# Comments from the Medical Community in Support of Exemption

From: doc Parkinson [mailtD:docparkinson@gmail.com]
Sent: Monday, October 10, 2016 11:36 AM

Here is the letter explaining my training in the field of radiation therapy for skin cancer.

TO WHOM IT MAY CONCERN

My name is Richard Parkinson, and I'm a board certified dermatologist and pathologist. I've been in practice in Provo, Utah since 1978, and I've never had a complaint of malpractice suit filed agains me. I graduated from Tulane Medical School 1974 and completed an internship and residencies in dermatology and pathology at Charity Hospital of New Orleans, Louisiana, as well as a one year fellowship in plastic surgery at UCLA. I have special expertise in the treatment of skin cancers of all types. I have held many positions in the medical world, and for ten years was an editor for PostGraduate Medicine, a major medical journal.

During my dermatology training I spent an entire year working under Dr Henry Jolley, a pioneer and renown expert in the use of radiation for treatment of skin cancer. Dr Jolley was Chairman of the Department of Dermatology at LSU Medical School, and was the director of the schools radiation oncology section. During the year I spent with Dr Jolley I learned about all aspects of radiation oncology including the physics of radiation, the design and upkeep of all the equipment we used, the proper use of radiation for treatment of the various types of skin cancer, and most importantly how to care for our patients. While in training I was involved in the treatment of over a thousand patients using radiation. The comprehensive exams that took in order to become certified by the American Board of Dermatology dealt extensively with radiation technology.

It is fair to say that radiation was a widely used method for treating skin cancers in the 70s and 80s, but that for a variety of reasons it fell out of favor by most dermatologists and was replace by surgery. Nonetheless, I've kept up to date on the recent advances in the field, and when the technology became affordable, safer, and very easy to use, I jumped at the chance to once again offer this wonderful modality to my patients. Fortunately, superficial radiation therapy (SRT) of skin cancer is making a comeback around the world, and for good reason. SRT is safe, effective, painless, has fewer side effects than any other treatment, and is very cost effective. The new equipment that I use in my office is to the equipment I once used as the smart phone is to telegraph.

May I end by reminding everyone that dermatologists were the first doctors to use radiation to treat disease, and I'm very proud that things have come full circle and we're getting back in the game, so to speak.

**Should the board decide to reject Sensus' request for variance I respectfully request that the board consider granting me an individual exception based on my extensive training, sizeable investment of $250,000 and the past year's history of patient satisfaction with treatment as verified by patient response to the public comment page and significant cost savings (around $1,500 for in office SRT compared to 2-4 times more for Moh's surgery and up to $20,000 at hospital based treatment centers).**

To Whom It May Concern,

I've been asked to contact you regarding the utilization of superficial radiation therapy (SRT) for the treatment of skin cancers by dermatologists in the state of Utah. By way of background, I am a Clinical Professor of Dermatology and Pathology at the University of Texas Southwestern Medical Center and Director of the Division of Dermatopathology. I am also the President and Owner of Cockerell Dermatopathology and the past Medical Director of Cockerell and Associates Dermatopathology as well as a diplomat of the American Academy of Dermatology and American Board of Dermatopathology. I also had the honor of being a past president of the American Academy of Dermatology. For many years, I oversaw an educational program designed to train the next generation of dermatopathologists. I also served as Associate Editor of the Journal of the American Academy of Dermatology and I am on the editorial boards of a number of medical journals including the American Journal of Dermatopathology. I am also a founding member of the American Society of Cutaneous Oncology.

As you can discern from the synopsis of my biography, I am very passionate about clinical dermatology, dermatopathology, and the well-being and outcomes of our patients. I have diagnosed many thousands of skin cancers and I believe strongly that superficial radiation therapy is an extremely beneficial device for dermatology patients for a number of reasons. As was practiced for many decades in the past, dermatologists always utilized superficial radiotherapy as a safe and effective modality to treat their patients' skin cancers.

In most dermatology practices, we see a great number of patients who are elderly and have a variety of complicating and debilitating medical conditions. This is coupled with the fact that a significant proportion of the patients are also taking one or more blood thinners. While dermatologists are extremely proficient at a variety of surgical techniques to treat skin cancers, not all of our patients are ideal candidates for our surgical intervention. In the past, we have referred patients to hospital centers for radiation therapy, but there have been problems and limitations with this approach. Most if not all radiation therapy treatment centers whether in the hospital or at outpatient facilities use equipment that is not specifically designed to treat skin cancers but is primarily used to treat other types of cancers. The use of these high-powered devices for the treatment of most skin cancers is not only extremely expensive (both for the patient and for the health care system), but it can cause nonspecific damage to surrounding tissue and organs. Furthermore, patients often have significant issues with outpatient facilities and hospital facilities because of having to wait to receive each treatment. Because of these and other issues, the number of patients who were either willing to have radiation therapy or had optimal outcomes declined significantly over the years.

