

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

**DoN QUESTIONS #2**

*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. To better understand Patient Panel need for proton beam therapy, based on the Applicant's need methodology for determining proton beam eligibility (pg.11-12), please complete the tables below in Excel, using the most recent year provided in the application narrative (FY24).

Group #1 - Adult		
ICD-10 Diagnosis Code	Diagnosis	Count

Group #1 - Pediatric		
ICD-10 Diagnosis Code	Diagnosis	Count

Group #2 - Adult		
ICD-10 Diagnosis Code	Diagnosis	Count

Group #2 - Pediatric		
ICD-10 Diagnosis Code	Diagnosis	Count

Please see the requested tables in the attached Exhibit A.