

**Dana-Farber Cancer Institute, Inc.  
DoN Application #DFCI-25090516-RS  
Substantial Change in Service**

**DoN QUESTIONS #1**

*Responses should be sent to DoN staff at [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US)*

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**
- **For HIPAA compliance Do not include numbers <11.**

**Factor 1a: Patient Panel Need**

1. Total Unique Patients, Demographics, and Geography (Total and Massachusetts)
  - a. For the Category Age, separate age 56+ to age 56 to 64, and age 65+

**Total Unique Patients by Age<sup>1</sup>**

	<b><u>FY22</u></b>		<b><u>FY23</u></b>		<b><u>FY24</u></b>	
	Count	%	Count	%	Count	%
56-64	22,385	21.6%	23,199	21.0%	24,247	20.4%
65+	49,499	47.7%	53,340	48.2%	58,520	49.2%

<sup>1</sup> Patients with encounters in the same year before and after attaining age 65 will appear in both age categories.

**Massachusetts Unique Patients by Age<sup>1</sup>**

	<b><u>FY22</u></b>		<b><u>FY23</u></b>		<b><u>FY24</u></b>	
	Count	%	Count	%	Count	%
56-64	16,335	21.0%	16,990	20.5%	17,781	19.9%
65+	37,731	48.4%	40,372	48.8%	44,441	49.7%

<sup>1</sup> Patients with encounters in the same year before and after attaining age 65 will appear in both age categories.

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b. Please provide a breakdown of the Massachusetts Patient Panel by County

**Total Unique Massachusetts Patients by County**

	<b><u>FY22</u></b>		<b><u>FY23</u></b>		<b><u>FY24</u></b>	
	Count	%	Count	%	Count	%
Norfolk	14,673	18.9%	15,606	18.9%	16,838	18.9%
Middlesex	14,528	18.7%	15,563	18.8%	16,639	18.6%
Plymouth	10,570	13.6%	11,173	13.5%	12,293	13.8%
Essex	9,797	12.6%	10,319	12.5%	10,827	12.1%
Suffolk	8,366	10.8%	8,950	10.8%	9,962	11.2%
Worcester	7,718	9.9%	8,050	9.7%	8,545	9.6%
Bristol	4,706	6.1%	5,214	6.3%	5,746	6.4%
Barnstable	3,064	3.9%	3,244	3.9%	3,444	3.9%
Hampden	1,413	1.8%	1,510	1.8%	1,751	2.0%
Unknown	1,104	1.4%	1,001	1.2%	1,056	1.2%
Berkshire	712	0.9%	801	1.0%	842	0.9%
Hampshire	654	0.8%	676	0.8%	747	0.8%
Franklin	270	0.3%	301	0.4%	335	0.4%
Dukes	127	0.2%	153	0.2%	157	0.2%
Nantucket	46	0.1%	57	0.1%	61	0.1%
Other <sup>1</sup>	248	0.3%	267	0.3%	272	0.3%

<sup>1</sup> Other includes NULL, Unknown, Unmapped & invalid county names in Massachusetts.

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2. For the purposes of this application review, please provide payer mix (Adult and Pediatric), according to the following categories.

Commercial Medicare (Private Medicare/Medicare Advantage)	
Medicare FFS	
Managed Medicaid (Private Medicaid/Medicaid MCOs)	
MassHealth	
Commercial (PPO/Indemnity and HMO/POS)	
Other	
<b>Total % (must=100%)</b>	

**Adult Payor Mix**

<b>Payor</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>
Commercial Medicare	11.1%	12.2%	13.6%
Medicare FFS	37.3%	38.2%	37.3%
Managed Medicaid	2.9%	3.8%	4.8%
MassHealth	4.5%	3.9%	3.1%
Commercial	43.3%	41.1%	40.1%
Other <sup>1</sup>	0.9%	0.8%	1.2%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<sup>1</sup> For all tables herein, "Other" for adult patients includes Self-Pay, Commonwealth of Massachusetts, National Donor Program, United VA Community Care Network, Health Safety Net (full and partial), CHAMPVA, Tricare (East Region Prime, East Region Select, West Region), Nashua Street Jail, Essex County Jail, Generic County Jail, Generic Other Government, MA State MCI Correctional Center, Veterans Choice, Veterans Administration Special Billing, Martins Point USFHP, COVID-19 HRSA Uninsured Testing and Treatment Fund, Works Compensation, U.S. Department of Labor (FECA Federal and DEEOIC Energy), and City of Boston Fire Department.

**Pediatric Payor Mix**

<b>Payor</b>	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>
Commercial Medicare	0.0%	0.0%	0.0%
Medicare FFS	0.0%	0.0%	0.0%
Managed Medicaid	20.2%	24.7%	34.4%
MassHealth	7.1%	4.5%	4.1%
Commercial	72.2%	68.6%	60.3%
Other <sup>1</sup>	0.4%	2.1%	1.2%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

<sup>1</sup> For all tables herein, "Other" for pediatric patients includes Self-Pay, National Marrow Donor Program, Health Safety Net (partial and full), CHAMPVA, Tricare (East Region Prime, East Region Select, West Region), Martins Point USFHP.

Please also provide APM contract percentages<sup>1</sup>

ACO and APM Contracts	36.4%
Non-ACO and APM Contracts	63.6%
<b>Total %</b>	<b>100%</b>

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<sup>1</sup> Based on the Applicant’s contractual payments, including Medicaid ACOs/MCOs & the Applicant’s commercial APM contracts (i.e., BCBSMA & Point32Health).

3. New Patient Consult Volume (pg.10)
  - a. What is included in the Medical Oncology Regional Sites?

The Medical Oncology Regional Sites volume includes the Applicant’s sites at Boston Medical Center – Brighton, Milford Regional Medical Center, South Shore Health, Merrimack Valley, Foxborough, and Londonderry, NH. If the majority of a patient’s encounters occurred at a satellite location, such satellite will be designated as the patient’s derived disease center for purposes of new consult volume determinations.

