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COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEARING VIA CONFERENCE CALL)

)

RE: DANA-FARBER CANCER INSTITUTE)

DoN APPLICATION FOR PROTON)

THERAPY SYSTEM)

BEFORE: Hearing Officer Teryl Smith, Director
Bureau of Health Care Safety and Quality

Lucy Clarke, DoN Program Analyst

(All participants appeared by conference call.)

Wednesday, January 14, 2026

6:10 p.m.

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P R O C E E D I N G S

THE OPERATOR: Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode until the comment session of today's conference. At that time, you may press star one on your phone to ask.

I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the conference over to Teryl Smith. Thank you, you may begin.

HEARING OFFICER SMITH: Good evening. My name is Teryl Smith. I represent the Massachusetts Department of Public Health, and I am the director of the Bureau of Health Care Safety and Quality.

For clarification, you will hear me refer to the Determination of Need program as the DoN program and the Department of Public Health as DPH. Joining me today from the Department is my colleague, Lucy Clarke.

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This hearing has been called pursuant to an application submitted by Dana-Farber Cancer Institute. Upon receipt of the application, DoN staff reviewed the application, and after finding it to be in compliance with the DoN statute and regulation for filing assigned it a filing date of November 19 of 2025.

This DoN application is for Dana-Farber Cancer Institute. The enabling statute for the DoN program requires that any person or government agency intending to initiate a substantial change in service, as defined in the DoN regulation, must apply for DoN approval before engaging in such a project.

The Applicant has filed this application in connection with a phased project plan to renovate, fit out and equip approximately 4,500 gross square feet of the ambulatory health care zoned center at 35 Binney Street in Boston, which is the proposed project.

The maximum capital expenditure for the proposed project is estimated to be

1 \$50,500,663. The proposed project will
2 include interior demolition, as needed,
3 construction of radiation-shielded
4 treatment and clinical support rooms,
5 installation of a single-gantry proton
6 therapy system with a dedicated accelerator,
7 which includes a CT scanner for daily
8 treatment and image guidance and a separate
9 vertical CT for simulation and treatment
10 planning.

11 Additional spaces for clinical staff,
12 patient intake, anesthesia support and
13 administrative operations will be integrated
14 into the design to ensure a seamless patient
15 flow and multidisciplinary care.

16 In accordance with the statute and
17 regulations governing the DoN process, the
18 DoN program is analyzing Dana-Farber Cancer
19 Institute Inc.'s application for compliance
20 with a set of standards and criteria,
21 including, but not limited to, a
22 justification of the need for the project,
23 its planning process, financial feasibility,
24 environmental impact, and the reasonableness

1 of its cost and expenditures. These are the
2 key criteria which the DoN program will
3 apply in its analysis of this application.

4 The public hearing is an effort to
5 gather information and to hear the opinions
6 of interested parties about the proposed
7 project. It is not a forum supporting
8 questions and answers, so no questions will
9 be answered.

10 The DoN program will take all relevant
11 information into account in preparing its
12 recommendation to the Massachusetts Public
13 Health Council, whose decision on whether to
14 approve the DoN for the proposed project
15 will be made at one of its upcoming monthly
16 public meetings.

17 We will accept written comments on this
18 application for 10 days following this
19 hearing. As this is a virtual hearing, the
20 logistics are different from in-person
21 hearings. I will review for you the process
22 today.

23 Our plan is as follows: We're using a
24 moderated conference call line so a

1 moderator will manage the queue for
2 speaking. This meeting is being recorded
3 and transcribed. As indicated in the notice
4 for the meeting, press the asterisk or the
5 star key and one if you would like to
6 testify. This will put you in queue, so
7 it's pressing the asterisk and then one.

8 You will not be told where you are in
9 queue, nor will you get much notice that you
10 are about to testify. When it's your turn
11 to testify, you will be advised you are now
12 -- you are now the speaker, and you will
13 experiencing a short silence and will be
14 given the speaker view.

