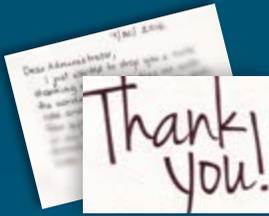


# BOOSTER CLUB

## CEO'S CORNER



It is always gratifying to receive a "Thank you" note. It is especially gratifying when it is from a

patient unknown to you, expressing her appreciation for the AccuBoost experience. We recently received a touching card from a patient that served as an important reminder of why we developed AccuBoost in the first place: to give hope, confidence and options to breast cancer patients.

This newsletter reports on the new additions, quotations from the field and plans to participate in the Annual ASTRO meeting. Finally, this issue reviews a new publication on the experience and clinical results from a facility in a community center at a distance from a metropolitan area.

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## NEW ACCUBOOST INSTALLATIONS



*From Left to Right:*

*Kacie Boyd, Therapist; Ashley Caldwell, Therapist; Lane Hooton, COO; Dr. J. Michael Kerley, RO; Stephen Oyewale, Physicist; Judy Travis, Therapist; Max D'Souza, Physicist; Victor Price, RO Manager*



Dr. Michael Kerley is a familiar name when it comes to AccuBoost. He was an AccuBoost enthusiast when he worked as the Medical Director at the Texas Oncology facility in Paris, Texas.

He has recently joined the Cancer Centers of Southwest Oklahoma (CCSWOK) facility in Lawton, OK. In his assessment of the technology during the launch of AccuBoost, Dr. Kerley observed "I am impressed with the upgrades and improvements that AccuBoost has achieved since I left the scene." He adds, "I have noticed that a lot has changed with

the technology. The procedure is much more refined and the reduction in treatment time has been welcome news. Additionally, I find the BioZorb markers are particularly helpful in target delineation and dose delivery."



Willis-Knighton (W-K) Cancer Center in

Shreveport, Louisiana is one of the latest additions to the list of AccuBoost users. W-K received its AccuBoost Installation in late spring and went live in early summer. The AccuBoost treatments at this site are offered by all four radiation oncologists: Drs. Lane Rosen, Sanford Katz, Michael Durci, and Ben Wilkinson. Willis-Knighton is treating

VISIT US DURING ASTRO

September 25-28, Boston - Booth #6081

## ACCUBOOST REVITALIZES BRACHYTHERAPY OFFERING

*“First and foremost, the inherent beneficiaries of AccuBoost are the patients. We are looking to a successful launch at a third AOA facility located in Lake Oconee, GA. Our primary goal for adding the AccuBoost procedure is to make the best treatment option available for the patients, but we have learned from past experience that adding AccuBoost, revitalizes the brachytherapy offering at our sites.”*



**Erich Randolph M.D.**  
Medical Director  
Atlanta Oncology Associates, (AOA)

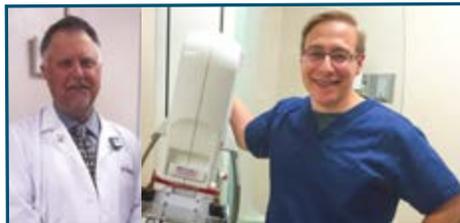
## ACCUBOOST HELPS PROMOTE BRACHYTHERAPY

*“When we analyzed the financial projections of the AccuBoost offering, it was not difficult to justify the commitment to purchase the HDR equipment and embark on a brachytherapy program. With AccuBoost in the mix, offering brachytherapy procedures becomes economically viable.”*



**Lane Hooton**  
Chief Operating Officer  
Cancer Centers of Southwest Oklahoma

## ACCUBOOST INSTALLATIONS (CONT.)



Drs. Michael Durci (left) and Sanford Katz (right)  
at the Willis-Knighton Cancer Center

patients for both boost and APBI.



