



Boston Children's Hospital

Where the world comes for answers



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

Kevin B. Churchwell, MD
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April 9, 2024

Dennis Renaud, Director
Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

Dear Director Renaud,

I'm pleased to submit this letter of support for Dana-Farber Cancer Institute's proposed adult inpatient cancer hospital.

Boston Children's Hospital is the longtime partner of Dana-Farber in providing pediatric cancer care – through our joint center, Dana-Farber/Boston Children's Cancer and Blood Disorders Center. Together, we strive to deliver expert, compassionate care to our young patients with cancer and their loved ones, while doing important scientific research to find new ways to treat and cure cancer.

The new cancer hospital will allow Dana-Farber to stay on the leading edge of cancer research and care. Dana-Farber is unique in that it is equally focused on patient care and research. The Dana-Farber faculty are at the forefront of doing impactful work and it's quite an achievement that Dana-Farber has played a foundational role in more than half of the cancer drugs approved by the FDA since 2018.

The proposed inpatient hospital will be an essential element in assuring that this impactful research will continue and will reach the bedside as quickly as possible.

In summary, this new cancer hospital will allow Dana-Farber to stay on the leading edge of cancer research and care. Our joint center will benefit from Dana-Farber's continued strength in these areas. It is for these reasons we are proud to support this project.

Warmest Regards,

Kevin B. Churchwell, MD
President and Chief Executive Officer

AMHERST COLLEGE
P.O. Box 5000, Amherst, MA 01002

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Austin Sarat
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Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Renaud:

My name is Austin Sarat, and I am a resident of Amherst, MA. I am a member of the Patient and Caregiver Ten Taxpayer group and am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

A new stand-alone cancer inpatient hospital would improve the patient experience, expand access, and could provide more cost-effective care—ensuring better care for our community, now and for generations to come.

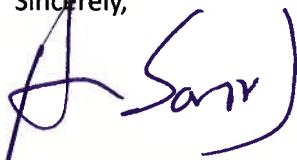
I believe that having a dedicated cancer hospital will bring world-class, personal care to more people in Massachusetts. With this new hospital, Dana-Farber will work to ensure that cancer patients are seen quickly and provided with the specialized patient centered cancer care that all patients deserve.

Dana-Farber is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients.

We know that we need more inpatient beds because of the many stories from people who have waited in the ER because no inpatient beds were available—a situation that can be alleviated by the proposed new hospital. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region.

Sincerely,



Austin Sarat
Amherst, MA.
[Redacted]
adsarat@amherst.edu



WHITTIER STREET HEALTH CENTER
Comprehensive. Compassionate. Community.

FREDERICA M. WILLIAMS BUILDING

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FREDERICA M. WILLIAMS, *President and CEO*

April 17th, 2024

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Renaud:

My name is Frederica M. Williams and I am the President & CEO of Whittier Street Health Center (since February 2002), and a resident of Boston, Massachusetts. In addition, I have proudly served as Dana Farber Cancer Institute Governing Trustee since 2006. I am writing to express my strong support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

Whittier Street Health Center (WSHC) is a comprehensive and innovative health-care, wellness center and social support provider championing equitable access to high quality, cost-effective healthcare and social services for diverse populations. Whittier's mission is to serve as a center of excellence that provides high quality, and accessible health care and social services that achieve health equity, social justice, and the economic well-being of our diverse patient populations. Our vision statement is to become an exceptional community health provider that addresses health-care inequities, closes gaps in life expectancy and pursues social justice.

WSHC serves several neighborhoods in the Boston urban area, notably Roxbury, Dorchester, Mattapan and South End. The service area experiences high rates of poverty, growth of immigrant populations and an overall poor state of health among its target population. Whittier is Joint Commission Accredited healthcare organization and is recognized as a Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA). Whittier has developed strategies to address health equity which include chronic disease management, comprehensive screening programs which in turn supports lifestyle change and health education. A vital part of Whittier's history is its longstanding partnership with Dana-Farber Cancer Institute (DFCI) in addressing Cancer Health Disparities in the marginalized, minority and vulnerable communities we serve.

DFCI is one of the world's leading providers of cancer care and is committed to both expanding access to cancer care in our communities and closing health equity gaps in cancer treatment. In collaboration with Beth Israel Deaconess Medical Center (BIDMC), DFCI proposes to offer the entire continuum of cancer care in one 300-bed, freestanding hospital that will help meet the treatment needs associated with the rapidly rising rates of cancer in Massachusetts, which this year are projected to be 28% higher than 2020. Cancer is already the second-leading cause of death in the United States, with ~40% of Americans receiving a cancer diagnosis at some point during their lifetime.