The advent of equipment such as the Sensus SRT-100, which is specifically designed to treat skin cancers in the dermatologists' office, has dramatically benefited our patients in a number of ways. First off, we are able to treat patients using a type of radiation therapy that is specifically designed to treat skin cancers while leaving most normal tissue unaffected. This dramatically reduces both short-term and long-term side effects associated with treatment and is a much less expensive modality both for the patient and the health care system. Additionally, because the treatments are performed in a simple outpatient manner in the dermatologists' office, they can be performed in a very user-friendly, patient friendly, and time efficient way to optimize the experience for our patients.

In short, receiving surface radiation therapy in the dermatologist office provides a very beneficial treatment modality to skin cancer patients that is clinically effective, has very low relative side effect profiles, is extremely cost-effective both for the patient and the health care system/state, and as a whole call is certainly beneficial for the needs of the patients. For these reasons I would passionately recommend that for the citizens of the state of Utah the use of the SRT-100 by dermatologists is an important addition for their healthcare needs, quality of life, and overall clinical outcomes.

Please call me if you have any further questions.

Sincerely,

Clay J. Cockerell, MD

Clay J. Cockerell, MD | President

2110 Research Row, Suite 100

Dallas, Texas 75235

214.530.5200 |
ccockerell@dermpath.com
***We treat every specimen as if it came from one of our own family members.***

# Cutting Edge Techology Without the Cutting



We are in the middle of an epidemic of skin cancers. During the past two decades dermatologists have reported dramatic increases in skin cancer rates among their patients in all 50 states. Why Utah is at the top of the list isn't well understood, but it's undeniable. We have more skin cancers than nearly all other states, including states that are more populated than we are. Fortunately, most of the skin cancers we are seeing are the "good kind," which means that they are usually treatable and rarely fatal. Melanoma, the "bad kind," is also on the rise, but in terms of numbers, the "good kind" outnumber melanomas and other very rare skin cancers by better than a thousand to one.

Regarding the "good kind," mostly basal cell and squamous cell cancers, there is good news. For the past 40 years most skin cancers have been treated by surgery in the doctor's office. Since the majority of skin cancers are small, the surgeries, which are done under local anesthesia, often don't even require sutures. Larger skin cancers and skin cancers in difficult spots, like the eyelid or nose, sometimes required more complicated procedures with potential complications such as bleeding, infection, scarring, and pain. That was then. SRT is now.

SRT (superficial radiation therapy – see photo on previous page) is an exciting new technology that can now treat many skin cancers. It is interesting to note that dermatologists were the first doctors in the world to use radiation to treat cancer. However, while radiation fell out of favor among skin specialists for a variety of reasons, it gained in popularity with doctors who treat cancers inside the body such as breast and prostate cancers. With the advent of new technology, radiation for skin cancers is now back and much better than ever.

The most important things you should know about SRT are 1) It is very effective, on par with Mohs surgery; 2) It is comparable in cost to traditional surgery; 3) It is painless, requires no shots, and leaves no (or very faint) scars; 4) It has almost none of the side effects of surgery, such as infection or bleeding; 5) The treatments are done in a dermatology office and take just a few minutes; and 6) The radiation does not get into your body the way other types of radiation do.

Can treating skin cancers, and even larger cancers in hard to get places, be this easy and this effective? The answer is an enthusiastic "YES!" SRT is the most exciting thing to come along in my medical lifetime. While it is not effective for melanoma, and while there is still an important role for surgery, we have entered a new era in cancer care, one that promises to address the epidemic of skin cancers that has targeted our state, and do so in a cost saving, painless, and very effective way.

**About the Author**

*Dr. Parkinson is board-certified in both dermatology and pathology. He earned his medical degree at Tulane University and received his specialty training there, as well as UCLA. He began his dermatology practice in Utah in 1978. His special interests are skin cancer and rare skin diseases.*

This is an article written by Dr. Parkinson for the March/April 2016 "Utah Valley Health and Wellness" magazine

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June 17, 2016

Re: Superficial Radiation Therapy (SRT)

To Whom It May Concern:

This letter is requesting approval of the use of superficial radiation therapy (SRT) in selected patients with skin cancer in Dermatology Clinics that have the appropriate device and are trained appropriately. SRT has been used for nonmelanoma skin cancer for well over 100 years. The technology used with SRT has advanced in recent years and is highly safe, effective, and is relatively inexpensive. It is a procedure that is well accepted by the patients and physicians alike. Although this treatment would not be the appropriate choice for the majority of skin cancers, there are select si tuations in which it is not only the best treatment, but is a reasonably priced and appropriate for patients who are elderly or infirm and cannot tolerate surgery. Also, it could be used for those in which tumors may be a risk for excessive bleeding, and for those who cannot safely be taken off blood thinners. Likewise, it is appropriate for those who are prone to infection, or simply in patients whom surgical treatments have been exhausted and other alternatives are necessary. It is an outstanding treatment. SRT is not brachytherapy, which is very expensive and in our view not appropriate for dermatology. As I mentioned, there are only a handful of clinics that have this available and are appropriately trained. I believe that these clinics should be able to use this procedure and that this should be a covered procedure by insurance.

