

AccuBoost[®]

PARTIAL BREAST RADIOTHERAPY

AccuBoost[®] Digital is a digital mammography-guided Non-Invasive Breast Brachytherapy (NIBB) solution. This complete, turn-key package provides all the components needed for this advanced treatment, bundled together in a streamlined offering.

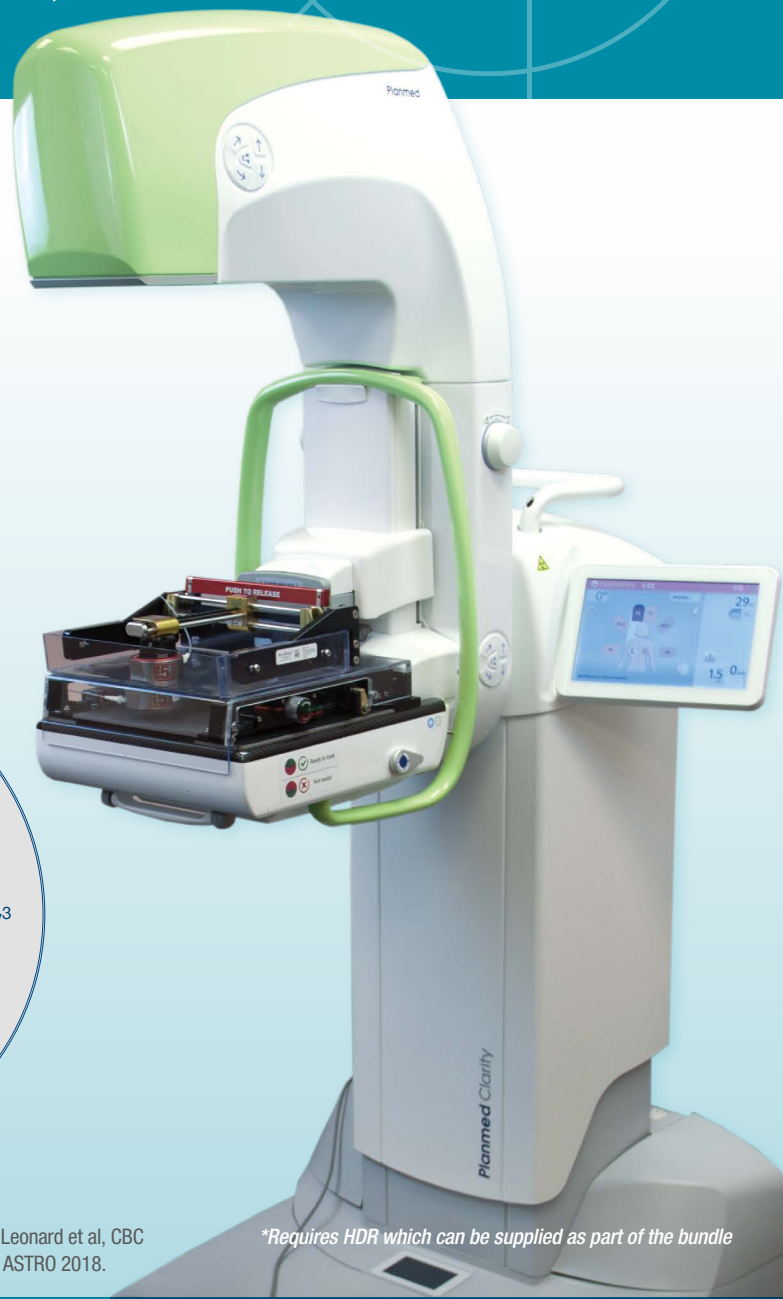


APBI

- Freedom from implant related complications
- 60%+ reduction in PTV compared to 3D-CRT APBI¹
- Good/excellent cosmesis >97%²
- 5 year freedom from true recurrence >96%⁶

BOOST

- Nominal 30% smaller PTV¹
 - Decrease in fibrosis³
- Lower acute and late skin toxicity³
- Reduction of chest wall, heart and lung dose up to 10X¹
 - 97% Good/excellent cosmesis^{4,5}



References: ¹Sioshansi et al, IJORBP 2011. ²Hepel et al, ABS 2016 Brachytherapy. ³Leonard et al, CBC 2013. ⁴Hamid et al, IJORBP 2013. ⁵Schuster et al, Brachytherapy 2016. ⁶Hepel et al, ASTRO 2018.

