To Whom It May Concern:

Ms. xxxx is a XX-year-old woman who has a metastasis involving the sphenoid bone invading the cavernous sinus on the left causing diplopia as well as a single brain metastasis. She previously had another brain metastasis involving the cerebellum. She underwent craniotomy to resect the cerebellar mass which established a diagnosis of small cell carcinoma, presumed pulmonary origin given no other areas suspicious for malignancy were identified on systemic/staging imaging studies. Her MRIs do not demonstrate any other lesion consistent with brain metastases. She has an excellent functional status, currently at least KPS 90. Based on data published over the last few years (cited below) and the current NCCN Guidelines for small cell lung carcinoma which state “selected patients with a small number of metastases may be appropriately treated with stereotactic radiotherapy (SRT)/radiosurgery (SRS).”

The reason the NCCN Guidelines changed to state patients like Ms. xxxx who have low volume brain metastasis, low volume extra-CNS disease, and excellent functional status can be treated with SRS or SRT instead of whole brain radiotherapy are myriad. In brief, radiation oncologists have reduced the use of whole brain radiotherapy in patients like Ms. xxxx because no study done in the MRI era demonstrates a survival benefit to whole brain radiotherapy. In fact, 12 randomized studies done even in the pre-MRI did not show a survival benefit to whole brain radiotherapy either. A small survival benefit to this therapy in the pre-MRI was shown when these 12 randomized studies were combined into a meta-analysis. In addition, numerous studies, most importantly the FIRE-SCLC study, show no difference in disease outcomes between SRS and whole brain radiotherapy and clearly superior quality of life with SRS. These same findings have been demonstrated in other analyses performed both in the U.S. and in Japan. A large analysis of SRS vs. whole brain radiotherapy in this setting actually demonstrated improved survival in the SRS cohort compared to those who received whole brain radiotherapy.

If these data weren’t enough, we know from myriad data including RTOG randomized trials that whole brain radiotherapy in patients older than 60 is seriously deleterious to quality of life and can precipitate serious clinical decline. See RTOG CNS lymphoma trial as best quality data and most convincing. **For all of these reasons, (insert payer) current clinical guidelines force the radiation oncologist to either not treat or hurt a patient like Ms. xxxx given her age of XX years.**

Given XXXX coverage policy for SRS, a critical cancer treatment for patients like Ms. xxxx is out of date, I have prepared a formal complaint with both National Committee for Quality Assurance (NCQA) and with the **(insert State)** Department of Insurance. It was evident that the above data have not been incorporated into XXX coverage policy despite the fact that these data are not new this year. In summary, **(insert ROBM, if applicable)** denial on behalf of XXXX of this therapy is highly inappropriate and entirely unacceptable as it directly puts the patient at risk of serious side effects from whole brain radiotherapy which is not indicated for a skull base met in any case (regardless of histology).

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

I have interfaced with both of these entities on dozens of cases of the denial of NCCN guideline concordant cancer therapies and I have advised the state on determinations regarding the cases of others. I can assure that both entities, but especially the Department of Insurance in this state, take a particularly dim view of commercial payers withholding cancer therapies that conform to established, publicly available guidelines 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,