The mission of Whittier Street Health Center is to serve as a center of excellence that provides high quality, and accessible health care and social services that achieve health equity, social justice, and the economic well-being of our diverse patient populations.

www.wshc.org



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FREDERICA M. WILLIAMS, *President and CEO*

The presence of a modern hospital can attract top-tier healthcare professionals to our community, fostering a dynamic healthcare ecosystem and stimulating economic growth. It could also serve as a hub for medical research and innovation, positioning our community as a leader in healthcare excellence. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

The establishment of a designated cancer hospital will address several critical needs within our community:

Specialized Expertise: A dedicated cancer hospital will provide access to highly specialized medical professionals, including oncologists, surgeons, radiologists, and supportive care teams with extensive experience and expertise in managing several types of cancers. This expertise is crucial for accurate diagnosis, personalized treatment planning, and ongoing support throughout the cancer journey.

Comprehensive Treatment Modalities: Cancer care is multifaceted and often requires a combination of treatment modalities, including surgery, chemotherapy, radiation therapy, immunotherapy, and targeted therapy. A designated cancer hospital will offer a comprehensive range of treatment options tailored to the specific needs of each patient, ensuring optimal outcomes and improved quality of life.

Advanced Technology and Facilities: Investing in state-of-the-art medical technology and facilities is essential for delivering innovative cancer care. A designated cancer hospital can prioritize the acquisition of advanced diagnostic tools, imaging equipment, radiation therapy machines, and surgical instruments, enabling precise and effective treatment delivery while minimizing side effects and complications.

Supportive Services: Beyond medical treatment, cancer patients and their families often require access to a range of supportive services, including patient navigation, psychological counseling, nutritional guidance, pain management, and palliative care. A designated cancer hospital can integrate these supportive services seamlessly into the patient care continuum, promoting holistic well-being and enhanced quality of life for individuals affected by cancer.

Research and Innovation: Collaboration with academic institutions and research organizations is essential for advancing our understanding of cancer biology, developing novel treatment strategies, and improving patient outcomes. A designated cancer hospital can serve as a hub for research and innovation, facilitating clinical trials, translational research projects, and knowledge exchange initiatives aimed at accelerating progress in the fight against cancer.



The mission of Whittier Street Health Center is to serve as a center of excellence that provides high quality, and accessible health care and social services that achieve health equity, social justice, and the economic well-being of our diverse patient populations.

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FREDERICA M. WILLIAMS, *President and CEO*

In conclusion, we believe that the establishment of a designated cancer hospital aligns closely with our shared mission of providing compassionate, high-quality healthcare services to our community. By consolidating expertise, resources, and infrastructure in a specialized facility dedicated to cancer care, we can enhance the standard of care, promote innovation, and improve the lives of individuals affected by cancer.

We know that we need more inpatient beds because of the many stories from people who have had to wait in the ER because no inpatient beds were available—a situation that can be alleviated by this proposed new hospital. All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and assure that the best care in the world will be available in our region.

Sincerely,

Frederica M. Williams
President & CEO
Whittier Street Health Center



The mission of Whittier Street Health Center is to serve as a center of excellence that provides high quality, and accessible health care and social services that achieve health equity, social justice, and the economic well-being of our diverse patient populations.

www.wshc.org

April 12, 2024

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Renaud:

My name is Anita M. Rodriguez and I am a resident of Middleborough, Massachusetts. I am a member of the Patient and Caregiver Ten Taxpayer group and am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

A new stand-alone cancer inpatient hospital would improve the patient experience, expand access, and could provide more cost-effective care—ensuring better care for our community, now and for generations to come.

As a loved one, I have experienced care from Dana-Farber up close and personal for over 17 years. I believe that having a dedicated cancer hospital will bring that world-class, personal care that my loved one received to more people in Massachusetts. With this new hospital, Dana-Farber will work to ensure that cancer patients are seen quickly and provided with the specialized patient centered cancer care that all patients deserve.

Almost everyone in Massachusetts has a story about a loved one who received outstanding care at Dana-Farber. It is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients. Too many times, my son had to be seen at various hospitals because of lack of space at BWH.