15 If you have muted your phone, you may
16 need to unmute it. Please begin by starting
17 with your name, affiliation or town of
18 residence. Please speak clearly so that our
19 transcriber can record everything
20 accurately.

21 Because we expect many speakers, we
22 will limit everyone to three minutes. I'll
23 be timing, so when you have 30 seconds left,
24 you will hear this sound. When your three

1 minutes is through, I will say time's up,
2 and the moderator will mute you and give the
3 floor to the next speaker.

4 We may experience a slight pause
5 between speakers. If testimony is lengthy,
6 we would suggest you present a three-minute
7 summary of those remarks and submit a full
8 text of your comments in writing.

9 If you have a written copy of your
10 remarks, regardless of length, please feel
11 free to submit it to the Department by email
12 or via postal service. Email us at
13 DPH.DON@State.MA.US, that's
14 DPH.DON@State.MA.US.

15 Mail can be sent to the Determination
16 of Need, Massachusetts Department of Public
17 Health at 67 Forest Street, Marlborough,
18 Massachusetts, zip code 01752, that's 67
19 Forest Street in Marlborough, Massachusetts
20 01752.

21 Be assured that the Department will
22 consider all comments, whether presented
23 orally or in writing. Whether you comment
24 or not, please know that the Department

1 greatly values and appreciates your
2 participation tonight.

3 Before we open the line to the general
4 public, the Applicant will go first and will
5 be allotted four minutes to present
6 information about the proposed project.

7 I will now ask Dr. Bill Hahn, Chief
8 Operating and Transformation Officer,
9 representing the Dana-Farber Cancer
10 Institute, to talk about the project.

11 After Dr. Hahn is done, the moderator
12 will unmute the first speaker.

13 DR. HAHN: Good evening. I'm Bill
14 Hahn, and I'm a medical oncologist and a
15 cancer researcher by training. I also serve
16 as the chief operating and transformation
17 officer at the Dana-Farber Cancer Institute.

18 Thank you for the opportunity to speak
19 with you about Dana-Farber's proposed proton
20 therapy center and the critical benefits it
21 will bring to patients across Massachusetts
22 and New England.

23 Proton therapy directly supports Dana-
24 Farber's mission to provide expert,

1 compassionate and equitable cancer care,
2 while advancing research. This technology
3 can reduce long-term treatment harm, improve
4 survivorship and the quality of life,
5 especially for children, and drive further
6 innovation and discovery.

7 At present, there is a substantial
8 unmet need for proton therapy in our region.
9 New England currently only has one
10 operational proton beam, leading to long
11 wait times, disruptions in care and
12 significant access challenges.

13 When patients cannot access treatment,
14 they are forced to travel long distances or
15 seek treatment outside their primary
16 institution. This complicates care
17 coordination and places additional strain on
18 patients and families during an already
19 difficult time.

20 In some cases, patients forego proton
21 therapy altogether because of these
22 barriers. We currently need to refer some
23 of our patients outside of the Commonwealth
24 to receive proton beam therapy.

1 With the capacity to treat more than
2 200 patients annually and to deliver up to
3 6,000 individual treatments, our center
4 would serve both pediatric and adult
5 patients, not only for Dana-Farber, but from
6 across the region.

7 We have strong support from regional
8 hospitals, including Boston Children's
9 Hospital, who are also seeing the need for
10 more proton beam capacity. We will be able
11 to treat patients from community hospitals,
12 those receiving surgery or chemotherapy
13 elsewhere, children referred from Boston
14 Children's Hospital and adults from across
15 New England.

16 The center will complement, not replace
17 oncology services elsewhere, and these
18 patients will return to their home hospitals
19 for follow up care.

20 The state also recently approved proton
21 therapy at UMass Memorial Medical Center.
22 Dana-Farber supported that project and plans
23 to coordinate with UMass to ensure that as
24 many eligible patients as possible can

1 access this life-saving treatment. However,
2 the UMass Proton Center will not be
3 completed until 2028 and will not treat
4 pediatric patients.

