016 I traveled to Berkeley, CA and again the SEF chemo was very successful with minimal side effects but the small tumor under my arm, even though reducing in size, would not completely go away. The doctor in Berkeley suggested I go back to Calgary and have it removed. Unfortunately this meant long delays in getting an appointment for an opinion and the "surgeon team" in Calgary suggested it was not operable even though much later when I had a second opinion by one of the top surgeons in Calgary, he suggested it could have been done previously but not now. For the balance of the year I was on Xeloda, DCA capsules and Vit C "iv" treatments.

In 2017 my oncologist tried a couple of rounds of Carboplatin in January and 2 rounds of Eribulin in February with no effect on the size of the tumor under my arm but caused major fatigue. In April I did 10 treatments of radiation. This reduced the tumor size somewhat but the effects only lasted 3 months and the tumor is now larger than before (about the size of a large egg) and radiation of any form is no longer an option. In August my oncologist suggested Paclitaxel or another type of chemo, both with severe common side effects such as hair loss, low blood counts, diarrhea, mouth sores, etc. and since my weight has dropped from 145 lbs to 109 lbs, I've declined the chemo as again, it would most likely kill me before the cancer does. The Sept 5 2017 CT is attached. It indicates the mass under my arm is the primary problem with little, if any other cancer. The mass itself which is the size of a large egg is now causing significant problems including lymphedema, nerve pain in my hand/arm and severe muscle weakness. It also weeps and bleeds.

I have since been in touch with Dr Khan who has scheduled me to start SEF chemo treatment in Toronto the week of September 11<sup>th</sup>. If the Ontario College prevents Dr Khan from offering SEF chemo and I am unable to receive my treatments here in Canada I will have to make alternate arrangements to go to Berkeley, CA. With the political unrest of the US government this option is something I strongly do not want to pursue but as I mentioned above, I do not believe conventional chemotherapy is a choice. Without SEF chemo my path will be a short road of being bed ridden while I waste away and die and I'm not going to let that happen. Dr Khan has said that since the cancer did not stop responding previously to SEF chemo it is still a viable option.

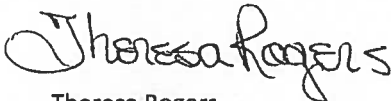
Please do not prohibit Dr Khan from offering SEF chemo! Not just for myself but for so many others that can benefit from his work. He is a truly gifted and dedicated cancer doctor who is highly intelligent, caring and compassionate. His work combines evidence based cancer treatments with traditional cancer treatments and is celebrated on an international level. Canadians are extremely fortunate to have him as an alternate when other cancer treatments are failing in our country. He not only offers hope, he provides results in extending patient's lives and giving them their quality of life back. The most remarkable results are being achieved using SEF chemo. As a Canadian I would find it deplorable if the Ontario College were to disallow such a successful treatment in our country.

As an end note, on May 10 2017 I spoke with Lisa Mueller, an Investigator from the College. Her intent was to find out if Dr Khan offered me total remission with SEF chemo and to find out who I paid for the treatments. I told her he did not suggest any type of remission and that I paid the Berkeley Institute in California for the treatments. We also spoke about my experience with Dr Khan and I said many favourable things on his behalf. I now understand none of this information was passed on to the Inquiries Committee which makes me suspicious and leads me to wonder about the fairness of this process.

But having said that, I still believe we live in a country that is predominately ruled with fairness and a good sense of justice and hope the Ontario College will rule in favour of Dr Khan's use of SEF chemo.

If I can provide any further details or information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Theresa Rogers". The signature is written in a cursive, flowing style.

Theresa Rogers

Attachments  
/tmr

**From:** Doug Harvey SSI <[doug.harvey@screensystems.ca](mailto:doug.harvey@screensystems.ca)>

**Date:** September 9, 2017 at 6:47:29 AM EDT

**To:** Yasmine Ibrahim <[yibrahim@medicorcancer.com](mailto:yibrahim@medicorcancer.com)>

**Subject:** Re: Document

Just to clarify one point.

The US dollars were actually paid to the Berkley clinic and not Dr. Kahn.

Sorry for the confusion.

Douglas Harvey

Sent from my iPad