

Date

The Honorable ***
U.S. Senator/Member of Congress
Address line 1
Address line 2

Dear Congressman/Senator ***:

I am reaching out as your constituent regarding proton therapy and the Centers for Medicare & Medicaid Services (CMS) proposed rule for the Radiation Oncology Alternative Payment Model (RO Model). If finalized as proposed, CMS could force proton centers to close altogether, depriving cancer patients of a cancer treatment recommended by their physician. I/we urge you to pressure CMS to revisit the proposed rule and revised its mischaracterization of proton therapy as low value which I/we believe does not reflect proton therapy's value of providing precise treatments that reduce costly side effects and secondary malignancies for cancer survivors. Proton therapy is high value because its targeted therapy improved my quality of life by reducing short- and long-term side effects ***[insert personal reasons]*** and reduced my risk of secondary cancers. Paying a provider below the cost of providing this treatment will reduce the ability for patients like me to receive this valuable treatment.

As currently proposed, the RO Model makes such drastic cuts to proton beam therapy reimbursement that the limited access to proton beam therapy could be further restricted, depriving Medicare beneficiaries and beyond access to a clinically appropriate modality. Currently, thirty-two proton therapy centers (with others under construction or development) rely upon reimbursement models from Medicare, Medicaid and private payers to support their on-going operations. With upwards of a 50% reduction in reimbursements under the Proposed Rule, several centers will have to re-assess whether furnishing proton beam therapy is still a financially viable option. It will also hinder the development of new centers continuing to limit access to rural and underserved communities.

In the Proposed Rule, CMS questioned the benefits of proton beam therapy relative given the higher costs to other, less expensive modalities. In support of its position, CMS cited the 2014 Institute for Clinical Economic Review (ICER) report conducted on behalf of the Washington State Health Care Technology Authority and the June 2018 MedPAC Report to Congress.^{1,2} I/we strongly disagree with this characterization of proton beam therapy as a modality with limited benefits vis-à-vis other modalities and believes the evidence demonstrates that proton beam therapy provides significant value to patients with common cancers.

Proton beam therapy has a proven history of improved outcomes over other treatments. It was cleared as a safe and effective treatment by the Food and Drug Administration (FDA) thirty-one years ago. A critical clinical benefit of proton beam therapy is the elimination of excess radiation to healthy tissues and organs, minimizing costly side effects and secondary tumors.

Not only does proton beam therapy minimize the exposure of surrounding healthy tissue to excess radiation, it also reduces the risk of complications. In addition, proton therapy lowers the risk of secondary malignancies and may reduce the need for future additional tests and procedures over a patient's lifetime.³ As cancer survival rates

¹ Ollendorf, D. A., J. A. Colby, and S. D. Pearson. 2014. Proton beam therapy. Report prepared by the Institute for Clinical and Economic Review for the Health Technology Assessment Program, Washington State Health Care Authority. Olympia, WA: Washington State Health Care Authority. (Link)

² Medicare Payment Advisory Committee. Report to the Congress: Medicare and the Health Care Delivery System. Chapter 10, 2018. (Link)

³ Chung CS, Yock TI, Nelson K, et al. Incidence of second malignancies among patients treated with proton versus photon radiation. *Int J Radiat Oncol Biol Phys* 2013 Sep 1;87(1):46-52.

have increased significantly in the last 20 years, a diagnosis of cancer has become a chronic illness for many cancer patients. It is more important than ever to reduce costly short- and long-term side effects of cancer treatment with care that is the least toxic and harmful to patients.

Thank you for your consideration of my/our letter. Please stand up for me/us and other patients in your district/state who have benefitted from proton therapy.