We know that we need more inpatient beds because of the many stories from people who have had to wait in the ER because no inpatient beds were available—a situation that can be alleviated by this proposed new hospital. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion (DEI) and dismantling barriers to care. The work that DFCI does and continues to do in the area of professional development in DEI and Communication and Dignity for patients with disabilities is not the norm for all hospitals and is to be commended.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region.

Anita M. Rodriguez, Primary Caretaker for former patient of DFCI and Educational Consultant

[REDACTED]

April 18, 2024

Dennis Renaud, Director
Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 0175

Submitted via email: <DPH.DON@massmail.state.ma.us>

Comments of Cancer Survivor Robert Sachs to Massachusetts Department of Public Health
In Support of Dana-Farber Cancer Institute's Application to Build a New In-Patient Cancer
Hospital

Dear Director Renaud:

As a 45-year Boston resident and 38-year, two-time, cancer survivor I submit these comments in support of Dana-Farber Cancer Institute's (DFCI) application to build a new in-patient cancer hospital.

In 1986 I was diagnosed and treated successfully for non-Hodgkin's lymphoma. In 2015, at age 66, I was diagnosed with yet a second type of cancer—advanced prostate cancer—for which I've been treated over the past nine years. I feel extremely lucky to be alive today and attribute this to the expert care I've received at Dana-Farber Cancer Institute, Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH). Like many Bay State cancer patients, I've been very fortunate to have a choice among the most knowledgeable cancer doctors in the world.

My views are also based upon knowledge I've gained over twenty-five years serving on the DFCI Board of Trustees where I serve on the board's Quality Improvement/Risk Management Committee, Community Programs Committee, and Inclusion, Diversity and Equity Advisory Committee. In this connection, I've given talks about patient safety to medical students at the Harvard T.H. Chan School of Public Health and the Tufts University School of Medicine.

Additionally, I've been involved in patient advocacy, most recently involving excessive drug prices, and am a former chair and board member of the National Coalition for Cancer Survivorship (NCCS).

Based upon all I've learned from these experiences, I strongly support DFCI's proposal to build a much-needed 300-bed hospital, dedicated exclusively to meeting current and projected needs of cancer patients. First, I'd like share with you a little more of my cancer journey.

In February 1986, half a lifetime ago, I was diagnosed with non-Hodgkin's lymphoma (NHL). The recommended treatment, offering a sixty percent survival likelihood beyond five years, was a then new chemotherapy regimen pioneered by scientists at DFCI. Outcomes were reported to be enhanced by radiation therapy. I subsequently received chemo and radiation at MGH.

Twelve years after being treated for NHL, I helped coordinate the Massachusetts delegation to the September 1998 national "March to Conquer Cancer." One thing that was apparent at that time were the organizational rivalries within the cancer advocacy community. As a grateful cancer survivor, my only interest being to bring everyone together for the purpose of raising awareness of the critical need for increased cancer research funding, and so I volunteered to chair the Massachusetts planning committee. The March to Conquer Cancer was highly successful, bringing 150,000 cancer survivors and their families to Washington, D.C. and focusing national attention on the critical funding need.

Around this time I also got involved with the Friends of Dana-Farber support group to raise funds to build a non-denominational chapel within DFCI where patients, family members and staff could have a place to pray, meditate or simply seek a few moments peace. During a lengthy stay on the 12th floor of the Dana Building, my friend Jeffrey Forbes recognized the need for such a sanctuary, and in turn lobbied DFCI leadership to provide space and enlisted friends to raise funds to build it. Sadly, Jeff did not live to see his vision realized but today a beautiful chapel on the 2nd floor of Dana-Farber's Yawkey Building, appropriately named in his memory, reminds us that a state-of-the-art comprehensive cancer center must be able to treat the full panoply of cancer patient needs—medical, psycho-social and financial. At its core, this includes providing comprehensive outpatient and inpatient services.

As a result of my work with Jeff and the Friends group, I was invited to join the DFCI Board of Trustees. And since 1998, it's been the privilege of my life to serve as an Institute trustee. One thing many people don't realize is that not-for-profit organizations like DFCI operate solely as public charities and, to quote the Massachusetts Attorney General's Guide for Board Members of Charitable Nonprofit Organizations, it is the responsibility of trustees of such organizations "to collect, hold and expend funds solely for the benefit of the public." In other words, in addition to owing fiduciary duties of care and loyalty to the organization itself, the overarching responsibility of a trustee of a charitable nonprofit organization like Dana-Farber is to act as a "steward of the public trust" on behalf of citizens of the Commonwealth.