On a very personal note, my grandmother received SRT at age 96. Tumor was eroding to her skull and she was not able to undergo surgery at that time. She was, however, able to undergo radiation therapy. Obviously, this is very personal issue to me. I feel strongly that we need to maintain those therapies, which are needed to take the best care of our patients. Therefore, in summary, I strongly request the coverage of SRT ay the few select clinics that are set up for it and that are trained for it in the handful of patients that would best be suited for this therapy. We appreciate your consideration of this. Please call me if you have any questions.

Sincerely,

Douglas L. Powell, M.D.
Clinical Professor of Dermatology, University of Utah
President of the Utah Dermatology Society.

**The University of Utah**
Department of Dermatology
Midvalley Health Center
243 East 6100 South
Murray, UTah 84107
Telephone 801-581-2955

May 26, 2016

To whom it may concern,
This is a letter in support of the utilization of superficial radiation therapy for non-melanoma skin cancers. Superficial radiation therapy has been used to treat both squamous cell carcinomas and basal cell carcinomas of the skin for decades with local control rates greater than 90%. It is also a cost-effective option. If you have questions or need additional information, please feel free to contact me at (801) 357-7575.
Sincerely,

Jay Clark, MD
Radiation Oncology
Utah Valley Regional Medical Center

***Darrell S. Rigel, MD MS***
***New York University Medical Center***
***35 E 35th Street Suite 208***
***New York, NY 10016***
***(212) 684 4542 rigeld01@nyumc.org***

Scott Anderson, Director
Utah Division of Waste Management & Radiation Control
P.O. Box 144880
Salt Lake City, UT 84114
T: (801) 536-0200

Re: Sensus Healthcare Exemption Request – Utah

Dear Mr. Anderson,

I am reaching out to you regarding the utilization of superficial radiation therapy for the treatment of skin cancers by dermatologists in the State of Utah. I am a Clinical Professor fo Dermatology at New York University and a board-certified dermatologist by the American Board of Dermatology. I am a Fellow and an Honorary Member in the American Academy of Dermatology where I served as President in 1999. I have also served as President of the American Society for Dermatologic Surgery and American Dermatological Association.

I received my MD degree from George Washington University. I attended Cornell University Medical Center for my Internship in Internal Medicine and completed my training at NYU where I was a Resident, Chief Resident, NIH Training Fellow and Dermatology Surgery Fellow. I have authored numerous articles and abstracts in professional journals as well as being lead editor of Cancer of the Skin, the major textbook in this field. I have testified before Congress regarding skin cancer and have made over 600 presentations at medical and governmental policy conferences worldwide and have chaired numerous national and international conferences and symposiums. I have also been a visiting Professor at the Huntsman Cancer Center in Salt Lake City.

In regards to Superficial Radiation Therapy (SRT), dermatologists were at the forefront of developing and utilizing this modality long before there was ever a subspecialty of radiation oncology. This body of knowledge has been carried down over the last 50 years in multiple textbooks and articles. The efficacy rate of superficial x-ray therapy has never been in dispute and is felt to be as good as or superior to electron beam therapy for the majority of skin cancers. Its usage is far less complex than electron beam therapy, that must be delivered by linear accelerators and used by radiation oncologists. Electron beam therapy is more powerful radiation and was originally designed and heralded as skin sparing (i.e. able to pass through the skin to treat deeper organs). In order to utilize electron beam on the skin, one needs to employ very complex physics, complex shielding and boluses (i.e. tissue like layers over the skin of varying thickness) to deposit an optimal dose at the skin surface.

SRT has been proven very safe and effective, especially for elderly patients who are not good candidates for surgery (i.e. diabetes, thin/frail skin, and other co-morbidities). SRT allows dermatologists to treat skin cancers on the face, scalp, neck, ears, and lower limbs with no deformity or scar. With surgical excision, poor healing and infections are not unusual. SRT will improve the quality of care that any dermatologist provides and will help elderly patients tremendously. SRT allows patients to continue their normal activities such as exercise and bathing and patients do not need to worry about anticoagulant therapy. SRT improves the experience of having a skin cancer treated and patients will seek out this therapy.

