

December 16, 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 "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*

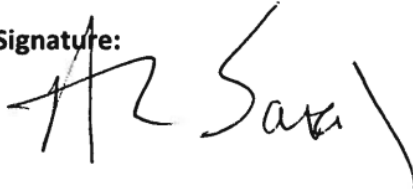
I am signing below as a member of the *Patients and Family Advocates of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Austin Sarat

Address:



Signature:

A handwritten signature in black ink, appearing to read "AS 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, appearing to read "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:



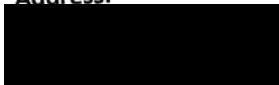
Signature:

A handwritten signature in cursive script, appearing to read "Deepa", followed by a long horizontal line.

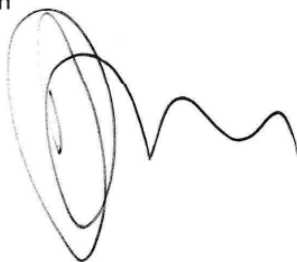
I am signing below as a member of the *Patients and Family Advocates of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Judy Fine-Edelstein

Address:



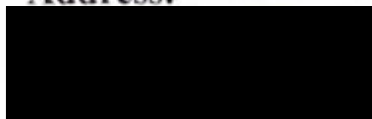
Signature:

A handwritten signature in black ink, consisting of several overlapping loops and a trailing wavy line.

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:



Signature:

KMPage

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:



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:



Signature:

A handwritten signature in cursive script, appearing to read 'Meghan Shea'.

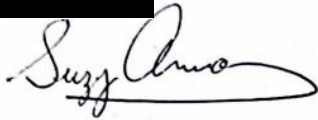
I am signing below as a member of the *Patients and Family Advocates of Dana-Farber Cancer Institute* Ten Taxpayer Group regarding the Determination of Need Application DFCI-25090516-RS.

Name: Suzy Amor

Address:



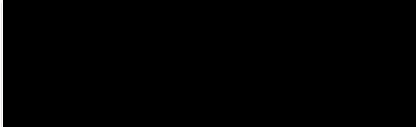
Signature:

A handwritten signature in cursive script that reads "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:



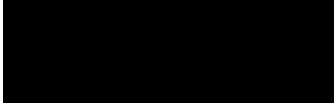
Signature:

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

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:



Signature: 