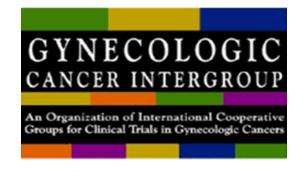
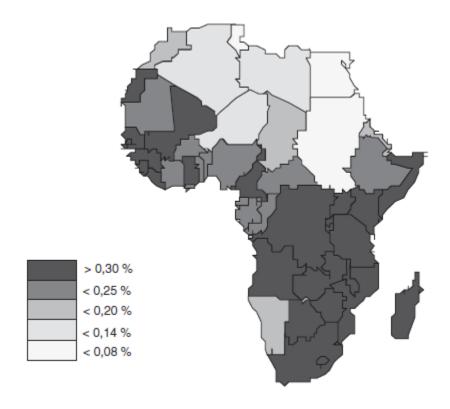


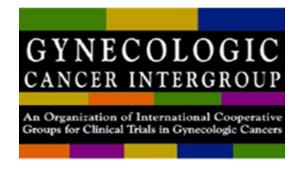
Brachytherapy in Africa

Deanine Halliman PhD Sr. Director Medical Affairs Elekta Brachytherapy

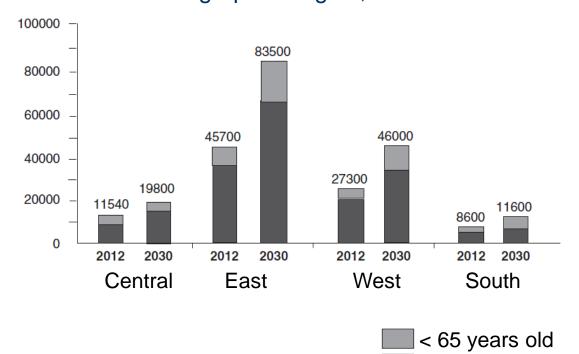
Burden of cervical cancer in Africa est. 2012 incidence per 100,000 women



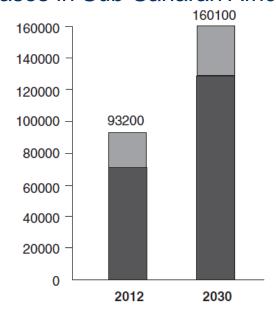




Estimated Number of New Cases according to Geographic Region, 2012 to 2030

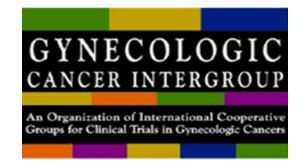


Estimated Number of New Cases in Sub-Saharan Africa



Cervix Cancer Education Symposium, January 2019, South Africa

> 65 years old



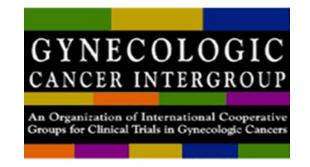
Tackling a Preventable Disease

- Prevention first address screening that can fit in low-resource areas
- Increase awareness about the signs, symptoms and progression of disease

GYNECOLOGIC CANCER INTERGROUP An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

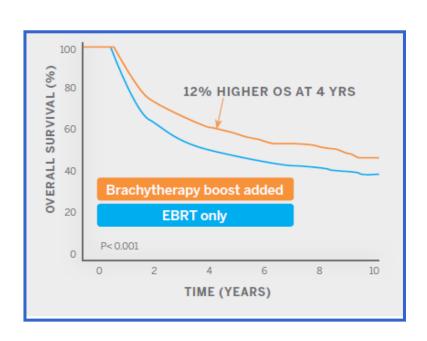
Trends in GYN Brachytherapy

- Treatment Regimen and Competing Modalities
 - The Need of Brachytherapy
- 3D Image Guided Adaptive Brachytherapy
 - Supported by Clinical Outcome
 - Guidelines and recommendations
- Interstitial Brachytherapy
 - Growing Need

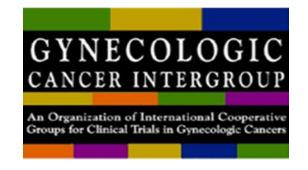


Brachytherapy

Essential part in treatment of cervical cancer

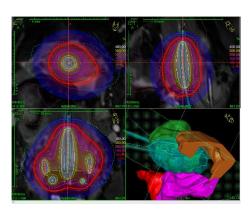


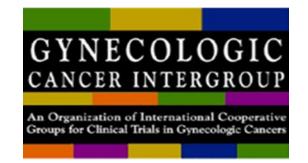
In a recent study, cervical cancer patients that received brachytherapy as boost after external beam radiation therapy had a 12% better overall survival rate at four years than patients who didn't receive the brachytherapy boost.1



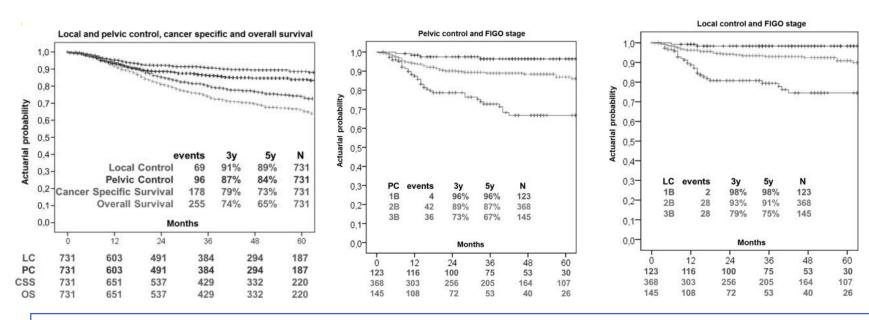
3D IGABT

- Insertion of a CT/MRI compatible applicator with or without needles
- 3D Imaging (CT or MRI) with the applicator inserted
- Applicator Reconstruction on 3D Data
- Contouring
 - HR- CTV: High Risk Clinical Target Volume
 - IR-CTV: Intermediate Risk Clinical Target Volume
 - OAR: Organs At Risk
 - Bladder
 - Rectum
 - Sigmoid
- Dose plan adapted to the patients' case