SRT has also been proven cost-effective, especially when one is dealing with elderly and frail individuals, where travel and cost are a factor. The typical course of SRT is under $2,000 whereas a typical course of electron beam therapy is estimated to range from $6,000 - $10,000. SRT is typically delivered in a physician's office in 8-12 fractions as compared to electron beam therapy which must be delivered in a specialized vault and typically utilizes 15-30 fractions.

In addition to SRT, dermatologists use multiple modalities on a daily basis where the physics of radiation come into effect (i.e. ultraviolet therapy, ultraviolet A, ultraviolet B, PUVA therapy, and various laser platforms). The latter modalities have very complex physics which dermatologists have pioneered and mastered. Dermatologists are more than capable of using SRT in a safe and effective manner when properly trained on the SRT device they are using.

The State of Utah should allow dermatologists to utilize SRT technology in their offices. The United States has a rapidly aging population who are dealing with medical comorbidities and coagulation and SRT is a logical and cost-effective alternative for treating skin cancer in appropriate patients.

Please do not hesitate to contact me if you have any questions regarding this. Thank you.

Sincerely,

Darrell S. Rigel, MD MS
Clinical Professor of Dermatology
New York University Medical Center

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Darrell S. Rigel, MD
New York, NY

William Roth, MD
Boynton beach, FL

Scott Anderson, Director
Utah Division of Waste Management & Radiation Control
195 North 1950 West
P.O. Box 144880
Salt Lake City, Utah 84114-4880
T: (801) 536-0200
F: (801) 536-0222

Re: Sensus Healthcare Exemption Request - Utah

Dear Mr. Anderson,

I've been asked to contact you regarding the utilization of superficial radiation therapy for the treatment of skin cancers by dermatologists in the state of Utah. By way of background, I am a board-certified dermatologist who has been practicing in South Florida for over 20 years. I am a President of the American Cutaneous Oncology Society (ACOS) as well as the past president of the Florida Society of Dermatology and Dermatologic Surgery.

My clinical practice involves treating patients with a variety of dermatologic conditions, and my practice includes a large number of patients with skin cancers. I also conduct a significant number of clinical studies including a recently published study on the incidence of non-melanoma skin cancers. I utilize multiple modalities to treat skin cancers in order to assure that my patients receive the best care and have been using superficial radiation therapy (Sensus SRT-100™) in my practice for some time. I received my initial training in the use of superficial radiation therapy in my residency and had additional further training prior to my beginning to use this device on our patients. I have treated hundreds of skin cancers with the SRT-100™ and I believe strongly that superficial radiation therapy is an extremely beneficial device for dermatology patients for a number of important reasons.

As with most dermatology practices, we see a large number of patients who are elderly and have a variety of complicating and debilitating medical conditions. This is coupled with the fact that a significant portion of the patients are also taking one or more blood thinners. While dermatologists are extremely proficient at a variety of surgical techniques to treat skin cancers, not all of our patients are ideal candidates for our surgical intervention. In the past, we have referred patients to

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Boynton beach, FL

hospital centers for radiation therapy, but there have been problems and limitations with this approach. Most, if not all radiation therapy treatment centers whether in the hospital or at outpatient facilities use equipment not specifically designed to treat skin cancers but instead primarily used to treat other types of cancers. The use of these high-powered devices for the treatment of most skin cancers is not only extremely expensive (both for the patient and for the health care system), but it can cause nonspecific damage to surrounding tissue. Additionally, patients often have significant problems with outpatient facilities and hospital facilities because of having to wait a significant amount of time to receive each treatment. Because of these and other issues, the number of patients willing to have radiation therapy and who had optimal outcomes declined significantly over the past number of years.

The advent of equipment such as the Sensus SRT-100™, which is specifically designed to treat skin cancers in the dermatologist office, has dramatically benefited our patients in a number of ways. We are now able to treat patients using a type of radiation therapy that is specifically designed to treat skin cancers while leaving most normal tissue unaffected. This dramatically reduces both short-term and long-term side effects associated with treatment and is a much less expensive modality both for the patient and the health care system. Additionally, because the treatments are performed in a simple outpatient manner in the dermatologist's office, they can be performed in a very user-friendly, patient friendly, and time efficient way to optimize the experience and life quality for patients.

In short, receiving surface radiation therapy in the dermatologist's office provides a very beneficial modality to skin cancer patients that is clinically effective, safe, has a very low relative side effect profiles, is extremely cost-effective both for the patient and health care as a whole, and is certainly beneficial for the needs of the patients. For these reasons, I recommend the use of the SRT-100™ by dermatologists for of the citizens of the state of Utah. I believe that it is an important addition for their healthcare needs.

Please call me if you have any questions.

Sincerely,

Mark S. Nestor, M.D., Ph.D.

201 Claremont Avenue • Montclair, New Jersey 07042 • (888)744-3376
www.americancutaneousoncologysociety.org