To Whom It May Concern:

XX-year-old gentleman with NSCLC metastatic to the thoracic spine causing severe pain. We are submitting for **expedited appeal** given that if the patient’s treatment is delayed further, he is at risk for substantial morbidity given the critical nature of the involvement of his spine with metastatic cancer. Case number: XXXXX

We have requested authorization to perform SBRT to his painful boney spine metastatic disease. This request has nothing to do with oligometastatic disease state or otherwise. We have requested this treatment approach because it has been proven superior in two phase II/III multi-center randomized trials performed in Europe and in Canada/Australia. These trials compared SBRT to conventional palliative radiotherapy techniques using 30 Gy in 10 treatments and 20 Gy in 5 fractions, respectively. The citations are:

1) Radiother Oncol. 2018 Aug;128(2):274-282. doi: 10.1016/j.radonc.2018.04.030. Epub 2018 May 26. *Randomized phase II trial evaluating pain response in patients with spinal metastases following stereotactic body radiotherapy versus three-dimensional conformal radiotherapy* by T Sprave and colleagues.

2) Lancet Oncol. 2021 Jul;22(7):1023-1033. doi: 10.1016/S1470-2045(21)00196-0. Epub 2021 Jun 11. *Stereotactic body radiotherapy versus conventional external beam radiotherapy in patients with painful spinal metastases: an open-label, multicentre, randomised, controlled, phase 2/3 trial* by A Sahgal and colleagues.

These two trials show similar results which is that SBRT is superior to 30 Gy in 10 and 20 Gy in 5, respectively in terms of pain response and durability of pain control. There was no difference in toxicity between SBRT and the two standard arms in the above-mentioned trials.

The requested use of SBRT in this case has nothing to do with oligometastatic disease and everything to do with superior palliation of pain. Furthermore, the patient had previous radiotherapy to the chest with which this proposed treatment overlaps. Stereotactic delivery of radiotherapy (SBRT) is thus needed to minimize overlap with the prior treated field and thus minimize morbidity.

Given the demonstrated improved outcomes with the SBRT approach on the above randomized trials (and other series), we routinely perform SBRT in this setting. In fact, this is the only denial we have received for this approach in well over a year. We requested up to 5 fractions for the SBRT course again the prior radiation dose so that we have the necessary latitude in terms of meeting spinal cord constraints as this change substantially between courses of a single fraction to five fractions.

We will proceed with the plan as outlined in this authorization request and **(insert payer/ROBM)** will approve it either after this appeal or later. It is XXXX choice how long the process will take. I have drafted a complaint to be filed against XXX to be filed with the Department of Insurance in the State of XXX which has direct jurisdiction over your privilege to sell health insurance in this state and with the NCQA (and/or Utilization Review Accreditation Commission, as appropriate).

A copy of this letter will be placed in the patient’s chart and shared directly with him. This letter will be forwarded to the offices of senators XXXX as well as to that of governor XXX pending the patient’s consent to do so. This is standard for our office for all insurance denials of standard of care therapies.

Sincerely,