- b. What are the referral sources for new patient consults?

The source of referrals for adult patients will be from any licensed provider, including the Applicant’s medical oncologists, and surgical oncologists, community oncologists, urologists, colorectal surgeons, ENTs, neurosurgeons, thoracic surgeons, gynecological surgeons, breast surgeons, neurologists, pulmonologists, primary care physicians, self-referrals and referrals from tumors boards and multidisciplinary clinics. As to pediatric patients, while patients may be referred by any oncologist, more pediatric patients seek care initially from either the Applicant or Boston Children’s Hospital (“BCH”).

4. To better understand Patient Panel need for the Proposed Project, please provide the following breakdown for the New Patient Consult Volume for FY24:
  - a. Age

**New Patient Consult Volume FY24 by Age<sup>1</sup>**

<u>Age</u>	<u>Number of Patients</u>
21 & Under	1,056
22 - 35	2,617
36 - 55	9,065
56 - 64	8,168
65+	19,645

<sup>1</sup> For all tables herein, patients may be counted more than once if they have an encounter before and after their date of birth in the same fiscal year.

- b. Race/Ethnicity

**New Patient Consult Volume FY24 by Race & Ethnicity**

<u>Race &amp; Ethnicity</u>	<u>Number of Patients</u>
White or Caucasian Non-Hispanic or Latino	30,486
Other <sup>1</sup>	3,819
Hispanic or Latino	2,400
Black or African American	1,687
Asian Non-Hispanic or Latino	1,372
Multiracial, non-Hispanic	624

<sup>1</sup> For all tables herein, “Other” includes patient responses not in list as well as NULL entries.

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c. Payer Mix

**New Patient Consult Volume FY24 by Payor Mix**

<u>Payor</u>	<u>%</u>
Commercial Medicare	12.8%
Medicare FFS	33.5%
Managed Medicaid	6.7%
MassHealth	3.4%
Commercial	42.3%
Other	1.3%
<b>Grand Total</b>	<b>100.0%</b>

d. By Massachusetts County or state of residence if outside of Massachusetts

**New Patient Consult Volume FY24 by Geographic Location**

<u>Geography</u>	<u>Number of Patients</u>
Norfolk	4,982
Middlesex	4,859
Plymouth	3,975
Essex	3,472
Worcester	2,816
Suffolk	2,439
Bristol	1,992
Barnstable	1,130
Hampden	787
Berkshire	349
Hampshire	269
Franklin	132
Dukes	65
Nantucket	18
New Hampshire	2,939
Maine	1,711
Rhode Island	1,525
New York	1,191
Connecticut	1,111
Florida	679
Vermont	530
Virginia	172
Pennsylvania	166
New Jersey	152
California	134
North Carolina	123

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<u>Geography</u>	<u>Number of Patients</u>
Maryland	96
South Carolina	73
Illinois	71
Georgia	69
Ohio	63
Texas	60
Michigan	53
Colorado	53
Washington	43
Arizona	30
Indiana	28
Tennessee	28
Oregon	24
Wisconsin	22
Kentucky	20
Nevada	18
Missouri	18
Delaware	13
Unknown <sup>1</sup>	938
Other <sup>2</sup>	148

<sup>1</sup> Unknown includes NULL, Unknown, Unmapped & invalid state and county names.

<sup>2</sup> Other includes states and territories with 11 or fewer patients and have been combined for HIPAA compliance purposes. These states include Oregon, Alabama, Louisiana, Utah, Minnesota, Louisiana, Iowa, New Mexico, Idaho, Puerto Rico, Montana, Hawaii, Nebraska, Kansas, West Virginia, Mississippi, Arkansas, Wyoming, Virgin Islands, South Dakota, Alaska, and North Dakota.

5. To better understand Patient Panel need for the Proposed Project, please provide the following breakdown for Group 1 and Group 2 for FY24 (pg.12):  
 Adults (Separately for Group 1 and Group 2)

- a. Age (22-35, 36-55, 56-64, 65+)

**Adult Group 1 by Age**

<u>Age</u>	<u>Number of Patients</u>
21 & Under	20
22 - 35	210
36 - 55	828
56 - 64	751
65+	1,389

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**Adult Group 2 by Age**

<u>Age</u>	<u>Number of Patients</u>
21 & Under	23
22 - 35	408
36 - 55	3,137
56 - 64	3,451
65+	8,131

b. Race/Ethnicity

**Adult Group 1 by Race & Ethnicity**

<u>Race &amp; Ethnicity</u>	<u>Number of Patients</u>
White or Caucasian Non-Hispanic or Latino	2,541
Other	247
Hispanic or Latino	131
Asian Non-Hispanic or Latino	114
Black or African American	108
Multiracial, non-Hispanic	49

**Adult Group 2 by Race & Ethnicity**

<u>Race &amp; Ethnicity</u>	<u>Number of Patients</u>
White or Caucasian Non-Hispanic or Latino	11,634
Other	1,393
Hispanic or Latino	677
Asian Non-Hispanic or Latino	652
Black or African American	549
Multiracial, non-Hispanic	211

c. Payer Mix (using payer mix categories from Question 2)

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**Adult Group 1 and Group 2 by Payor Mix**

<u>Payor</u>	<u>%</u>
<b>Group 1</b>	
Commercial Medicare	12.1%
Medicare FFS	28.9%
Managed Medicaid	6.6%
MassHealth	4.1%
Commercial	46.4%
Other	2.0%
<b>Grand Total</b>	<b>100.0%</b>
<b>Group 2</b>	
Commercial Medicare	13.6%
Medicare FFS	33.6%
Managed Medicaid	5.4%
MassHealth	3.6%
Commercial	42.5%
Other	1.3%
<b>Grand Total</b>	<b>100.0%</b>

d. By Massachusetts County or state of residence if outside of Massachusetts

**Adult Group 1 by Geographic Location**

<u>Geography</u>	<u>Number of Patients</u>
Middlesex	371
Norfolk	309
Plymouth	259
Worcester	226
Essex	184
Bristol	166
Suffolk	159
Barnstable	92
Hampden	80
Berkshire	23
Hampshire	16
Other MA Counties <sup>1</sup>	15
New Hampshire	233
Maine	192
New York	153
Rhode Island	127
Connecticut	123

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<u>Geography</u>	<u>Number of Patients</u>
Florida	68
Vermont	50
Pennsylvania	31
New Jersey	28
Virginia	19
California	18
North Carolina	17
Maryland	14
Ohio	13
Texas	12
Other <sup>2</sup>	75
Unknown <sup>3</sup>	117

<sup>1</sup> Other MA counties include counties with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These counties include Franklin, Norfolk City, Dukes, and Nantucket.