Georgia Center for Total Cancer Care at Cowles Clinic in Greensboro, GA, a part of Atlanta Oncology Associates is one of the latest additions to the family of AccuBoost users. AOA already has two AccuBoost systems in operation at their facilities at Atlanta Medical Center and at Macon, Georgia. Adding a third AOA facility to the list speaks volumes on the contribution of AccuBoost

Georgia Center for Total Cancer Care at Cowles

to the operations of community centers in suburban settings, far from metropolitan areas. Erich Randolph, the Medical Director of AOA, states that “First and foremost, the inherent beneficiaries of AccuBoost are the patients. We are looking to a successful launch at a third AOA facility located in Lake Oconee, GA. Our primary goal for adding the AccuBoost procedure is to make the best treatment option available for the patients, but we have learned from past experience, that adding AccuBoost revitalizes the brachytherapy offering at our sites. He adds “our primary goal for offering the AccuBoost procedure is, naturally, the patient benefits, but in particular a non-invasive treatment option. Additionally, we have learned from experience that adding the technology revitalizes the brachytherapy program at our sites.”

## ACCUBOOST AT ASTRO 2016

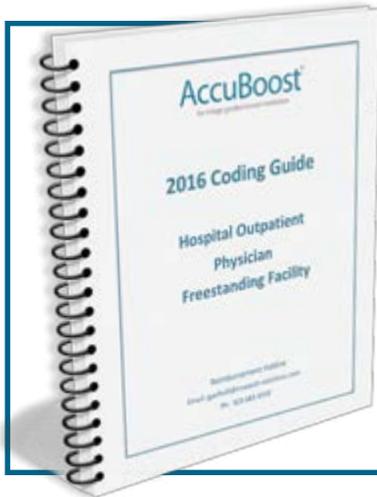
This is the 10th consecutive year that AccuBoost is participating in the American Society for Therapeutic Radiology and Oncology Annual Conference. This year’s ASTRO meeting, September 25 – 28 is in Boston – right in AccuBoost’s backyard. AccuBoost’s sizable booth is located in a hard to miss - central location.

In addition to exhibiting the latest developments and hardware, AccuBoost has organized a series of topic-based “Meet the Expert” presentations and Q&A sessions at the booth. These sessions provide an opportunity for present and future users to meet, exchange ideas and share experiences. The schedule for the in-booth presentations is shown below.



### AccuBoost in-Booth Speaker Schedule (Booth # 6081)

Date	Day	Start	Finish	Presenter	Topic
25-Sep	Sunday	12:15	1:15	David Wazer	What I Find Compelling About AccuBoost
25-Sep	Sunday	2:45	3:45	Erich Randolph	Q and A on AccuBoost: Ask the Expert
26-Sep	Monday	2:15	3:15	Scot Ackerman	Results of Our First 150 Patients In A Community Practice
27-Sep	Tuesday	10:30	11:30	David Wazer	AccuBoost for ABPI and Boost: A Clinical Update



## 2016 ACCUBOOST CODING GUIDE

CPT coding guidelines change from year to year, and proper use of the brachytherapy codes for AccuBoost is no exception to the rule. Insearch Solutions, Inc. was tasked to produce a Coding Booklet reflecting the changes in 2016 as they apply to the AccuBoost procedure.

If you are interested in receiving this booklet, send an email to [info@accuboot.com](mailto:info@accuboot.com) or call 978.649.0007.

## ACCUBOOST CONTRIBUTION TO SMALL COMMUNITY CENTERS

Austin Journal of Radiation Oncology and Cancer



Research Article

### Partial Breast Irradiation for Boost Using Image-Guided Brachytherapy: Florida Community Experience and Review of the Literature

Kuruville A<sup>1\*</sup>, Paryani S<sup>1</sup>, Paryani N<sup>1</sup>, Simmons D<sup>1</sup>, Shah N<sup>1</sup>, Caudill J<sup>2</sup>, Stillword J<sup>2</sup> and Sullivan JW<sup>3</sup>

<sup>1</sup>First Radiation & Oncology Group, Cancer Center of Putnam, Palatka, Florida, USA



Anand Kuruville, M.D.

There have been numerous publications on AccuBoost in the past few years. These publications are the results of multi-center trials and are typically from academic centers and teaching hospitals. What is different and interesting in the latest article by

Anand Kuruville, M.D. and colleagues

is the fact that the article describes the AccuBoost experience in a community setting, away from a metropolitan area.

