To Whom It May Concern:

XXXXX is a XX-year-old woman who originally presented in XXX with stage IIA distal colon cancer at rectosigmoid junction who underwent primary surgery alone. She then recurred locally in XXX as well as distantly with low volume metastasis (fewer than 5) in lung and liver. She was then treated with systemic therapy and had a response to this treatment at all locations with some residual disease at primary site for which she underwent conventionally fractionated radiotherapy with Xeloda. Now off maintenance systemic therapy, she has 2 small liver metastases for which I have recommended ablative stereotactic body radiation therapy (SBRT). There is a question of a possible third liver metastasis, but this is indeterminate at this time.

I recommended SBRT to these 2 lesions as consistent with current data including the SABR-COMET trial (PMID: 30982687) which showed an overall survival benefit to SBRT in this setting compared to further systemic therapy alone. The goal of this treatment is to control these 2 sites of progressive disease and as such to prolong the patient’s overall survival and progression-free survival. The patient’s functional status is excellent, currently ECOG 0. There are now myriad other published data showing the exact same thing in other solid tumors as well including lung and prostate, that is, when patients have low volume progressive disease after control of metastatic disease with systemic therapy that SBRT offers a survival benefit.

There were a number of problems with the peer to peer performed by Dr. \_\_\_\_ of **(insert ROBM, if applicable)** on behalf of **(insert payer)** all of which easily rise to level of necessitating a formal complaint with both National Committee for Quality Assurance (NCQA) and with the XXXX **(insert State)** Department of Insurance. First of all, it was evident that the above data have not been incorporated into the XXXX SBRT coverage policy despite the documented survival advantage it offers. Furthermore, the reviewer seemed to focus solely on a detail regarding the timing of the appearance of metastatic disease in one location or another which current, best data on the question make clear is actually not a relevant consideration to the survival benefit offered by SBRT in this setting. Thirdly, the reviewer offered their opinion that chemotherapy has only suppressed sites of metastatic disease elsewhere in the body and that this is justification for denial of SBRT? How could the reviewer possibly know this? If a completely arbitrary and uninformed opinion like this is ever expressed to me by one of your reviewers again, I will immediately terminate the call and file complaints as below. Most concerning, she suggested she approve either IMRT or 3-D CRT which are clearly inferior in this setting compared to an ablative approach (e.g., SBRT) while seeming to suggest that we do SBRT anyway which is fraud. SBRT is furthermore the only approach supported by published randomized clinical trials. In addition, if we were to proceed as your reviewer suggested, that is, if we were to treat these targets with some other radiotherapy technique and then when that technique fails, use SBRT, we would be putting the patient at VERY significant risk of liver and/or bowel toxicity for which you will have significantly more exposure (10X conservatively) than that associated with the cost of SBRT.

In summary, XXXX denial on behalf of XXXX of this therapy is highly inappropriate and entirely unacceptable as it directly puts the patient at risk. If this location of disease is allowed to grow and metastasize further because XXXX did not allow us to ablate it with SBRT, I will ensure that XXX is held directly responsible.

Given the above, we will proceed with SBRT as outlined above and XXXX will approve it either after this appeal or later. It is XXXX choice how long the process will take. I am prepared to file complaint against XXXX with the Department of Insurance in the State of XXXX which has direct jurisdiction over XXXX privilege to sell health insurance in this state and with the NCQA (and/or Utilization Review Accreditation Commission, as appropriate) given the arbitrary nature of your radiation oncology case review process demonstrated in the above referenced case.

I have interfaced with both of these entities on dozens of cases of the denial of cancer therapies with established survival benefits and I have advised the state on determinations regarding the cases of others and I can assure that both entities, but especially the Department of Insurance in this state, take a particular dim view of commercial payers withholding cancer therapies with established overall survival benefits for spurious and/or arbitrary reasons. Furthermore, the Department of Insurance in this state has assumed a more activist role in dealing with payers who deny these services in response to my council and that of other oncologists.

A copy of this letter will be placed in the patient’s chart and shared directly with her. This letter will be forwarded to the offices of senators XXXX as well as that of governor XXXX pending the patient’s consent to do so.

 Sincerely,