<sup>2</sup> Other includes states and territories with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These states include Georgia, Illinois, Washington, Tennessee, Missouri, Michigan, Arizona, District of Columbia, Colorado, Wyoming, South Carolina, Oregon, Nevada, Louisiana, Kentucky, Kansas, Indiana, Delaware, Alabama, Wisconsin, Virgin Islands, Utah, Puerto Rico, Oklahoma, Nebraska, Montana

<sup>3</sup> Unknown includes NULL, Unknown, Unmapped & invalid state and county names.

**Adult Group 2 by Geographic Location**

<u>Geography</u>	<u>Number of Patients</u>
Norfolk	1,944
Middlesex	1,891
Plymouth	1,555
Worcester	1,064
Suffolk	937
Essex	918
Bristol	813
Barnstable	474
Hampden	338
Berkshire	137
Hampshire	136
Franklin	56
Dukes	26
Nantucket	13
New Hampshire	1,081
Rhode Island	673
Maine	620
New York	463
Connecticut	420

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<u>Geography</u>	<u>Number of Patients</u>
Florida	279
Vermont	228
Pennsylvania	63
Virginia	59
New Jersey	45
North Carolina	44
California	41
South Carolina	37
Maryland	33
Illinois	30
Georgia	29
Texas	24
Ohio	24
Colorado	24
Washington	21
Michigan	17
Wisconsin	12
Other <sup>1</sup>	115
Unknown <sup>2</sup>	432

<sup>1</sup> Other includes counties, states and territories with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These include Suffolk City, Tennessee, Oregon, Arizona, Nevada, Kentucky, Missouri, Iowa, Indiana, Delaware, Minnesota, Hawaii, Idaho, Utah, Oklahoma, New Mexico, Montana, Louisiana, Arkansas, Alaska, Alabama, West Virginia, North Dakota, Nebraska, Kansas, South Dakota, Puerto Rico, and Mississippi.

<sup>2</sup> Unknown includes NULL, Unknown, Unmapped & invalid county names in Massachusetts

Pediatric (Separately for Group 1 and Group 2)

a. Race/Ethnicity

**Pediatric Group 1 by Race & Ethnicity**

<u>Race &amp; Ethnicity</u>	<u>Number of Patients</u>
White or Caucasian Non-Hispanic or Latino	125
Other	118
Hispanic or Latino	14
Asian Non-Hispanic or Latino	<i>Masked*</i>
Black or African American	<i>Masked</i>
Multiracial, non-Hispanic	<i>Masked</i>

\*The number of patients is fewer than 11 and has been masked for HIPAA compliance purposes.

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**Pediatric Group 2 by Race & Ethnicity**

<u>Race &amp; Ethnicity</u>	<u>Number of Patients</u>
White or Caucasian Non-Hispanic or Latino	80
Other	45
Hispanic or Latino	<i>Masked</i>
Asian Non-Hispanic or Latino	<i>Masked</i>
Black or African American	<i>Masked</i>
Multiracial, non-Hispanic	<i>Masked</i>

b. Payer Mix (Using payer mix categories from Question 2)

**Pediatric Group 1 and Group 2 by Payor Mix**

<u>Payor</u>	<u>%</u>
<b>Group 1</b>	
Commercial Medicare	4.4%
Medicare FFS	0.0%
Managed Medicaid	27.0%
MassHealth	2.3%
Commercial	60.9%
Other	5.4%
<b>Grand Total</b>	<b>100.0%</b>
<b>Group 2</b>	
Commercial Medicare	0.0%
Medicare FFS	0.0%
Managed Medicaid	42.7%
MassHealth	2.7%
Commercial	54.5%
Other	0.1%
<b>Grand Total</b>	<b>100.0%</b>

c. By Massachusetts County or state of residence if outside of Massachusetts

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**Pediatric Group 1 by Geographic Location**

<u>Geography</u>	<u>Number of Patients</u>
Middlesex	38
Worcester	21
Norfolk	17
Essex	17
Plymouth	14
Suffolk	13
Other MA Counties <sup>1</sup>	28
New Hampshire	31
Connecticut	17
Maine	15
New York	12
Other <sup>2</sup>	53

<sup>1</sup> Other include counties with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These counties include Barnstable, Hampshire, Hampden, Berkshire, Franklin.

<sup>2</sup> Other includes states with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These states include Rhode Island, Florida, Vermont, New Jersey, South Carolina, Maryland, Kentucky, Washington, Texas, Pennsylvania, Ohio, Minnesota, Louisiana, Iowa, Delaware, California, and Unknown. We have combined "Unknown" because the total number of patients is under 11.

**Pediatric Group 2 by Geographic Location**

<u>Geography</u>	<u>Number of Patients</u>
Middlesex	25
Suffolk	15
Bristol	14
Other MA Counties <sup>1</sup>	43
New Hampshire	15
Other <sup>2</sup>	35

<sup>1</sup> Other MA counties include counties with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These counties include Essex, Worcester, Plymouth, Norfolk, Hampden, Hampshire, Dukes, Berkshire, Barnstable, and Unknown. We have combined Unknown because the total number of patients is under 11.

