Re: Expedited appeal patient xxxx

To Whom It May Concern:

xxxx is a XX-year-old woman who originally presented in XXXX with locoregionally advanced oropharynx squamous cell carcinoma and was treated with definitive chemoradiotherapy. She also presented with what was presumed to be metastatic disease in a single site of the pelvis. At her initial presentation, all sites of disease were treated definitively, and all sites of disease resolved on post treatment imaging, which included a PET scan. She subsequently developed pain in a paraspinal location and was found to have a **SINGLE** site of metastatic disease involving the pleura/11th rib in a location very close to the spinal column. Given she has oligo metastatic disease and given that SBRT has been demonstrated to result in superior pain control from boney metastatic disease when randomized against palliative fractionation schemes such as 20 Gy in 5 fractions (PMID: 34126044), definitive treatment with SBRT was recommended.

In addition, I recommended SBRT to this single site of oligometastatic disease based on 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 this site 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 1. 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 several problems with the peer to peer performed by Dr. XXXX of **(insert ROBM, if applicable)** on behalf of XXXX **(insert payer)** all of which easily rise to the level of necessitating a formal complaint with both National Committee for Quality Assurance (NCQA) and with the XXX **(insert state)** Department of Insurance. First, it was evident that the above data have not been incorporated into the **(insert payer)** 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 NOT a relevant consideration to the survival benefit offered by SBRT in this setting. Thirdly, and most concerning, he stated he would approve either IMRT or 3-D CRT which are clearly inferior in this setting compared to an ablative approach (e.g., SBRT). In addition, if we were to proceed as your reviewer suggested, that is, if we were to treat this target with some other radiotherapy technique and then when that technique fails, use SBRT, we would be putting the patient at VERY significant risk of spinal cord toxicity for which you will have significantly more exposure than that associated with the cost of SBRT.

In summary, this denial on behalf of **(insert payer)** of the recommended 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 **(insert payer)** did not allow us to ablate it with SBRT, I will ensure that **(insert payer)** is held directly responsible.

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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 XXX with the Department of Insurance in the State of XXXX, which has direct jurisdiction over XXX privilege to operate 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 interacted 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 payors 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 active 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 medical record 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 yours,