Dana-Farber Cancer Institute | Boston Children's

Dana-Farber/Boston Children's Cancer and Blood Disorders Center

Mariella G. Filbin, MD PhD
Department of Pediatric Oncology
Dana-Farber Cancer Institute

Associate Professor of Pediatrics
Harvard Medical School

Co-Director, Brain Tumor Center of Excellence
Dana Farber Cancer Institute

Director For Research
Pediatric Neuro-Oncology Program

Jan Paradise Chair in Brain Cancer Research

Associate Member
Broad Institute of Harvard and MIT

Dana-Farber Cancer Institute
450 Brookline Avenue
Boston, Massachusetts. 02215-5450

January 15th, 2026

Teryl Smith
Bureau Director for Health Care Safety and Quality
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Smith:

I am writing to offer my strongest support of Dana-Farber Cancer Institute's proposal to establish a proton therapy center. I am offering this endorsement in my capacity as Associate Professor of Pediatrics at Havard Medical School, Research Director of the Pediatric Neuro-Oncology program and Co-Director of the Brain Tumor Center of Excellence at Dana-Farber/Boston Children's Cancer Center, where I care for children with brain tumors and lead a basic and translational science laboratory.

As a clinician caring for cancer patients, I know how vital it is to offer treatments that maximize tumor control while minimizing harm to surrounding tissue. This is particularly true for pediatric oncology patients as exiting radiation from traditional photon treatment can affect the developing body and cause harm to developmental growth, particularly reproductive organs.

Massachusetts currently faces a significant unmet need for proton therapy. As of this writing, there is only one functioning proton beam site in New England, but even if the remaining machines were operational, the need for proton therapy greatly outweighs what could be provided if they were. Because of these barriers, many patients experience delays or are unable to access this treatment. Others must leave their established oncology teams and travel to outside institutions, a disruption that complicates care coordination, greatly increases risk, and places incredibly stressful financial and emotional burdens on patients and families – all of which could be avoided.

Dana-Farber's proposed proton therapy center will be a moment of important advancement in regional cancer care. The center will be the first in the region to deliver proton therapy in a seated or inclined position, using a compact cyclotron system that lowers cost and reduces the footprint of proton therapy. This innovation has accelerated Dana-Farber's ability to bring the

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service online and will make this form of treatment more accessible to the patients who need it most.

The center will be located adjacent to other clinical and treatment spaces at Dana-Farber, allowing patients to move seamlessly between appointments and maintain full continuity with their care teams. With projected capacity for over 200 patients per year and up to 6,000 individual treatments, this center will meaningfully expand access for pediatric and adult patients not only at Dana-Farber but across the region.

Dana-Farber is committed to providing equitable, evidence-based care and preparing for what it means to treat cancer effectively over the next 10 to 20 years. This proton therapy center is a critical part of that mission.

I respectfully urge approval of this application so that Massachusetts patients can receive expanded access to state-of-the-art proton therapy.

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Sincerely,

Dr. Mariella Filbin

Mariella G. Filbin, MD PhD

Jan Paradise Chair in Brain Cancer Research
Co-Director, Brain Tumor Center of Excellence, DFCI
Director for Research, Pediatric Neuro-Oncology Program
Attending Physician in Pediatric Hematology/Oncology
Associate Professor of Pediatrics, Harvard Medical School
Associate Member, Broad Institute of Harvard and MIT
Longwood Center 6-112, 360 Longwood Ave, Boston, MA
Email: Mariella_GruberFilbin@dfci.harvard.edu
Tel: +1-617-632-5993

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450 Brookline Avenue
Boston, MA 02215-5450

January 23, 2026

Massachusetts Department of Public Health
Determination of Need Division
67 Forest Street
Marlborough, MA 01752

Dear Sir / Madam,

My name is Peter Orio. I am a radiation oncologist practicing in the greater Boston area and I am the Chair of Radiation Oncology at Dana Farber Cancer Institute. I am in strong support of Dana-Farber's proposal to establish a proton therapy center to serve patients at Dana-Farber Cancer Institute and Boston Children's Hospital.

Radiation therapy is a core component of modern cancer care. Both photon and proton therapy use radiation to control or eradicate tumors.

Proton therapy is a well-established, evidence-based treatment for selected pediatric and adult cancers and has been safely and effectively used for decades at leading cancer centers across the country.

The critical distinction of proton therapy is that it allows us to precisely target the tumor while substantially reducing radiation exposure to surrounding healthy tissue. This reduction in unnecessary radiation to healthy tissue translates directly into fewer side effects, less long-term toxicity, and better quality of life for patients. From a public-health perspective, its advantages lead to lower downstream healthcare costs related to treatment-induced toxicity.

For pediatric patients, this advantage is especially profound and a matter of long-term health equity. Children are still growing and developing, and radiation-related side effects can affect cognition and endocrine function, organ development, and long-term survivorship. Reducing radiation to normal tissue is not simply beneficial — it is essential to protecting decades of future life.

Adults also benefit significantly from proton therapy, particularly those with tumors involving the brain, spine, head and neck, chest, or those who require re-irradiation after prior radiation therapy. In these cases, proton therapy can be the difference between a curative treatment and one that carries unacceptable risk.

Proton therapy at Dana-Farber would be delivered with state-of-the-art image guidance, rigorous treatment planning, and comprehensive quality assurance. Every patient would undergo multidisciplinary review, including tumor boards and peer review, ensuring appropriate, evidence-based use.

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Proton therapy is not experimental. Expert consensus and a growing body of research increasingly recognize proton therapy as appropriate—and often preferred—for pediatric cancers and select adult indications.

Despite evidence of its efficacy, at present, access to proton therapy in Massachusetts and across New England is severely limited. There is currently only one operational proton facility serving a population of more than 15 million people. This level of capacity is insufficient to meet current demand, let alone future need. As a result, patients face delays, must travel long distances, are referred out of state, or are unable to receive proton therapy at all. Limited access has created disparities in access that disproportionately affect children, older adults, and families with limited resources.

Dana-Farber's proposed center would expand regional capacity rather than duplicate services. It leverages newer, more compact technology designed to improve efficiency, reduce infrastructure burden, and focuses on high-quality patient-centered care. In addition, collocating proton therapy within Dana-Farber allows imaging, treatment planning, delivery, and follow-up to occur within a single, integrated clinical workflow, enhancing safety, coordination, and outcomes.

Finally, this proposal supports the healthcare workforce in Massachusetts. Establishing a proton center within an academic cancer center helps recruit and retain highly trained clinicians, physicists, therapists, and support staff, while also advancing education and research that benefit the broader oncology community.

For these reasons—improving access, promoting equity, supporting the workforce, and meeting a clear and unmet public need — I strongly urge approval of this application.

Be well,

Peter Orio

Peter F. Orio, III, DO, MS, FABS, FASTRO
Associate Professor
Radiation Oncology