<sup>2</sup> Other includes states with 11 or fewer patients, and have been combined for HIPAA compliance purposes. These states include New York, Connecticut, Rhode Island, Maine, Virginia, Vermont, North Carolina, Illinois, Florida, and Unknown. We have combined Unknown because the total number of patients is under 11.

6. Describe the referral process for patients that will receive proton therapy at the proposed Center.

Any licensed oncologist in Massachusetts may refer a patient for evaluation. Materials submitted by referring oncologists will be reviewed by a Proton Utilization Review Tumor Board or equivalent body ("PUR-TB"), a multidisciplinary committee the Applicant anticipates will include adult and pediatric radiation oncologists, medical physicists, dosimetrists, and ethicists. The PUR-TB will implement industry best practices and use defined clinical criteria to assess the magnitude

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of potential proton benefit, with the aim of ensuring that each case is reviewed with rigor, consistency, and transparency. Such criteria may include: (1) magnitude of clinical benefit compared to photon therapy; (2) risk reduction for acute and late toxicity; (3) proximity of tumor to critical organs; (4) pediatric and adolescent/young adult status; (5) need for re-irradiation; and (6) urgency of disease course. The prioritization structure, applied uniformly and transparently, will be intended to ensure that patients with the greatest clinical benefit and need receive access to proton therapy. Patients approved by the PUR-TB will proceed through coordinated navigation, insurance review, and simulation scheduling.

7. The Application states that the Proposed Project will meet approximately 10% of the estimated Patient Panel need (pg.14).
- a. What estimated need is the Applicant referring to? Eligible patients in Group 1, in Group 2, or both?

This refers to the ratio, rounded to the nearest tenth, obtained by dividing (a) the estimated proton therapy capacity of 216 patients per year, as shown in Table 8 of the Application (pg. 16). by (b) 3,613, reflecting the sum of eligible Group 1 adult patients and Group 1 and Group 2 pediatric patients in FY2024, as shown in Table 6 of the Application (pg. 12).

- b. With the proposed proton therapy system's capacity to serve 10% of Patient Panel need, how will the Applicant determine which of its patients will have access to proton therapy?

The Applicant intends to use the methodology described in Question 6.

8. The application states that the Proposed Project will improve accessibility of the Applicant's services for poor, medically indigent, and/or Medicaid eligible individuals (pg.23).
- a. How will the Applicant improve and track equitable access across payers, SES, and location?

The Applicant anticipates tracking data on barriers to access to proton beam therapy, including barriers to access for MassHealth beneficiaries, and designing and implementing evidence-based interventions to alleviate such barriers, including through existing and new partnerships with community health centers, community-based organizations, and government entities.

- b. Describe any of the Applicant's existing initiatives that will directly support equitable access to the Center for its Patient Panel.

The Applicant's existing initiatives supporting equitable access include the Cancer Care Equity Program, community-based partnerships with primary and specialty care practices, patient navigation programs that assist vulnerable populations, and institutional diversity, equity, and inclusion initiatives focused on reducing structural

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barriers to care. For more details on these programs, see Application F1.b.iii and F1.c. These programs will directly support equitable access to the proton therapy center by reducing logistical, financial, and cultural barriers to cancer treatment.

9. Explain the staffing required to make the proposed Center operational within two years, including the number and types of staff required, as well as plans for recruiting and hiring diverse and representative staff that will serve both adult and pediatric patients.

When fully operational and ramped up, the new Center will add approximately 28 full-time employees, including the following:

<u>Types of Staff</u>	<u>Number of FTEs</u>
Nursing/APP	1.80
Medical Director	1.00
Therapists	8.20
Physicians	4.90
Treatment Planners	2.00
Billing/Pre-Auth/Intake	3.20
Practice Support Staff	2.00
Medical Assistants	1.50
Research Personnel	1.50
Child Life Specialist	1.00
IT	1.00

The Center will leverage resources from the existing Radiation Oncology Department. The Applicant will focus its recruitment efforts to recruiting talent from the communities that the Applicant serves.

10. The application states, currently, many pediatric patients cannot access proton beam therapy in the Commonwealth. Capacity in the Commonwealth is not sufficient. Some patients travel out of state to access proton therapy, while others forgo treatment to maintain continuity of care and access to necessary specialized services at BCH (pg.3).
  - a. Does the Applicant have any data on the number of its Massachusetts patients (Adult and Pediatric) traveling out of state for proton therapy treatment? If so, please provide these data to the Department.

The Applicant does not have data quantifying the Massachusetts patients that travel out of state for proton therapy treatment.

- b. Does the Applicant have data on the number of its Massachusetts patients (Adult and Pediatric) for whom proton beam therapy treatment is the most clinically appropriate treatment but who have forgone proton beam therapy treatment due to lack of convenient access? If so, please provide these data to the Department.

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The Applicant does not have data quantifying the patients that have forgone proton beam therapy due to lack of access.

11. What is the anticipated date of project implementation?

The Applicant anticipates that the Proposed Project will be operational by December 2027.

12. The Applicant announced its intentions to end its clinical affiliation with Brigham and Women’s Hospital (BWH) and to enter into a clinical affiliation with Beth Israel Deaconess Medical Center (BIDMC).

- a. Will the Proposed Project be impacted by the Applicant’s plans to end its clinical affiliation with BWH and proposed affiliation with BIDMC?
- b. Does the Applicant anticipate any change to the need projections for the Proposed Project as a result in the expected change in its clinical affiliation?

The Applicant does not anticipate that the Proposed Project will be impacted by the Applicant’s proposed collaboration with BIDMC or the end of its affiliation with BWH, nor does the Applicant anticipate that there will be a change to need projections as a result of the proposed collaboration with BIDMC.

13. Please provide the following, concerning the vertical CT scanner:

- a. The Applicant’s rationale for the acquisition of a vertical CT scanner, including why the proposed Center’s imaging needs cannot be met by the Applicant’s existing CT capacity.

