



BOOSTER CLUB

CEO'S CORNER

"Receive your treatments close-to-home" is the future for radiation oncology service providers. This trend is particularly resonating in rural areas of the country - where patients in need of daily radiation treatment have to travel to receive the needed service. Daily travel to metropolitan centers is taxing on patients and their families - to the extent that it often interferes with patient's decision to pick the best option available to them. Many women that perfectly qualify for breast conservation therapy are forced to choose the disfiguring mastectomy option due to the lack of local access to daily radiation schedule.

Access to the latest treatment modalities "close to home" is a significant driver for a surge of interest in AccuBoost, especially in off-the-beaten-track locations. The current issue highlights this trend by focusing on the two latest additions to the family of AccuBoost users.

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ACCUBOOST WELCOMES NEW SITES- OFFERING THE BEST IN RADIOTHERAPY "CLOSE-TO-HOME"



From Left: Therapist; Whitney Wessing RT(R)(T), Therapist; Anna Riley, Radiation Oncologist; Dr. William Decker, Therapist; Kara Sheeley, RT(R)(T), Physicist; Russell Gerber, Physicist; Peter Situ



Bothwell Regional Health Center in Sedalia, MO, has recently launched the AccuBoost offering. The effort at this site is spearheaded by William Decker, MD. During the launch of AccuBoost, Dr. Decker stated, "We are glad to be offering the latest treatment modality like AccuBoost that until recently was only available in

larger cities".



From Left: Therapists: Lisa Marcus RT(R)(T); Katie Thompson RT(T); (in front) Emily Etterman RT(R)(T); Lois Fladeboe, RT(R); Radiation Oncologist Tod Speer, MD; Physicist, Joe Schmidt



Carris Health in Willmar, MN, is the latest site to offer the AccuBoost treatment to patients in West Central - Southwest Minnesota. The effort at this site is led by Dr. Tod Speer.

During the startup, Dr. Speer mentioned, "Although interpreting mammograms is a departure from the art of contouring the lumpectomy cavity by CT, I did not find the transition to be difficult. It is much simpler than expected. Preop mammograms taken

Treat the Target

“Although interpreting mammograms is a departure from the art of contouring the lumpectomy cavity by CT, I did not find the transition to be difficult. It was much simpler than expected. Preop mammograms taken on the same orientation are often helpful to verify the target.”



Tod Speer, MD
Radiation Oncologist
Carris Health
Willmar, MN

Visit us in Milan,
Italy at **ESTRO 38**

April 26-30



APBI equals AccuBoost

“If breast cancer patients could talk to their peers that are about to embark on a course of radiation therapy, they would readily be sold on AccuBoost. It is such a well tolerated procedure. AccuBoost is the only option that we offer for APBI.”



Leann Smith, MD
Radiation Oncologist
Cancer Centers of SW OK
Lawton, OK

NEW SITES (CONT.)

in the same orientation are often helpful to verify the target.”

Both Bothwell Regional Health and Carris Health acquired the needed High Dose Rate (HDR) afterloader to enable them to offer AccuBoost. Tom Bailey, Chief Operating Officer of Bothwell observed: *“HDR acquisition and the financial commitment to the annual source contract has been a challenge for us and many other rural hospitals. However, the addition of breast cancer to the list of indications for brachytherapy allowed us to reach a decision to move forward.”* He added *“A significant number of women who walk into our clinic are breast cancer patients. The addition of an HDR unit not only allows us to treat breast cancer patients but also allows HDR brachytherapy to be available to patients with other indications.”*

ACCUBOOST: A PREFERRED APBI OPTION

With Leann Smith, MD at CCSWOK



Cancer Centers of Southwest Oklahoma (CCSWOK) initiated the AccuBoost offering in 2014. Dr. Leann Smith has joined the practice in early 2016 and has become one of the strongest advocates for the AccuBoost offering – especially when it comes to APBI. The following are highlights from a Q & A session with her:

Q: What APBI procedures do you offer to your patients?

A: If I find an APBI eligible patient in our department, we will only offer the AccuBoost option.

Q: What about your patients at satellite facilities - are they offered AccuBoost?

A: When I run into the right candidate for APBI at one of our satellite facilities, I always offer AccuBoost with the caveat that she will have to travel to Lawton [where AccuBoost equipment is installed] to receive the treatment. Most of the time, patients, even those who are over an hour away, choose to travel to be treated with AccuBoost.

Q: Are you happy with the results of AccuBoost for APBI?

A: During routine examination of patients, typically on the last day, my experience has been that I see no difference in the appearance of the breast and the demeanor of the patient compared to day-1. Skin is not irritated, breast is not painful, and the patient is in good spirits. I am convinced about the long-term outcomes and am pleased that the side-effects of radiation are much reduced.

Q: Finally, is there anything else that you would want our users to know?

Continued on next page...

ACCUBOOST FOR APBI (CONT.)

A: If breast cancer patients could talk to their peers that are about to embark on a course of radiation therapy, they would readily be sold on AccuBoost, as they will be much less stressed about this treatment modality. It is such a well-tolerated procedure. I cannot emphasize strongly enough how different this is for the patient's overall experience in a positive way. As for me, I am totally satisfied with the procedure and happy that we have access to a product like AccuBoost to offer to our patients.

IF YOU LIKE THE CONVENIENCE OF A 5-DAY TREATMENT, YOU WILL LOVE THE SIMPLICITY OF NON-INVASIVE APBI.



