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| **Patient Name:** xxxx | **Date:** |
| **DOB:** | |

Re: patient xxxx, member ID xxxx

To Whom It May Concern:

This letter is for an expedited appeal for the use of PSMA PET scan for the initial stage of this XX-year-old gentleman with HIGH-RISK prostate cancer. PSMA PET scan is now **the standard of care** in patients who have high risk prostate cancer and in patients who are suspected to have a recurrence.

PSMA PET is standard of care because of the results of randomized trial called the proPSMA study, which was published in the Lancet by Hofman and colleagues in 2020. Specifically, this trial showed that PSMA PET scan results in a significant degree of upstaging of high-risk prostate cancer patients. Specifically, pelvic nodal metastases were discovered in this population of patients over 20% of the time whereas they were only discovered 8.6% of the time with conventional non-PSMA PET studies. This fact in isolation would be enough for PSMA PET to supplant conventional imaging modality such as bone scan and CT abdomen pelvis. However, PSMA PET also doubled the incidence of the discovery of other abdominal metastases. Furthermore, it also approximately doubled the rate of discovery of bone metastases 10.1% versus 5.9% with conventional imaging studies.

For all these reasons, the NCCN guidelines were updated after the publication of the above study to now state that because of the increased sensitivity and specificity of prostate-specific membrane antigen (PSMA) PET tracers for detecting metastatic disease compared to conventional imaging CT, MRI and bone scan at both initial staging and biochemical recurrence, the panel now recommends the use of PSMA PET even without conventional imaging studies as a prerequisite. They go on to state that the data suggest that PSMA PET is a more effective frontline imaging tool for patients like Mr. xxxx.

While I have no reason to doubt that the review process performed by **(insert ROBM/Payer)** on behalf of **(insert payer)** was performed in good faith, if the result of this appeal is a denial, I will be forced to submit a complaint to the Department of Insurance in the state of XXXX as well as with the NCQA (and/or Utilization Review Accreditation Commission, as appropriate). Given the patient's clinical situation, we have no choice but to proceed with the PSMA PET prior to initiating therapy for the patient’s prostate cancer. If necessary, I will be in direct contact with the offices of senators XXXX as well as that of governor XXXX pending the patient's consent to do so. I will also speak directly with state director of the Department of Insurance XXXX as I have done for several other cases.

Sincerely,