The vertical CT scanner is needed for simulation of proton patients that matches their positioning during proton therapy. Existing CT capabilities can only accommodate patients imaged in horizontal (supine) positioning, which is not appropriate for the type of proton therapy that will be delivered at the Center. It will also be used for necessary studies comparing upright versus supine simulation, including upright versus supine comparative anatomy, lung and mediastinal motion assessment, new immobilization devices for upright treatment and education of staff in upright imaging. While the proton therapy system itself includes an integrated vertical CT, the integrated CT will be used to provide upright imaging during the treatment itself.

- b. The scan capacity, projected utilization, and anticipated number of scans/patient of the proposed unit?

<u>Hours/Day Available for Simulation</u>	<u>Number of Operational Days/Year</u>	<u>Annual Available Simulation Hrs</u>
8	243	1,944

<u>Patients per Year</u>	<u>Number of Scans per Patient</u>	<u>Number of Scans/Year</u>
216	1.3	281

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<u>Hours Required per Scan</u>	<u>Number of Scans per Year</u>	<u>Required Hours per Year</u>
1.25	281	351

14. The application provided the proposed volume (216) for the first year of project implementation (pg.14). Does the Applicant project any change in the number of patients served and operating capacity of the proposed proton beam system during the first five years of project implementation? If so, please explain.

The Applicant anticipates that approximately half that number of patients will be treated in the first year that the Center is operational, and that it should be able to fully ramp up in the second year. Annual capacity once fully ramped is projected at 216 patients, although it is possible that optimization of scheduling, case-mix adjustments, and ongoing improvement of workflow processes may allow modest incremental increases without exceeding safe staffing ratios or compromising quality.

15. The Applicant’s Proton Therapy Eligibility table (pg.12) includes estimates for FY20 through FY24, while the Applicant’s New Patient Consult Volume (pg.10) only includes FY22, FY23, and FY24. Please explain.

The inclusion of FY2020 and FY2021 data in Table 6 (Proton Therapy Eligibility) was not meaningful. For consistency with the other tables, those years could have been excluded from Table 6.

16. In its comment on the UMass Proton Beam DoN application (Public Comments #4), the Applicant stated, “There is a critical shortage of proton therapy capacity in New England. We believe the region requires 14 to 19 treatment rooms to serve all patients eligible for proton therapy, yet only four (4) licensed rooms exist, all at Massachusetts General Hospital (MGH).”
- a. Explain, with data, how the Applicant determined that 14 to 19 treatment rooms are required to serve all patients eligible for proton therapy in New England?

The Applicant determined that approximately 14 to 19 treatment rooms are required to serve all patients eligible for proton therapy by multiplying the population of New England (approximately 15,400,000 individuals) by the cancer incidence rate, which is 471.8, for a total of 72,657 cancer cases per year. Of those cases, established research indicates that approximately 50%, or 36,329 cases, are cases where radiation oncology is the most appropriate treatment and 14%, or 5,086 cases, are most appropriately treated by proton therapy.<sup>1</sup> The proton therapy equipment can operate from 12 to 16 hours per day, which allows for 262 to 349 patients to be seen per year, requiring a need for 19 to 14 therapy rooms.

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<sup>1</sup> See World Health Organization, New WHO–IAEA Publication Provides Guidance on Radiotherapy Equipment to Fight Cancer (Mar. 5, 2021), <https://www.who.int/news/item/05-03-2021-new-who-iaea-publication-provides-guidance-on-radiotherapy-equipment-to-fight-cancer>; see also, B. Glimelius et al., Number of Patients Potentially Eligible for Proton Therapy, 44 ACTA ONCOL. 836 (2005).

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**Factor 1b: Public Health Value**

17. To better understand the Applicant's efforts to promote health equity, explain with examples how the Applicant is seeking to ensure an excellent patient experience for diverse patients within its Patient Panel and how the Applicant tracks the success of its efforts.

The Applicant's patient-experience strategy is grounded in equity and cultural responsiveness. Interpreter and multilingual engagement services support patients whose primary language is not English. Navigation teams guide patients who face financial barriers, transportation challenges, or complex treatment courses. All staff complete training in cultural humility and implicit bias. See further details on the Applicant's interpreter services and patient navigation program described in F.1.c of the Application. For more information on the Applicant's interpreter services, see Responses to Questions #7 and #8 to the Applicant's FCH DoN application.

Further, all staff working in the Center will have the opportunity to participate in the Applicant's comprehensive Inclusion and Engagement educational framework. This includes but is not limited to (i) biennial nursing cultural competence education and ongoing workforce development grounded in evidence-based inclusive care; (ii) Disability Competent Care Training, launched in alignment with MA Hospital Quality and Equity Incentives Program requirements and made available to all workforce members beginning in 2024; (iii) Healthcare Equality Index ("HEI")-aligned LGBTQ+ inclusive care practices, including communication norms, patient intake considerations, and affirming clinical interactions. The Applicant also embeds inclusion in operational practices such as respect for name, pronoun, and family information documentation, and patient experience monitoring that includes metrics and feedback loops for continuous improvement. The Applicant evaluates patient experience through multiple lenses, including Press Ganey surveys stratified by race, ethnicity, language, and insurance type; patient-reported experience metrics; adherence and appointment-completion data; and direct feedback from the Applicant's Adult and Pediatric Patient and Family Advisory Councils. These measures allow the Applicant to identify disparities, implement targeted improvements, and continuously refine care delivery. The Applicant's receipt of the Excellent Health Outcomes for All Certification, a designation awarded for meeting rigorous Joint Commission criteria in advancing health equity, accessibility, and inclusive care, demonstrates the depth of the Applicant's institutional investment in workforce training, community engagement, and accessible care delivery.

18. Provide the languages offered under the Applicant's interpreter services program, and the number of interpreter service requests in the past year, as well as top languages requested.

