

December 16, 2025

Determination of Need Program  
Massachusetts Department of Public Health  
67 Forest Street, Marlborough, MA 01752  
[DPH.DON@massmail.state.ma.us](mailto: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 “Patients and Family Advocates 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 Nicole Pardo (contact information included below).

Thank you in advance for your attention to this matter.

Respectfully submitted by:

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

**Name:** Nicole Pardo

**Address:**

[REDACTED]

**Email Address:**

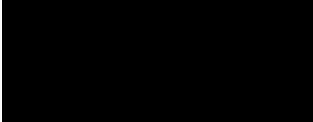
[REDACTED]

**Signature:** *Nicole Pardo*

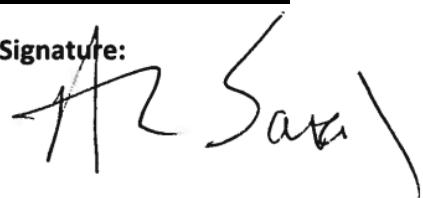
I am signing below as a member of the *Patients and Family Advocates of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

**Name:** Austin Sarat

**Address:**



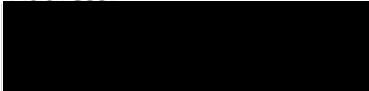
**Signature:**

A handwritten signature in black ink that reads "Austin Sarat".

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

**Name:** Paris Prinsen

**Address:**



**Signature:**

A handwritten signature in black ink that reads "Paris Prinsen".

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

**Name:** Deepa Jaishankar

**Address:**

[REDACTED]

**Signature:**

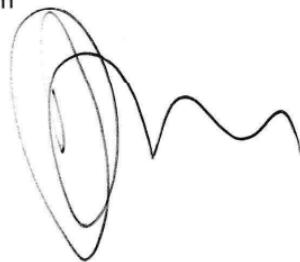
A handwritten signature in black ink, appearing to read "Deepa J".

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

**Name:** Judy Fine-Edelstein

**Address:**  
[REDACTED]

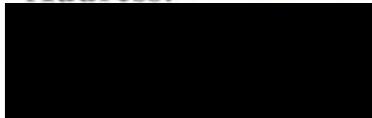
**Signature:**

A handwritten signature in black ink, appearing to read "Judy Fine-Edelstein". The signature is fluid and cursive, with a large, stylized 'J' at the beginning.

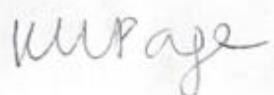
I am signing below as a member of the *Patients and Family Advocates of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

**Name:** Katherine Page

**Address:**

A solid black rectangular box used to redact the address information.

**Signature:**

A handwritten signature in cursive ink that appears to read "Katherine Page".

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

**Name:** Lisa Cleary

**Address:**  
[REDACTED]

**Signature:**

Lisa Cleary 12/9/2025

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

**Name:** Meghan Shea

**Address:**

[REDACTED]

**Signature:**

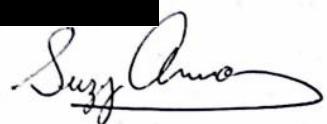
A handwritten signature in black ink, appearing to read "Meghan Shea".

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

**Name:** Suzy Amor

**Address:**

**Signature:**

A handwritten signature in black ink, appearing to read "Suzy Amor".

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

**Name:** Susan Herlihy

**Address:**

A large black rectangular redaction box covering the address information.

**Signature:**

A handwritten signature in black ink, appearing to read "S. Herlihy".

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

Name: Meredith Lepper

Address:

[REDACTED]

Signature:

Meredith Lepper