5 While need will still outpace capacity,
6 Dana-Farber's Proton Center is slated to see
7 its first patient in December 2027 and will
8 help fill a critical gap, particularly for
9 children, in the interim and beyond.

10 Proton therapy is medically necessary
11 and for many patients, life saving,
12 particularly for children. It delivers
13 radiation with exceptional precision,
14 significantly limiting exposure to
15 surrounding healthy tissue and improving
16 long-term outcomes.

17 This is particularly important for
18 children because it reduces radiation
19 exposures to their developing bodies,
20 including their heart, lung, brain and
21 reproductive organs.

22 With fewer severe late effects, there
23 will be a lower downstream healthcare cost,
24 less need for special education and

1 disability support and greater long-term
2 productivity and independence for cancer
3 survivors.

4 In addition, our proposed proton
5 therapy center will be the first facility in
6 the area to offer treatment in a seated or
7 inclined position. This innovative design
8 reduces the physical footprint and the cost
9 of proton therapy, while at the same time
10 expanding access for patients who may have
11 difficulty tolerating more traditional
12 treatment settings.

13 Because our center will be located
14 close to clinical and treatment spaces at
15 Dana-Farber and Boston Children's Hospital,
16 patients will be able to easily travel
17 between appointments and maintain full
18 continuity with their care team.

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

1 At Dana-Farber, we will use strict
2 evidence-based criteria to decide who is
3 offered proton therapy. Our
4 multidisciplinary tumor boards will make
5 decisions based upon the evidence. We are
6 committed to this disciplined approach
7 because it is best for our patients and
8 their family.

9 We respectfully urge approval of the
10 Dana-Farber Cancer Institute's
11 Determination of Need application. Thank
12 you very much.

13 HEARING OFFICER SMITH: Thank you, Dr.
14 Hahn. I just want to remind everybody, in
15 order to get in queue, please do press star
16 one.

17 Moderator, we're ready to begin.

18 THE OPERATOR: Our first comment comes
19 from Peter Orio.

20 DR. ORIO: Good evening. My name is
21 Peter Orio. I'm a radiation oncologist
22 practicing in the greater Boston area, and I
23 serve as the chair of the Department of
24 Radiation Oncology at Dana-Farber Cancer

1 Institute.

2 I'm here today in strong support of the
3 Dana-Farber proposal to establish a proton
4 center to serve patients at Dana-Farber
5 Cancer Institute and Boston Children's
6 Hospital.

7 The critical distinction of proton
8 therapy is it allows us to precisely target
9 the tumor while substantially reducing
10 radiation exposure to surrounding healthy
11 tissues. This reduction in unnecessary
12 radiation to healthy tissue translates
13 directly into fewer side effects, less long-
14 term toxicity and better quality of life of
15 patients.

16 From a public health perspective, its
17 advantages lead to lower downstream
18 healthcare costs related to treatment-
19 induced toxicity. For pediatric patients,
20 this advantage is especially profound in a
21 matter of long-term health equity.

22 Children are still growing and
23 developing and radiation-related side
24 effects can affect cognition and endocrine

1 function, organ development and long-term
2 survivorship. Reducing radiation to normal
3 tissue is not simply beneficial; it is
4 essential to protecting decades of future
5 life.

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

14 Proton therapy at the Dana-Farber will
15 be delivered with state-of-the-art image
16 guidance, rigorous treatment planning and
17 comprehensive quality assurance. Every
18 patient would undergo a multi-
19 multidisciplinary review, including tumor
20 boards and peer review, ensuring appropriate
21 evidence-based use.

22 Despite evidence of efficacy, at
23 present access to proton therapy in
24 Massachusetts and across New England is

1 severely limited. There is only one
2 operational proton facility serving a
3 population of more than 15 million people.
4 This level of capacity is insufficient in
5 the current demand, let alone future need.

6 As a result, patients face delays, must
7 travel long distances and are referred out
8 of state or are unable to receive proton
9 therapy at all. Limited access has created
10 disparities and access that
11 disproportionately affect children, older
12 adults and families with limited resources.

