Re: patient xxxx, expedited appeal xxxx

To Whom It May Concern:

This letter is to supplement the expedited appeal for the use of **IMRT for the treatment of XXXXX**. This patient's history is complicated by the presence of 2 malignancies, a lung cancer which is now treated and then this head and neck cancer which was identified due to left neck lymphadenopathy which is biopsy-proven **p16 positive squamous cell carcinoma consistent with head and neck primary**. The patient has a left-sided oropharynx mass which is the likely primary that gave rise to the left neck biopsy-proven malignancy.

It is unclear to us why IMRT was denied as it is standard of care treatment of an oropharyngeal squamous cell carcinoma. However, it may be because the patient's history has played out over an extended period given the presence of the 2 malignancies. We initially saw the patient in consultation in **(insert date)** at which time we were focused on treatment of his non-small cell lung cancer. Following completion of the non-small cell lung cancer, the head and neck cancer was also confirmed and the patient was seen in follow-up here at that time to discuss the diagnosis of the head and neck malignancy and to discuss the recommended treatment which is definitive radiotherapy. Of note addition, while the left neck level 2 lymph node was biopsy-proven squamous cell carcinoma p16 positive consistent with head and neck primary, he also underwent a biopsy of the oropharyngeal mass. Unfortunately, the biopsy produced insufficient tissue for full evaluation. Based on the location of the left level 2 lymph node and the ipsilateral oropharyngeal mass, this is the obvious source of the primary malignancy which gave rise to the left level 2 lymph node metastasis.

We know that the left level 2 lymph node squamous cell carcinoma p16 positive is different from his prior lung cancer because the **lung cancer staining pattern does not match that which was found in the left level 2 lymph node.**

While I have no reason to doubt that the review process performed by **(insert insurance company)** and its affiliated **(insert ROBM, if applicable)** were 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 **XXX** 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 plan as outlined in this authorization request.

Sincerely,