As one charged with this responsibility, and for the following reasons, I strongly believe DPH approval of Dana-Farber's application to build a freestanding, state-of-art cancer hospital is in the best interests of the people of Massachusetts:

As a long time member and former chair of Dana-Farber's Quality Improvement/Risk Quality Committee (QI/RM) I've had the opportunity to participate in Executive Patient Safety Rounds, review Press Ganey patient satisfaction scores, and observe first hand Dana-Farber's 30-bed "hospital within a hospital" on the 6th floor of BWH. I also came to appreciate that the great need for hospital beds for Dana-Farber patients continually outstripped the capacity of DFCI's 30-licensed beds with the average daily census of in-patients under Dana-Farber oncologists' care increasing steadily to more than 200 today. Unfortunately, this demand is only growing. One consequence of the present arrangement is that most of the nurses assisting the vast majority of Dana-Farber patients who are placed on other floors within BWH are not formally trained as oncology nurses. And as patients undergo new forms of therapy, it's essential for those who support them to possess the knowledge to recognize and address side effects of their treatment. Differences in hospital masking policies can also affect immunocompromised cancer patients placed in BWH beds.

When other QI/RM Committee members and I joined DFCI leadership on safety rounds to get feedback from nursing staff for Dana-Farber's 30 licensed beds, we regularly observed crammed quarters where staff were practically working on top of one another. Patients brought to BWH's emergency department would need to be checked in again at Dana-Farber Hospital if they were even able to secure a spot in one of DFCI's 30 licensed beds. This often led to lengthy delays in getting these very sick patients readmitted and settled.

Such observations were borne out by the staff feedback we received and by significantly lower Press Ganey patient satisfaction scores compared with the very high satisfaction scores registered by out-patients treated at DFCI's Longwood and satellite clinics. On more than one occasion I found myself commenting to the QI/RM Committee and Institute leadership that our in-patient hospital facilities "do not feel like" the rest of Dana-Farber. Only somewhat reassuring was my knowledge that DFCI doctors and nurses treating Dana-Farber Hospital patients were doing everything they possibly could to deliver the highest quality care.

The need for DFCI to have expanded, state-of-the art, in-patient facilities became more personal after I was diagnosed in 2015 with a second serious form of cancer. As with any new cancer diagnosis, it came as a shock that almost 30 years after being treated for non-Hodgkins lymphoma, I had to battle a high risk form of prostate cancer. Once again, I was a cancer patient, embarking on an uncertain journey. And I didn't know whether this journey would require hospitalization along the way, and if so, where? I knew Dana-Farber's in-patient facilities were already overtaxed.

Being well acquainted with Dana-Farber by this time, choosing a DFCI medical oncologist and DFCI/BWH radiation oncologist was relatively easy for me. But deciding upon a surgeon to do a radical prostatectomy was not. (Surgery for most DFCI patients was done at BWH.) After meeting with a DFCI/BWH genitourinary surgeon and his counterpart at MGH, both of whom had come highly recommended, I opted to have my surgery done at MGH. I mention this because I think it's critical for cancer patients to have choices. I'm fortunate to live in Boston, where there are multiple options, and have Medicare and supplemental insurance that allow me to choose. (I'm mindful not everyone does.) So notwithstanding the fact that my medical oncologist would be at Dana-Farber and my radiation oncologist was affiliated with both Dana-Farber and BWH, I elected to have surgery at MGH by an experienced genitourinary surgeon who coincidentally had done his residency at BWH and an oncology fellowship at DFCI. I share this anecdote because it is not an uncommon story in Boston medical circles. Despite some institutional rivalries, doctors who practice medicine at Harvard's teaching hospitals maintain many professional ties.

Assuming DPH approves Dana-Farber's application, patients will continue to be treated by medical oncologists at DFCI. Oncology ranks will be increased by medical oncologists from

Beth Israel-Deaconess, one of the top general hospitals in Massachusetts, with a highly rated oncology department. And by virtue of Dana-Farber's collaboration with BI-D, and the inter-connection of adjacent facilities, I expect many Dana-Farber patients will avail themselves of radiation services at DFCI or Beth Israel-Deaconess and surgical services at BI-D.