**Multi-institutional Registry Study of
Accelerated Partial Breast Irradiation (APBI)
Using Non-invasive Image-guided Breast Brachytherapy (NIBB)**

Jaroslav T. Hepel^{1,2}, Matt Listo^{1,2}, Kara L. Leonard^{1,2}, James Scharfen¹, Rashmi Benda³, Catheryn Yashar⁴, John P. Einck⁴, Sandra Sha⁵, Dean Mastras⁶, Andrea McKee⁷, Lyubov Girshovich⁷, Paul Kocheril⁸, Thomas DiPetrillo^{1,2}, and David E. Wazer^{1,2}





Jaroslav Hepel, MD

The patient data registry for APBI by NIBB (Non-Invasive Breast Brachytherapy, the generic description of AccuBoost) was presented at the recent ASTRO meeting. The APBI registry results were updated by Jaroslav Hepel, MD, the lead author of the study. The research shows feasibility, safety and efficacy of the procedure across various practice settings. The highlights

of the presentation are summarized here:

Material and Methods: Patient data was entered on-line via a privacy encrypted portal. The data included demographics, tumor characteristics and treatment parameters, as well as outcomes including acute or late toxicity, cosmetic outcome and tumor recurrence. Actuarial tumor control was calculated using the Kaplan-Meier Method. Toxicity and cosmetic outcome were graded based on the Common Terminology Criteria and Harvard Scale, respectively.

Results: A total of 220 patients from 7 institutions were included in the study. Tumor and treatment parameters for the patients are reproduced in the Table on the right

Acute dermatitis of grade 0-1 was observed in 137 (77%), grade 2 in 35 (20%) and grade 3 in 4 (3%) patients. 163 patients with a median follow-up of 21 months (range: 5-72 months) were evaluable for late outcomes. There were 4

Age	
Mean	69 yrs
Range	49 - 96 yrs
Histology	
IDC	70%
DCIS	23%
ILC	4%
Mucinous/Other	4%
Tumor size	
Mean	1.1 cm
Range	0.1 - 3.5 cm
Lymph Node Status	
Negative	97%
Receptor status	
ER positive	92%
Her-2-Neu positive	3%
Resection margins	
<0.1 mm	<1%
0.1-1.9 mm	26%
≥ 2 mm	73%
Breast compression	
Mean	6.3 cm
Range	3.0 - 8.9 cm
Dose	
34Gy in 10fx	52%
36Gy in 10fx	23%
28.5Gy in 5fx	23%
Fractionation schedule	
Daily	91%
BID	9%

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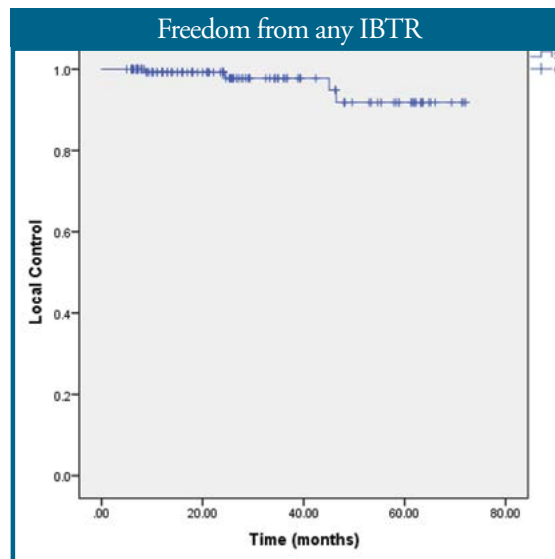
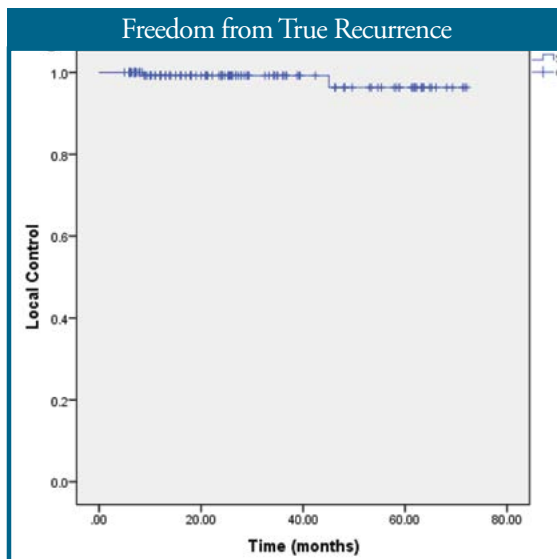
NON-INVASIVE APBI (CONT.)

ipsilateral breast tumor recurrences of which 2 were second primaries, presumably, unrelated to the treatment. Actuarial freedom from true recurrence was 99.2% as shown in the Figure on the left in 2 years, and 96.3% in the Figure on the right at 5 years.

Grade 3 late toxicity was observed in 2 patients (1%) with fat necrosis, Grade 2 toxicity including telangiectasia, hyperpigmentation, fibrosis and volume loss were seen in 8.6% of patients. Cosmetic outcome was Excellent, Good, and Fair/Poor in 67%, 31% and 2%, respectively.

Summary and Conclusions:

The report indicates that 5- or 10-day, APBI by NIBB is well-tolerated with a low rate of acute or late toxicity. Breast tumor recurrence is low. Cosmetic outcomes are favorable. The study suggests the need for longer follow up.



ACCUBOOST EXHIBITS AT ACRO 2019



The Radiation Oncology Summit

Visit us during the **2019 Annual ACRO Meeting**
March 7-9 **Orlando, FL**

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