To Whom It May Concern:

This letter is to appeal the denial decision regarding the use of IMRT to irradiate the right breast and comprehensive lymph nodes including the internal mammary nodes (IMNs) for xxxx, a XX year-old woman with triple negative stage XXX invasive ductal carcinoma of the right breast. Below is a table of the target coverage statistics and doses to heart, lungs, contralateral breast and liver. Let it be known to **(insert payer)** that treatment of the IMNs is an automatic indication for IMRT approval for all other commercial payers with which our health system regularly interfaces.

During the peer to peer, it was stated by the radiation oncologist that **(insert payer)** expects radiation plans treating the internal mammary lymph nodes to be planned with a combination of photons and electrons using a 3-D technique. This was suggested by the radiation oncologist in recognition that without the use of this approach, ONLY IMRT can successfully cover the target areas and will generally result in superior doses to nearby health tissues such as heart and lung. A plan using electrons was not originally generated because the internal mammary lymph nodes are **XX cm deep from the skin surface** **in this patient**! This depth requires the use of high energy electron to treat the IMNs. The use of high energy electrons directed at chest wall lung interface results invariably in unacceptably high doses to structures deep to the chest wall. As expected prior to planning, the 3-D plan results in overall worse (higher) dose to the heart and to the lungs. This was borne out in our plans as shown below. **Most notably, the mean heart dose is higher with the 3-D plan and again the 3-D plan does not adequately cover the clinical target volume so it is not a plan I can recommend delivering to this patient**. This leaves the IMRT plan as the only viable option or if XXXX prefers, we can send her for proton therapy.

Given that the 3-D plans do not adequately cover the target AND result in higher doses to lung and heart, it is our expectation that this appeal will be resolved immediately limiting further delays to this patient’s care. The delay introduced by this process may have in fact already put at risk this patient’s outcome.

Sincerely,

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|  | **IMRT** | **3-D with electron patch for IMN coverage** |
| Percent of target covered by 100% and 95% of prescribed dose | 82.7% @ 50 Gy 95.8% @ 47.5 Gy | 54.3% @ 50 Gy 66% @ 47.5 Gy |
| Heart mean | 5.7 Gy | 6.2 Gy |
| Heart V20 | 5.5% | 12.5% |
| Lung mean | 11.9 Gy | 13.7 Gy |
| Lung V20 | 20% | 26% |
| Contralateral breast max dose | 21.2 Gy | 40.3 Gy |
| Liver mean | 13 Gy | 17.9 Gy |