To whom it may concern,

Mr./Mrs.[patient’s name] is followed at [insert hospital name if applicable]. She/He has a rare histiocytic neoplasm, called Erdheim Chester Disease (ECD). His/Her primary site of involvement is [include location of involvement in patient.] She/He has been treated for several years with [include previous treatments]. Unfortunately, despite this therapy, the disease has progressed. Analysis of the tissue biopsy revealed that [patient’s name] has the BRaF V600 mutation. This mutation allows for lack of cell regulation and uncontrolled tissue growth. Dabrafenib, has been shown to be effective in patients with ECD who have the BRaF mutation with fewer side effects than Vemurafenib. For patients who are unable to tolerate treatment with Vemurafenib, Dabrafenib has resulted in resolution of the disease with fewer side effects.

Therefore, I have written a prescription for [patient’s name] to receive this medication to be taken twice daily.

If you have any questions, please feel free to contact me.

Sincerely,

[Your name]

More information can be found on the [ECD Global Alliance website.](http://visualscope.org/development/ecd/wp-content/uploads/2017/11/FDA-APPROVES-ZELBORAF_PR_Website-11.5.2017.pdf)