13 Dana-Farber's proposed center would
14 expand regional capacity rather than
15 duplicate services. It leverages newer,
16 more compact technology designed to improve
17 efficacy, reduce infrastructure burden and
18 focus on high-quality patient-centered care.

19 In addition, co-locating proton therapy
20 within Dana-Farber allows imaging, treatment
21 planning, delivery and follow up to occur
22 within a single, integrated clinical
23 workflow, enhancing safety, coordination and
24 outcomes.

1 Finally, this proposed proposal
2 supports the healthcare workforce in
3 Massachusetts. Establishing a proton center
4 within an academic cancer center helps
5 recruit and retain how they train
6 clinicians, physicists, therapists and
7 support staff, while also advancing
8 education and research that benefits the
9 broader oncology community.

10 For these reasons, improving access,
11 promoting equity, supporting the workforce,
12 and meeting a clear and unmet public need, I
13 strongly and respectfully urge approval of
14 this application. Thank you for your time
15 and your consideration.

16 HEARING OFFICER SMITH: Thank you.

17 THE OPERATOR: Our next comment comes
18 from Allison O'Neill.

19 DR. O'NEILL: Good evening. My name is
20 Allison O'Neill, and I'm a pediatric
21 oncologist at Dana-Farber Cancer Institute.
22 I'm here in strong support of the proposal
23 to establish a proton therapy center.

24 I serve as director of the solid tumor

1 program and therefore care for patients with
2 a range of solid tumors, many of whom
3 require treatment with proton beam therapy
4 as standard of care, informed by existing
5 evidence.

6 Over the course of my career, I've seen
7 radiation therapy evolve significantly for
8 pediatric patients and recognize that
9 proton-beam therapy allows us to deliver
10 radiation directly to tumors while limiting
11 exposure to surrounding healthy tissues and
12 organs. For young, developing children,
13 that precision makes a lifelong difference.

14 Proton not only ensures an increased
15 quality of life for the patients, but it can
16 also mean fewer costs, less stress and
17 reduced risks in the future. We're
18 investing in the future of these children,
19 not just by curing their disease, but by
20 mitigating long-term toxicity.

21 This precision means fewer
22 hospitalizations and interventions for late
23 toxicities, reduced need for supportive
24 education and neurocognitive deficits, and a

1 lower lifetime risk of secondary
2 malignancies and chronic organ dysfunction.

3 Right now, access to proton therapy in
4 Massachusetts is extremely limited. New
5 England's proton therapy infrastructure
6 consists of just one active center, which
7 creates a significant bottleneck in the
8 delivery of this very important care.

9 When children and their families must
10 transfer their care to another institution
11 or travel out of state, it significantly
12 disrupts their continuity of care and places
13 significant stress on the child and their
14 family, recognizing the need to change care
15 teams, and there may be an interruption in
16 their treatment.

17 Dana-Farber's proposed proton therapy
18 center represents a meaningful advancement
19 in regional cancer care. Additionally, our
20 relationship with Boston Children's
21 Hospital, a leader in pediatric care, will
22 assure we can reach all patients in need.

23 It would serve patients treated at
24 Dana-Farber, the broader community, both

1 pediatric and adult, as well as those
2 referred from across the region, helping to
3 meet a very clear and ongoing need.

4 I respectfully urge approval, and I
5 thank you very much for your time and
6 consideration.

7 THE OPERATOR: Our next comment comes
8 from Alexander Owen-Post.

9 MR. OWEN-POST: Thank you and good
10 evening. My name is Alex Owen-Post. I am
11 both a Dana-Farber employee and a Dana-
12 Farber patient and also a Massachusetts
13 resident.

14 In 2023 I had a seizure at home that
15 led to the discovery of a brain tumor.
16 Dana-Farber guided me through surgery,
17 chemotherapy and recovery from both with
18 incredible coordination and compassion.
19 When it came time for proton radiation, I
20 had to go to Mass General Hospital because
21 there is only one operational proton therapy
22 center in New England.

