

December 17, 2025

Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752
DPH.DON@massmail.state.ma.us

Re: Determination of Need Application DFCI-25090516-RS Registration of Ten Taxpayer Group (TTG)

Dear Commissioner Goldstein and DoN Program:

We, the undersigned, write pursuant to the provisions of 105 CMR 100.100 to formally register as a Ten Taxpayer Group for the Dana-Farber Cancer Institute Determination of Need (DoN) Application filed with the Department of Public Health.

Our group (*formally named the "Clinicians of Dana-Farber Cancer Institute"*) are all residents of the Commonwealth of Massachusetts and pay taxes within the Commonwealth. We hereby request recognition as a Ten Taxpayer Group and the rights associated with such a designation including notice concerning, and participation in, the review of the above captioned DoN Application.

We have discussed the DoN Application with the Applicant. We are not acting as an agent for the Applicant or another party.

The taxpayer designated to receive all written correspondence relative to the above-captioned DoN Application on behalf of the Ten Taxpayer Group is Andrew Place (contact information included below).

Thank you in advance for your attention to this matter.

Respectfully submitted by:

Andrew E. Place, M.D., Ph.D

December 9, 2025

To Whom It May Concern:

I am signing below as a member of the Clinicians of Dana-Farber Cancer Institute Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Andrew E. Place, MD, PhD

Home Address:

E-mail Address:

Sincerely,

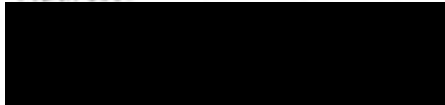

Andrew E. Place, MD, PhD

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name:

Peter F. Orio III, DO, MS

Address:



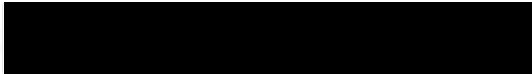
Signature:

A handwritten signature in blue ink, consisting of a stylized 'P' followed by a horizontal line.

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Brian Crompton

Address:



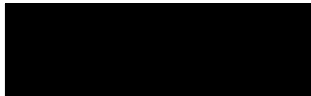
Signature:

A handwritten signature in black ink, appearing to be 'B. Crompton'.

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Kimberly Stegmaier, MD

Address:



Signature:

A handwritten signature in black ink, consisting of a large, stylized 'K' followed by a horizontal line.

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Lisa Diller, MD (aka Lisa Diller-Bloch)

Address: [REDACTED]

Signature:

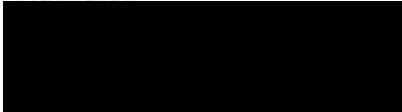
A handwritten signature in cursive script that reads "Lisa Diller MD".

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

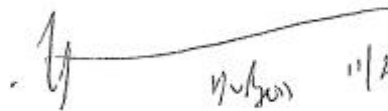
Name:

Steven DuBois, MD

Address:



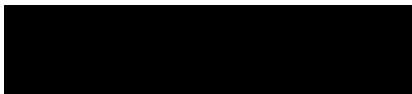
Signature:

 11/24/25

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Allison O'Neill

Address:



Signature:

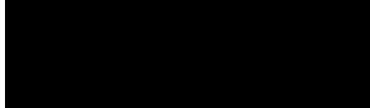
A handwritten signature in cursive script, appearing to read "Allison O'Neill".

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name:

Susan N. Chi, MD

Address:



Signature:

A handwritten signature in blue ink, appearing to read "Susan N. Chi".

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Dr. Mariella Filbin

Address:



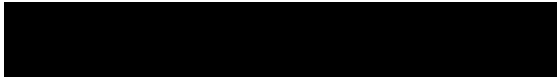
Signature:

Dr. Mariella Filbin

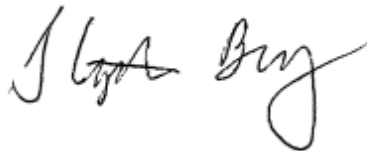
I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS

Name: Stephanie Berg

Address:



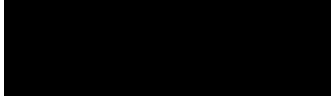
Signature:

A handwritten signature in cursive script that reads "Stephanie Berg".

I am signing below as a member of the *Clinicians of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Robert Haddad

Address:



Signature:

A handwritten signature in blue ink, appearing to read 'Robert Haddad', followed by a horizontal line.