The Applicant's interpreter services program covers over 200 languages and completed 95,490 interpretations and 727 total translations in FY25. The top languages requested include Spanish, Arabic, Mandarin, Haitian Creole, and Russian. The list of languages offered is included in Attachment 1.

19. Briefly describe the aspects of the Center's design that will support patients with disabilities, mobility impairments, and children, and the parts of the layout that will foster an inclusive environment for patients of all gender identities and sexual orientations (pg.23).

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The proposed location for the Center incorporates universal-design principles. Hallways, treatment and exam rooms, seating, and restrooms meet or exceed ADA standards. Treatment and exam rooms include adjustable-height furniture and layouts to accommodate mobility devices and caregivers. Additionally, pediatric spaces incorporate calming visual elements and child-appropriate design. Private, gender-neutral changing spaces and clear, universal graphic wayfinding signage ensure that all patients, regardless of physical ability, age, or gender identity, experience an environment that is respectful, inclusive, and easy to navigate.

20. The application included quality measures that the Applicant will track (pg.21).
- a. Will the Applicant track any proton beam therapy outcome measures? If so, which ones?

The Applicant will monitor clinical outcomes unique to proton therapy, including local control, disease-free and overall survival, acute and late toxicities, treatment-interruptions, and dose-volume metrics related to organs at risk. Pediatric patients will also be followed for neurocognitive and developmental outcomes. Patient-reported quality-of-life measures will be collected systematically and reviewed regularly to ensure alignment with national benchmarks and evolving evidence.

21. The application states, to address concerns about high upfront costs, the Proposed Project will implement a sliding-scale payment model for uninsured patients and partner with local hospitals to share infrastructure costs, reducing financial barriers (pg.18).
- a. Explain the Applicant's plan to share infrastructure costs with local hospitals, including potential partners.

The Applicant will be able to provide improved access and exceptional quality of care for pediatric patients by leveraging its long-standing affiliation with BCH. The proximity to BCH and existing affiliation allows access to world-class pediatric anesthesia, transport, emergency services, floor communication, and child life specialists, all in close collaboration.

**Factor 1c: Care Coordination**

22. How will care be coordinated for patients requiring other treatment, including chemotherapy and surgery? Please include processes and systems for sharing patient records and coordinating follow-up care.

The Applicant's service lines are fully integrated through a shared electronic health record that connects medical oncology, surgical oncology, radiation oncology, pediatrics, imaging, and supportive services. Multidisciplinary disease-center clinics and tumor boards allow clinicians to jointly plan treatment, align sequencing, and coordinate follow-up. Nurse navigators manage communication across teams, monitor treatment milestones, facilitate specialty referrals, and ensure that patients move seamlessly between chemotherapy, surgery, and radiation services without unnecessary delays.

**Factor 1e: Community Engagement**

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23. How many people were in attendance in the meetings with the Applicant's Adult PFAC and the Applicant's Pediatric PFAC?

There were 15 attendees at the Adult PFAC meeting and 19 attendees at the Pediatric PFAC meeting.

24. Which key community stakeholders (pg.28) did the Applicant meet with during the community engagement process?

To reduce the burden on the community, the Department of Public Health advised that the Applicant leverage the community engagement plan related to the future cancer hospital ("FCH") and the Applicant subsequently met with its External/DoN Advisory Committee who voted to adopt the Proposed Project's plan into the ongoing FCH plan. In addition to the robust community engagement activities related to the FCH, the Applicant met with its External/DoN Advisory Committee, which includes leaders from key organizations in the Applicant's priority neighborhoods: Allston Brighton Health Collaborative, Boston Public Health Commission, Charles River Community Health, Enhance Asian Community on Health, Madison Park Development Corporation, Roxbury Tenants of Harvard, and Sociedad Latina and the Applicant's Community Programs Board of Trustees Committee. The Applicant is also continuing community outreach by including information about the Proposed Project in the next edition of its Community Newsletter. The newsletter, which includes an email feedback mechanism, is distributed to residents in the Applicant's priority neighborhoods, local Main Streets organizations, and City of Boston Community Liaisons.

25. Describe any feedback received during the Applicant's community engagement efforts?

The Applicant received overall positive feedback during the community engagement process. Committee members expressed enthusiasm and support about the Proposed Project and the potential of proton beam therapy at the Applicant. Committee members have had questions that focused on the following recurring themes: (1) patient eligibility; (2) financial impact on patients, and (3) capacity.

**Factor 1f: Competition/Factor 2 Cost Containment**

26. What is the average cost (Adult and Pediatric) of treatment for the Applicant's patients receiving photon beam radiation therapy in the most recent year available.

- a. Does the Applicant have an estimate of how projected treatment costs of proton therapy will compare to current costs for photon beam radiation therapy?

No, the Applicant does not have this estimate.

27. The Table below lists outpatient relative prices for three payers for the Applicant, MGH the only operator of proton therapy in Massachusetts, and UMMC, currently seeking approval to provide proton therapy.

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2023 Outpatient Relative Price (RP) by Payer, Center for Health Information and Analysis (CHIA)

	BCBS	HPHC	THP
Dana-Farber Cancer Institute	1.81	1.84	1.19
Massachusetts General Hospital	1.45 <sup>2</sup>	1.11	1.20
UMass Memorial Medical Center	1.11	0.94	1.05

- a. Based on the Applicant’s higher relative prices for outpatient services, explain how the Proposed Project will compete to offer lower cost access to proton therapy for the Applicant’s Patient Panel.

Currently, there is no competition for proton beam therapy in the Massachusetts market. As set forth in the Application, there is also an overwhelming need for proton therapy for the Applicant’s Patient Panel. By entering the market, the Applicant will be providing competition in a market that currently has none, and will be providing desperately needed access to care.

The Applicant has highest proportion of metastatic site disease patients compared to other US cancer hospitals, including academic medical centers and National Cancer Institute designated comprehensive cancer centers, and provides cancer care to a patient panel that is more acute and costly to care for than the other providers in the comparison. When calculating relative pricing, only oncology care for the Applicant is considered, while the calculation for others includes other less costly care.