23 I'm grateful that proton therapy was
24 available for me, but leaving the team that

1 had cared for me from the beginning was
2 difficult. Navigating new systems, new
3 logistics and new providers added immense
4 stress during an already overwhelming time.

5 A proton therapy center at Dana-Farber
6 would allow patients to receive the
7 treatment they need while staying with the
8 care teams who know them best. For patients
9 like me and for those who will face these
10 decisions in the future, I respectfully urge
11 you to approve this application. Thank you.

12 THE OPERATOR: Our next comment comes
13 from Susan Chi.

14 DR. CHI: Hello, good evening. My name
15 is Susan Chi, and I am the clinical director
16 of the pediatric neuro-oncology program in
17 pediatric oncology at Dana-Farber/Boston
18 Children's Hospital. I strongly support the
19 proposal to establish a proton radiation
20 therapy center.

21 As others have spoken, radiation
22 therapy design and planning is especially
23 important for children with brain and spinal
24 tumors, where even small reductions in

1 unnecessary radiation exposure can have
2 significant long-term benefits.

3 Traditional photon radiation can affect
4 developing brain tissue and other sensitive
5 structures that are either in proximity or
6 are in beyond the line of radiation
7 directional beam line to the radiation
8 target, such as the esophagus, portions of
9 the heart and reproductive organs, hearing
10 apparatus and jaw, and such exposures may
11 lead to long-term impacts on growth,
12 development and function, and therefore,
13 radiation therapy must be delivered with the
14 utmost precision.

15 Proton beam therapy allows us to better
16 spare these aforementioned healthy tissues
17 while still effectively treating targeted
18 tumors. The Dana-Farber Pediatric Neuro-
19 Oncology Program is the largest such program
20 dedicated to children with brain and spinal
21 tumors in all of New England, and access to
22 proton beam therapy in Massachusetts is
23 extremely limited.

24 Regional demand for proton therapy far

1 exceeds what a single operational proton
2 beam in New England can reasonably support.
3 And as a result, our patients face delays or
4 have been forced to leave their established
5 care teams.

6 Dana-Farber's proposed center would be
7 a major advancement in regional cancer care.
8 It would integrate proton beam therapy into
9 existing clinical spaces, allowing patients
10 to remain connected to their
11 multidisciplinary care teams throughout
12 their course of treatment.

13 As a pediatric neuro-oncologist, when
14 there is a treatment option available for my
15 patients that I know is favorable in terms
16 of future morbidities, reduction in harm,
17 ultimately an increase in their qualities of
18 life, I believe I have an obligation to
19 ensure that they have access to that option.
20 And this center is essential as part of
21 Dana-Farber's commitment to equitable,
22 accessible cancer care.

23 I believe that this proton beam center
24 at Dana-Farber will benefit our children

1 with brain and spinal cancers who we treat
2 and their families, and I'm grateful that we
3 have this opportunity to make a real
4 difference for these families, and it will
5 indeed make a difference.

6 Therefore, I respectfully urge approval
7 of this application. Thank you for your
8 attention and consideration.

9 THE OPERATOR: And as a reminder,
10 please press star one to join the queue.
11 Our next comment comes from Andrew Place.

12 DR. PLACE: Good evening. My name is
13 Andy Place, and I'm the Chief Medical
14 Officer of the Dana-Farber/Boston Children's
15 Cancer and Blood Disorder Center. I'm here
16 representing the Dana-Farber clinician TTG
17 and also as a pediatric oncologist whose
18 patients would greatly benefit from improved
19 access to proton therapy.

20 As a pediatric oncologist, my goal is
21 to effectively treat my patients so they can
22 have as long as full lives as possible. An
23 essential pillar of pediatric cancer care is
24 to maximize quality of life by providing

1 treatments that ensure the best chance of
2 cure while minimizing the long-term side
3 effects of treatment as much as possible.

4 That balance is especially critical
5 when it comes to radiation therapy.
6 Traditional radiation treatment is
7 significantly riskier for children due to
8 their developing bodies and is associated
9 with life-altering toxicities, including
10 secondary tumors, neurocognitive decline,
11 hearing loss, hormone replacement therapy,
12 infertility and growth abnormalities.