The AccuBoost technique was initiated at the Cancer Center of Putnam in Palatka, Florida in 2011 and the facility has treated over 125 patients since then. The main part of the article are summarized below:

**Patients** - The peer reviewed article reports on the results of the first 71 patients treated with non-invasive breast brachytherapy (NIBB), the generic designation for the AccuBoost procedure in the literature. From the time of the implementation of the technology to the time that the manuscript was submitted for publication, a total of 91

breast cancer patients have been referred to the cancer center. Of these, 84 (92%) chose breast conserving surgery (BCS). A staggering 71 (78%), of these patients, were boosted using NIBB.



Side-by-side comparison between WBI + electron boost (left) and WBI + NIBB (right) under identical conditions. Noteworthy is the absence of telengectasias on the breast receiving NIBB.

**Treatment time** - The article provides intricate details on the procedure. The protocol has been to treat the tumor bed with a daily 4-field approach. The treatment time has been broken down to all procedural steps; physicist performing quality assurance (QA) on a

*Continued on next page*

## ACCUBOOST CONTRIBUTION (CONT.)

traveling HDR system, patient positioning by the therapist, reviewing of patient's images and records by the physician to identify the applicator size and position to start brachytherapy procedure. The beam-on time for a typical case is reported to be less than 10 minutes.

**Dose** - All patients were treated with 45 Gy of whole breast irradiation over five weeks. NIBB was usually delivered at the start of therapy to a total dose of 16 Gy in 2 Gy fractions.

**Skin toxicity** - Skin toxicity was evaluated using Common Toxicity Criteria version 4.0. The Table on the right, reproduced from the article, summarizes the skin toxicity for the patients after NIBB and WBI. The majority of patients (83%) had grade 0 acute reactions. 6% had grade 1 toxicity and only 4% developed grade 2 toxicity. No patient had grade 3 or 4 toxicity. Late toxicity consisting of telangiectasia or fibrosis occurs in only 9% of the patients. An image from the article, reproduced here, provides a comparison of electron boost vs. AccuBoost on the right and left breast in the same patient, used as a visual reference. The article points out that the undesirable

Acute Toxicity	
Grade 0, n (%)	59 (83%)
Grade 1, n (%)	8 (11%)
Grade 2, n (%)	4 (6%)
Grade 3, n (%)	0
Grade 4, n (%)	0
Late Toxicity	
Grade 0, n (%)	65 (91%)
Grade 1, n (%)	4 (6%)
Grade 2, n (%)	2 (3%)
Grade 3, n (%)	0
Grade 4, n (%)	0

*Skin Toxicity Assessed using CTC V4.0*

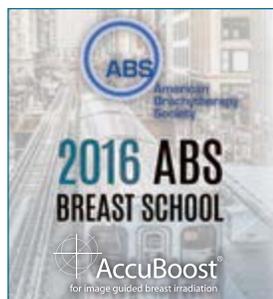
permanent telangiectasia, a common occurrence with electron boost, is a rare observation in patients treated with NIBB.

**Cosmesis** - The cosmetic results were assessed using the Harvard/RTOG scale. 90% of the patients had excellent to good

cosmetic results six months after completing therapy. 7% had a fair result and only 3% had a poor outcome. This is remarkable finding as boost dose is a small component of the WBI overall dose, and points out the contribution of NIBB to the final cosmetic outcome.

**Conclusion** - The article confirms that NIBB along with WBI is an acceptable option for treating patients following breast conservation surgery. While previous articles have indicated that the treatment can be delivered safely and effectively in large academic hospitals, this article confirms that the NIBB benefits can be extended to patients treated at smaller community centers.

### ACCUBOOST AT ABS BREAST SCHOOL



Visit us at the ABS School of Accelerated Partial Breast Irradiation (APBI)

November 14 – 15, 2016 in Chicago

AccuBoost will have a high profile at the coming 2016 ABS Breast School. David E. Wazer M.D. will present on the AccuBoost process for APBI.

We hope to see you there!

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