- b. Explain, with data, how will the Applicant be able to drive down costs while improving access to this specialized treatment (pg.17).

The Center will serve a disproportionately high number of pediatric patients relative to Massachusetts General Hospital and UMass Memorial Medical Center, a large percentage of which pediatric patients will be MassHealth beneficiaries. Established research shows that proton therapy treatment of eligible pediatric cancer patients provides long-term health benefits and ultimately saves costs, including through its lower incidence of adverse effects of treatment and through the reduced need for long-term supportive care.<sup>3</sup> Additionally, the Proposed Project has been selected in part due to its cost efficiency, as described in the Application. The vast majority of adult patients who will receive proton therapy through the Applicant will be Medicare beneficiaries. As such, the Proposed Project is anticipated to drive down costs while expanding access.

**Factor 2: Delivery System Transformation**

28. Describe the Applicant’s social determinants of health (SDoH) screening process and how it will include patients of the Center.
  - a. Include the number of SDoH screens completed in the last year, the domains screened for, the number of positive screens, and the top domains identified for SDoH needs.

<sup>2</sup> Massachusetts General Hospital – Urban

<sup>3</sup> R. P. Bharathi, A. Ms and A. Kamath, A Systematic Review of the Economic Burden of Proton Therapy in Head and Neck Cancer, 24 ASIAN PAC J. CANCER PREV. 3643 (2023).

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The Applicant screens adult patients for social determinants of health (“SDoH”) in both the ambulatory and inpatient settings. The Applicant has conducted these screenings in ambulatory setting since April 2023 and in the inpatient setting prior to discharge since January 2024.

In the ambulatory setting, patients are screened in the following domains:

- Food Security
- Utilities
- Housing Security
- Paying Bills
- Medication Cost
- Transportation Needs
- Employment
- Family and Childcare
- Education

The number of ambulatory patients screened from December 2024 to December 2025 is 28,767 and of those patients, 4,673 (16%) reported one or more SDoH need. The most frequently identified need in the ambulatory setting is food insecurity (1,562 or 5% of responses), with utility costs (1,325 or 5%) and housing security (1,133 or 4%) being the next most frequently reported. Patients who report needs in the ambulatory setting are referred to the Applicant’s Adult Resource Office, where staff provide tailored support to patients to connect them with internal and community-based resources.

In the inpatient setting, patients are screened in the following domains:

- Digital Access
- Utilities
- Food Security
- Transportation Needs
- Housing Security
- Medication Cost
- Education
- Employment

The number of inpatient patients screened from December 2024 to December 2025 is 1,247 and of those patients, 159 (13%) reported one or more SDoH need. The most frequently identified need in the inpatient setting is digital access (62 or 5% of responses), with utilities (43 or 3%) and food insecurity (38 or 3%) being the next most frequently reported. Patients who report needs prior to discharge are provided support by inpatient nursing teams, care coordination staff, and/or social work.

The Applicant plans to expand ambulatory screening in the coming months to include pediatric patients/families as well as established adult patients.

Patients being seen in the proposed Center would be screened for SDoH using existing or planned processes and provided resources using existing referral pathways. The Applicant would evaluate any gaps in screening for patients of the Center and plan to expand screening accordingly to ensure patients

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receiving therapy in the Center are receiving the same level of support as the Applicant’s other ambulatory settings.

**Factor 5: Relative Merit**

29. The application states that the Applicant considered and dismissed one alternative to the Proposed Project (pg. 34). Factor 5 requires an Applicant take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes. In order to comply with the requirements of Factor 5, please provide the following for the Proposed Project and the Alternative:

- a. Quality:
- b. Efficiency:
- c. Capital Expense:
- d. Operating Costs:

Additionally, include the projected time to completion and potential number of patients served of the alternative considered compared to the Proposed Project.

<b>Metric</b>	<b>Proposed Project</b>	<b>Alternative</b>
<b>Quality</b>	The Proposed Project and Alternate option offer patient access to the similar quality of cutting-edge treatment and care.	The Proposed Project and Alternate option offer patient access to the similar quality of cutting-edge treatment and care.
<b>Efficiency</b>	The Proposed Project and Alternate option were similarly efficient and offer similar patient treatment times and throughput.	The Proposed Project and Alternate option were similarly efficient and offer similar patient treatment times and throughput.
<b>Capital Expense</b>	Approximately \$50.5 million	Approximately \$300 million
<b>Operating Costs</b>	The Proposed Project and Alternate option offer proportionally similar operating costs.	The Proposed Project and Alternate option offer proportionally similar operating costs.
<b>Timeline to completion</b>	Estimated 20 months	Estimated 44 months
<b>Projected number of patients</b>	Approximately 216 per year. The more limited capacity of the Center will be disproportionately impacted by more complex, longer treatment cases.	Approximately 750 per year. The multi-gantry capacity of the Alternative option would allow the Applicant to load balance complex cases and improve throughput.

30. The application states, as the only freestanding, NCI-designated Comprehensive Cancer Center in New England the Applicant’s Patient Panel includes all residents of Massachusetts that may receive a cancer diagnosis (pg.26). Additionally, the application states, the Applicant has developed the Proposed Project to provide equitable access to proton beam therapy for communities throughout Massachusetts (pg.24).

- a. Explain why the Applicant chose to site the proposed proton beam therapy Center in Boston, to best serve its Patient Panel across Massachusetts, especially considering the state’s existing proton therapy centers are both located in Boston at MGH.

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The Applicant chose Boston as the location for the proposed Center because the location ensures immediate adjacency to the Applicant's main cancer hospital and BCH, enabling uninterrupted multidisciplinary pediatric and adult oncology care and access to BCH's specialized pediatric anesthesia services. Further, the Center's Boston location will allow for access to the Jimmy Fund Clinic, which will allow for continuity of care for pediatric patients receiving concurrent chemotherapy and proton therapy. Locating the Center within the existing academic and clinical hub minimizes care fragmentation, ensures rapid access to subspecialists, and supports medically complex patients who cannot safely travel to distant facilities. Additionally, the compact single-gantry upright system fits within a purpose-built, infrastructure-ready space such as the Longwood Medical Campus to augment proton therapy access.