*Requires HDR which can be supplied as part of the bundle

Huestis Medical, a TeamBest Global Company,
acquired the AccuBoost[®] Technology in April 2023.

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AccuBoost®

Key Technology Features

The **AccuBoost®** technique is designed specifically for Partial Breast Irradiation to deliver either APBI or the Boost portion of Whole Breast Irradiation. AccuBoost provides confidence in targeting and dose delivery through the use of a common platform to immobilize, image, target, and treat the breast. Ultimately, the goal is to eliminate factors that lead to expansion of margins or add complexity to the procedure.

Spare Healthy Tissue

- Low skin dose with 4-field box technique
- Dose to heart and lungs lower by up to 90%¹
- PTV minimized with immobilization and high contrast imaging

A True Adaptive Therapy

- Pretreatment imaging for every fraction
- Field shape, size and position adjusted with each fraction
- Targeting of tumor bed directly vs. exterior reference points

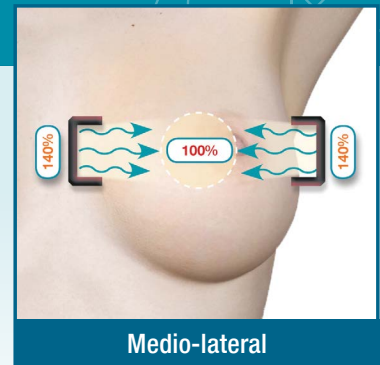
Ultimate in Targeting Confidence

- Optimal mammographic high contrast imaging
- Integrated targeting tools
- Compatibility with preoperative imaging
- Can use pathologic data for field adjustment

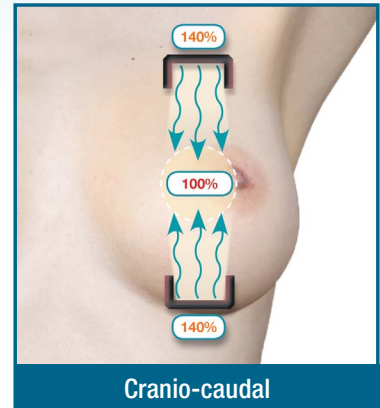
Simplicity in Commissioning & Use

- No pretreatment planning; calculations made at time of treatment delivery
- One day installation, simple commissioning, on-site training
- Daily dose planning takes just a few minutes; simple 2 channel treatment
- Flexible scheduling for physicist and radiation oncologist

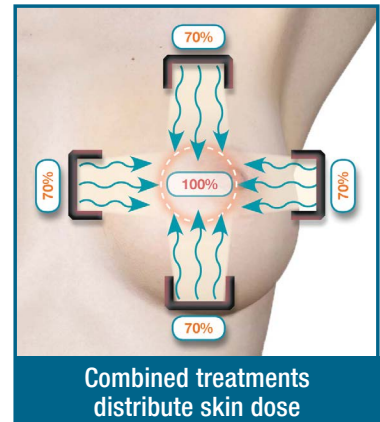
References: ¹Sioshansi et al 2011. ²Hepel et al, ABS 2016. ³Hepel et al, 2014.



Medio-lateral



Cranio-caudal



Combined treatments
distribute skin dose



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"I am very excited as I like the lower skin dose and the associated lower toxicity of AccuBoost."