13 As you have heard from others, proton
14 therapy allows for delivery of a sharp and
15 precise dosage of radiation to cancerous
16 tumors, minimizing exposure to healthy
17 tissues and decreasing short- and long-term
18 side effects. This new proton center will
19 ensure that our patients have access to the
20 most effective treatment options available.

21 Right now, access to proton therapy in
22 Massachusetts is extremely limited. There
23 is only one operational proton center in New
24 England located at Massachusetts General

1 Hospital and demand is already exceeding
2 capacity. Because of this, some patients
3 experience treatment delays, while others
4 are forced to leave their established
5 oncology teams in order to travel to proton
6 centers in New York or Philadelphia.

7 For children and families that kind of
8 travel disrupts care coordination, increases
9 stress and adds significant burden at an
10 already difficult time. Dana-Farber's
11 proposed proton center would meaningfully
12 expand access to this essential treatment.
13 It would allow more patients to receive
14 proton therapy closer to home without
15 unnecessary delays or disruption.

16 The center would be located alongside
17 both Dana-Farber and Boston Children's
18 Hospital, allowing patients to remain with
19 their established care teams and move
20 seamlessly between appointments. This
21 integration enhances safety and improves
22 continuity of care, especially for pediatric
23 patients.

24 The center will be the first in the

1 region to deliver proton therapy in a seated
2 position using a compact cyclotron system
3 that lowers costs and reduces the footprint
4 of proton therapy. This innovation has
5 accelerated Dana-Farber's ability to bring
6 the service online and will make this form
7 of treatment more accessible to the patients
8 who need it most.

9 From a statewide planning perspective,
10 this proposal supports Massachusetts long-
11 term oncology infrastructure needs. This
12 project ensures that the Commonwealth is
13 positioned not only to meet current demand,
14 but to do so in a way that prioritizes
15 value, access and patient-centered outcomes,
16 and I strongly urge approval of this
17 application. Thank you for your
18 consideration.

19 THE OPERATOR: Our next comment comes
20 from Suzy Amor.

21 MS. AMOR: Good evening. My name is
22 Suzy Amor, and I'm a practitioner, a
23 bereaved mother and a Massachusetts
24 resident. I am here on behalf of Dana-

1 Farber's patients and families and the Ten
2 Taxpayer Group to share my heartfelt
3 testimonial regarding the necessity of the
4 proton center at Dana-Farber and the
5 profound impact proton beam therapy had on
6 our son Jonah.

7 Diagnosed with a rare and aggressive
8 brain tumor called ETMR, Jonah faced the
9 daunting battle that no child should have to
10 endure. However, thanks to the advanced
11 treatment of proton therapy, our family was
12 granted precious time together that we
13 otherwise might not have had.

14 From the moment we began the journey,
15 the team at the proton center provided
16 outstanding care. Jonah underwent proton
17 therapy while requiring sedation, and I am
18 grateful to say that the entire process was
19 managed seamlessly. The professionalism and
20 compassion of the staff made a challenging
21 time much more bearable for us as a family.

22 One of the most remarkable aspects of
23 Jonah's experience was the minimal side
24 effects he experienced during his treatment.

1 This allowed him to maintain a quality of
2 life that we cherished, and we focused on
3 making memories, enjoying every moment
4 together.

5 Most importantly, the proton therapy
6 significantly delayed the progression of his
7 tumor, giving us invaluable time that we
8 will always be grateful for. It is vital
9 for families facing similar circumstances to
10 have timely access to proton therapy. The
11 aggressive nature of pediatric tumors does
12 not allow for delays. Waiting months for
13 treatment can be detrimental.

14 I urge the Department of Public Health
15 to consider the urgency of establishing and
16 supporting facilities like the proton center
17 at Dana-Farber so that other families can
18 experience the hope and healing that we
19 found in Jonah's treatment.