- b. How will locating the Proposed Project in Boston support equitable access for patients located across the state?

Although physically located in Boston, the Applicant's referral footprint spans across every region of the Commonwealth through its established network of community practices and partner hospitals. Transparent eligibility criteria, transportation support, payer-neutral acceptance policies, and proactive community engagement ensure that proton access is not limited to those living closest to the Center. The location near major highways, public transit, and medical infrastructure enables efficient travel for patients from both urban and rural communities, reinforcing the goal of ensuring equitable access to proton therapy across the state.

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Attachment 1

Acholi	Hawaiian	Navajo
Afar	Hebrew	Nepali
Afrikaans	Hiligaynon (Ilonggo)	Ngambay
Akan	Hindi	Nigerian Pidgin
Akateko	Hindko	Norwegian
Albanian	Hmong	Nuer
American Sign Language	Hokkien	Nupe
Amharic	Hunanese	Nyanja
Anuak	Hungarian	Nyoro
Apache	Ibanag	Ojibway
Arabic	Icelandic	Oromo (Oromifa)
Armenian	Igbo	Pampangan
Assyrian	Ilocano	Papiamento
Azerbaijani	Ilonggo (Hiligaynon)	Pashto
Bahasa	Indonesian	Persian
Bahdini	Inuktitut	Pidgin (Cameroonian)
Bajuni	Italian	Pidgin (Nigerian)
Bambara	Jakartanese	Plautdietsch
Bantu	Jamaican Patois	Pohnpeian (Ponapean)
Barese	Japanese	Polish
Basque	Jarai	Portuguese (Brazilian)
Bassa	Javanese	Portuguese (Cape Verdean)
Belorussian	Jingpho	Portuguese (Creole)
Bemba	Jinyu	Portuguese (European)
Benaadir	Juba Arabic	Pugliese
Bengali	Jula	Pulaar
Berber	Kaba	Punjabi
Bhutanese	Kamba	Putian
Bosnian	Kam Muang	Quechua
Bravanese	Kanjobal (Q'anjob'al)	Quichua
British Sign Language	Kannada	Rade
Bulgarian	Karen	Rakhine
Burmese	Karen (Pwo)	Rohingya
Cantonese	Karenni (Kayah)	Romanian
Cape Verdean Creole	Kashmiri	Russian
Catalan	Kazakh	Samoan
Cebuano	Kham	Sango (Sangho)
Chaldean	Khana	Seraiki
Chamorro	Khmer	Serbian
Chaochow (Teochew/Chaozhou)	K'iche' (Quiché)	Shanghainese
Chin Falam	Kikongo	Shona

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Chin Hakha	Kikuyu	Sichuan Yi
Chin Mara	Kimiiru	Sicilian
Chin Matu	Kinyamulenge	Sinhala
Chin Senthang	Kinyardwanda (Rwanda)	Slovak
Chin Tedim	Kirundi (Rundi)	Slovene
Chinese (Simplified)	Kituba	Soga
Chinese (Traditional)	Kizigua (Kizigula)	Somali
Chinese (Traditional-HK)	Koho	Somali Bantu
Chipewyan	Korean	Soninke
Chuukese/Trukese	Kosraean	Soninke (Sarahuli)
Cree	Krahn	Soninke (Sarakhole)
Croatian	Krio	Soranî (Kurdish)
Czech	Kunama	Spanish
Danish	Kurmanji	Sudanese Arabic
Dari	Kurdish	Sunda
Dewoin	Kurdish (Bahdini)	Susu/Sousou
Dinka	Kurdish (Kurmanji)	Swahili
Dioula (Jula)	Kurdish (Sorani)	Swedish
Duala	Kyrgyz	Sylheti/Sylhetti
Dutch	Laotian (Lao)	Tagalog (Filipino)
Dzongkha	Latvian	Taiwanese
Edo	Lautu	Tajik
Ekegusii	Lebanese (Dialect)	Tamil
English	Liberian Pidgin English	Telugu
Estonian	Lingala	Temne
Ethiopian	Lithuanian	Thai
Ewe	Lorma	Tibetan
Farsi	Luba-Kasai	Tigré
Fijian	Luganda	Tigrigna/Tigrinya
Fijian Hindi	Luo	Toishanese/Toisanese
Finnish	Maay/Maay-Maay	Tongan
Flemish	Macedonian	Tooro
French (Canadian)	Malay	Tosk
French (Euro)	Malayalam	Trique
French Creole	Maltese	Turkish
Fukienese	Mam	Turkmen
Fulani	Mandarin	Twi
Fulde	Mandinka	Tzotzil
Fuzhou	Maninka	Ukrainian
Ga	Manobo	Urdu
Gaddang	Marathi	Uyghur
Gaelic-Irish	Marka	Uzbek
Gaelic-Scottish	Marshallese	Vietnamese

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Garre	Masalit	Visayan
Gen	Matu	Welsh
Georgian	Mbay	Wodaabe
German	Mende	Wolof
German Penn. Dutch	Mien	Wuzhou
Gheg	Mina	Xhosa
Gokana	Mirpuri	Yemeni Arabic
Greek	Mixteco (Alto/Bajo)	Yiddish
Gujarati	Mizo	Yoruba
Gulay	Mnong	Yunnanese
Gurani	Moldovan	Yup'ik
Haitian Creole	Mongolian	Zapoteco
Hakka (China)	Montenegrin	Zarma
Hakka (Taiwan)	Moroccan Arabic	Zo
Hainanese	Mortlockese	Zulu
Harar	More	Zyphe
Hassaniyya	Mushunguli	
Hausa	Napoletano	