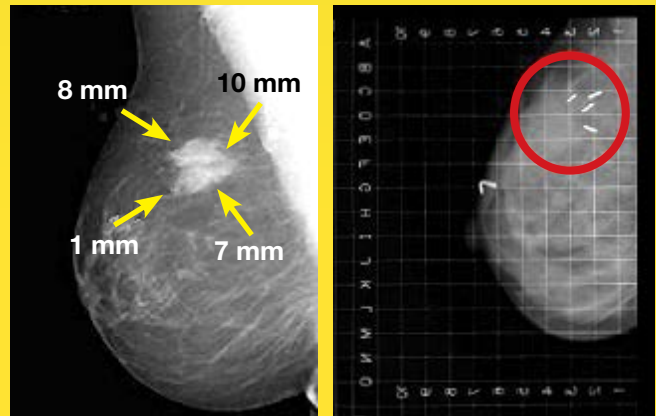
—Sandra Sha, MD, Central Florida Cancer Institute



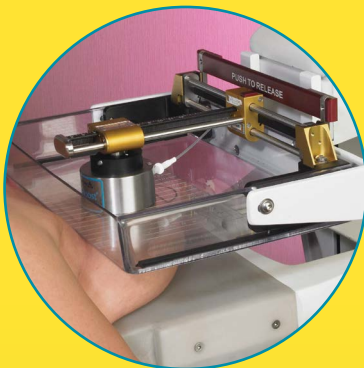
Bringing ACCURACY and PRECISION together in partial breast radiotherapy

ACCURACY Employ the best imaging technology to identify the lumpectomy site (Mammography) combined with pathologic guidance to determine the location of the true target.

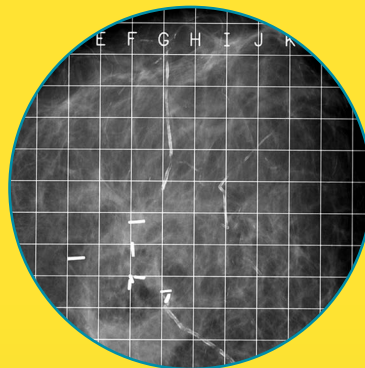
At right: For this case, based on information gained from prior diagnostic mammograms, pathologic margins show that to center the treatment field on the center of disease for this case, the applied treatment should favor the anterior aspect of the target volume.



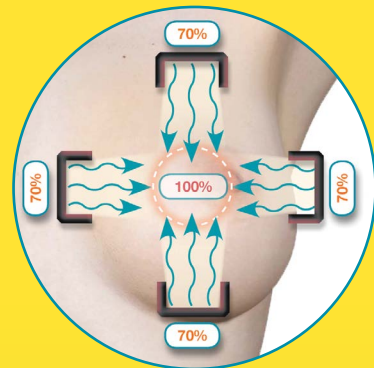
PRECISION Combine the best radiation therapy approach to deliver a conformal dose to the target (Brachytherapy) with the best image fidelity (Mammography) and target positioning (Integrated Motion Management) for optimal targeting precision.



IMMOBILIZE



IMAGE/LOCALIZE



IRRADIATE

AccuBoost combines slight compression (to immobilize the breast) with concurrent imaging, localization and treatment all on a single platform for optimal conformality and targeting confidence.

“Reflecting back on more than 200 patients that I have treated, I am confident that AccuBoost has been the best option for my breast cancer patients.”

—Scott Ackerman, MD, Ackerman Cancer Center



Broad scope of use and flexibility in Breast Radiotherapy:

1 Treatments

Boost

- Standard or hypofractionated

APBI

- Standard or hypofractionated
- 5 or 10 day options
- With standard or oncoplastic lumpectomy

2 Clinical Presentations

- Pendulous breasts
- Peri-Sub areolar targets
- Augmented breasts
- Cardiac abnormalities/implants
- Compatible with oncoplastics

3 Clinical Schedule Flexibility

- Compatible with irregular physicist or radiation oncologist staffing
- Boost applied before, during or after XBRT
- APBI options for 5 day either BID or QD protocols or a simple 10 day protocol

4 Integrated Motion Management & Targeting

- Eliminates complexity and discomfort of breath gate and hold techniques
- Naturally isolates respiratory motion
- Targeting of the tumor bed directly vs. other external anatomical reference points