20 In closing, I cannot emphasize enough
21 how crucial it is for parents to have
22 immediate access to proton therapy for their
23 children. No family should have to wait for
24 life-saving treatment that can make all the

1 difference in the world.

2 And the reality is that for hundreds of
3 patients and families who are navigating
4 this horrible disease, proton therapy is the
5 safest and most effective radiation option
6 for these children because it targets the
7 tumor with remarkable precision while
8 protecting the healthy tissue around it.
9 This means fewer long-term side effects and
10 a better quality of life after treatment.

11 Even though this treatment is often the
12 best option for pediatric patients, many
13 families are forced to travel out of state
14 because there isn't enough capacity here in
15 Boston. Massachusetts has only one proton
16 beam and appointments are limited. This
17 requires family to take time off of work,
18 spend money on travel, and endure the stress
19 of navigating care in multiple systems.

20 Families also end up bouncing between
21 doctors when they need proton therapy, which
22 is especially hard on the most complex
23 patients. If Dana-Farber's proton therapy
24 is approved, it would eliminate these

1 hardships and improve continuity of care.

2 For so many families faced with these
3 most challenging times of their lives, this
4 would make a profound difference; that's why
5 I respectfully urge you to approve Dana-
6 Farber's application so more children can
7 benefit from life saving and innovating
8 proton therapy. Thank you for your
9 attention in this urgent matter.

10 THE OPERATOR: I'm showing no further
11 comments, but as a reminder, please press
12 star one to join the queue.

13 (Pause)

14 HEARING OFFICER SMITH: We appreciate
15 everyone's attendance and attention. Please
16 do, if you'd like to make some remarks and
17 testify, press star one, so that we may hear
18 from you. We'll give you a few minutes if
19 you're contemplating.

20 (Pause)

21 HEARING OFFICER SMITH: For those of
22 you that have decided that you would want to
23 submit something in writing, I'll remind you
24 of the opportunity to do so via email or

1 postal service. The email is
2 DPH.DON@State.MA.US, and by postal service
3 at the Determination of Need Department at
4 Massachusetts Department of Public Health,
5 and that's located at 67 Forest Street in
6 Marlborough, Massachusetts, with a zip code
7 of 01752.

8 THE OPERATOR: And I'm showing no one
9 in the queue so far.

10 HEARING OFFICER SMITH: Let's give it
11 another minute.

12 (Pause)

13 HEARING OFFICER SMITH: Okay, we've
14 given it quite a few minutes at this point.
15 I want to thank everyone who has been able
16 to participate tonight and share their
17 comments.

18 We have captured everything through
19 recording and the reminder of the
20 opportunity to submit any of your lengthy
21 comments in writing, either to the email or
22 postal service, as I described, and the
23 written comments will be accepted through
24 Monday, January 26 at 5 p.m. Thank you so

1 very much for your interest and
2 participation.

3 Moderator, I think we can close it
4 down.

5 THE OPERATOR: Thank you. That
6 concludes today's conference. Thank you for
7 participating. You may disconnect at this
8 time.

9 (Whereupon, telephonic public hearing
10 was concluded at 6:47 p.m.)

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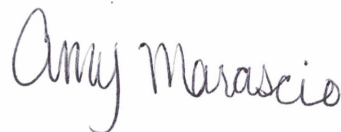
COMMONWEALTH OF MASSACHUSETTS
NORFOLK, SS.

I, Amy Marascio, a Professional Court Reporter and Notary Public in and for the Commonwealth of Massachusetts, do hereby certify that the foregoing telephonic public hearing was taken before me on January 14, 2026.

The said telephonic public hearing was taken audiographically by myself and then transcribed under my direction. To the best of my knowledge, the within transcript is a complete, true and accurate record of said telephonic public hearing.

I am not connected by blood or marriage with any of the said parties, nor interested directly or indirectly in the matter in controversy.

In witness whereof, I have hereunto set my hand this 26th day of January 2026.



Amy Marascio, Notary Public

My Commission Expires:

May 31, 2030

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