It's important to point out, however, that nothing will preclude any existing or new Dana-Farber Hospital patient from seeking radiation therapy or surgery at another hospital approved by their insurance provider, should they so choose.

Earlier I mentioned organizational rivalries in the cancer community. Among hospitals, these take many forms including faculty recruitment and staff hiring; research grant competition, marketing and fundraising campaigns, with the overarching goal of providing the highest quality patient care. (In this regard, Dana-Farber has consistently been ranked by U.S. News & World Report as one of the top five cancer hospitals in the United States and has been awarded Magnet status for excellence in nursing five times by the American Nurses Association.) However, nothing I'm aware of or have ever experienced suggests patients need worry about cooperation among providers at "competing" institutions as Dana-Farber's partnership with BWH winds down.

Patients treated elsewhere frequently come to Dana-Farber for a second opinion regarding their diagnosis or course of treatment. And Dana-Farber patients sometimes seek opinions from outside oncologists. Such additional inputs are welcomed. And from personal experience, I know with certainty that second opinions can be life changing.

Likewise, under the umbrella of the Dana-Farber/Harvard Cancer Center (DF/HCC), co-founded by Dana-Farber, Institute scientists collaborate with six other Harvard-affiliated institutions including Beth Israel Deaconess, Boston Children's Hospital, BWH, Harvard Medical School, the T.H. Chan School of Public Health, and MGH. Member organizations combine their scientific strengths to accelerate cancer research. Such collaboration will continue.

At the same time, I believe that some forms of competition between hospitals like DFCI and MGB are very good for cancer patients. As discussed, I've benefited greatly from having a choice of providers and hospitals in Boston. Moreover, with DPH's approval of Dana-Farber's application for a 300-bed dedicated cancer hospital, and MGB Cancer Center's announced expansion plans, the citizens of Massachusetts can be assured of having excellent choices far

into the future. And given the very high costs of quality cancer care, price competition between hospitals will benefit patients too.

In summary, the patient needs supporting Dana-Farber's application are very compelling. As a cancer patient, survivor and advocate, and one who is privileged to serve as a public trustee, I firmly believe a state-of-the-art, Dana-Farber cancer hospital—designed and constructed to meet 21st century in-patient requirements—will serve the public interest and residents of Massachusetts—addressing present and future needs—for decades to come. I urge your timely approval of Dana-Farber's application.

Respectfully submitted,

Robert Sachs

[REDACTED]

[REDACTED]

Email: [REDACTED]

Tel: [REDACTED]

April 18, 2024

Dennis Renaud
Director, Determination of Need Program
Massachusetts Department of Public Health
67 Forest Street, Marlborough, MA 01752

Dear Director Renaud:

My name is Steven Eichberg and I am a resident of Plymouth, Massachusetts. I am a member of the Patient and Caregiver Ten Taxpayer group and I am writing to express my support of Dana-Farber Cancer Institute's proposed cancer hospital and their new clinical collaboration with Beth Israel Deaconess Medical Center.

A new stand-alone cancer inpatient hospital would improve the patient experience, expand access, and could provide more cost-effective care—ensuring better care for our entire cancer community, now and for generations to come.

As a patient I have experienced care from Dana-Farber up close and personal since 2013. I believe that having a dedicated cancer hospital will bring that world-class, personal care that I received to more people in Massachusetts. With this new hospital, Dana-Farber will work to ensure that cancer patients are seen quickly and provided with the specialized patient centered cancer care that all patients deserve.

Almost everyone in Massachusetts has a story about a loved one who received outstanding care at Dana-Farber, including myself. Today I am a Thriver, 5 years in remission because of the care received at Dana. It is the only institution in the region focused exclusively on cancer, and the only one balancing research and patient care equally. Now, as cancer incidence rises at an alarming rate, it's imperative that the State meets the need for more inpatient beds for cancer patients.

We know that we need more inpatient beds because of the many stories from people who have had to wait in the ER because no inpatient beds were available—a situation that can be alleviated by this proposed new hospital. Further, both Dana-Farber and BIDMC share a deep commitment to fostering a culture of diversity, equity and inclusion and dismantling barriers to care.

All cancer patients deserve to be treated by doctors and nurses whose singular focus is cancer. Please support Dana-Farber's proposed new inpatient cancer hospital and ensure that the best care in the world will be available in our region now and for generations to come.

Sincerely,
Steven Eichberg