3D IGABT Improves Clinical Outcome

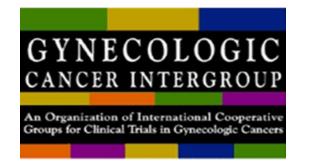


RetroEMBRACE Multi-center Study

IGBT improves pelvic control by approximately 10% compared to conventional 2D BT. [1]

IGBT improves overall survival compared to historical data [1] [8] [9]

[1] Sturdza et al, Radiother Oncol. 2016



3D IGABT Improves Clinical Outcome

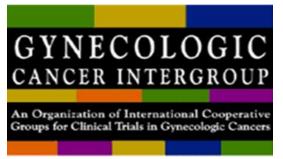
RetroEMBRACE FIGO stage	Total number of patients	Overall Survival at 5 years	Cancer Specific Survival at 5 years
IB	123	83%	90%
IIA	42	80%	84%
IIB	368	70%	77%
IIIA	23	42%	48%
IIIB	145	42%	53%
IVA	23	32%	40%
Total	731	65%	73%

[1] Sturdza et al,	Radiother	Oncol. 201	6
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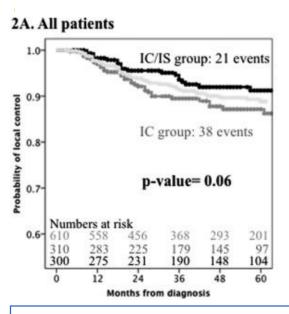
FIGO Stage	5-Year Observed Survival Rate		
0	93%		
IA	93%		
IB	80%		
IIA	63%		
IIB	58%		
IIIA	35%		
IIIB	32%		
IVA	16%		
IVB	15%		

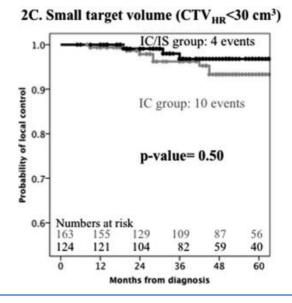
Based on data collected by the USA National Cancer Data Base from people diagnosed between 2000 and 2002

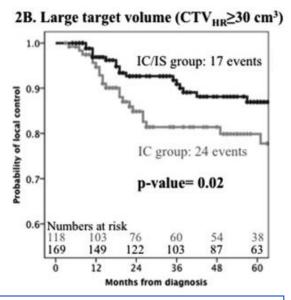
The above mentioned figures are not fully comparable.



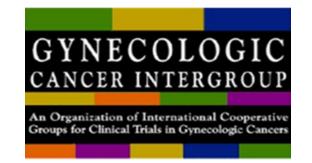
3D IGABT with interstitial needles improves Local Control







Combined IC/IS brachytherapy improves local control by enabling a tumour specific dose escalation resulting in significantly higher local control in large tumours without adding treatment related late morbidity. [1]



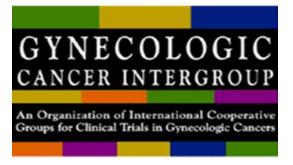
Engagement with the key stakeholders in the treatment of Cervical Cancer

Clinical Trial support

Education

Product/Procedure support and customer training

Innovation



Support of EMBRACE 1 and EMBRACE 2 studies

Radiotherapy and Oncology 120 (2016) 365-369

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Editorial

Image Guided Adaptive Brachytherapy in cervix cancer: A new paradigm changing clinical practice and outcome



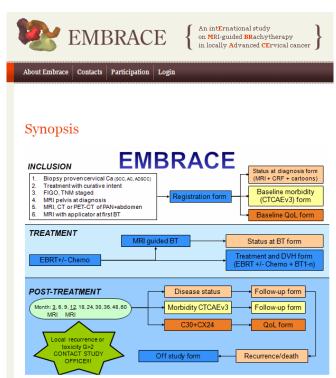
Kari Tanderup ^a, Jacob Christian Lindegaard ^a, Christian Kirisits ^b, Christine Haie-Meder ^c, Kathrin Kirchheiner ^b, Astrid de Leeuw ^d, Ina Jürgenliemk-Schulz ^d, Erik Van Limbergen ^e, Richard Pötter ^{b,*}

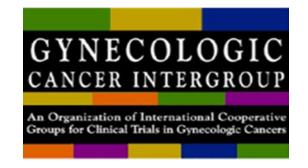
*Aarhus University Hospital, Department of Oncology, Denmark; *Medical University of Vienna, Comprehensive Cancer Center, Department of Radiation Oncology, Austria; *Gustave Roussy Cancer Campus Grand Paris, Department of Radiation Oncology, Villejuif, France; *d University Medical Center Utrecht, Department of Radiation Oncology, University Hospital Gasthuisberg, Leuven, Belgium

Image Guided Adaptive Brachytherapy (IGABT) in locally advanced cervical cancer (LACC) is increasingly recognized as the new paradigm replacing 2D brachytherapy and spreading throughout the world. This spread is at present predominantly in Europe [1], North America [2] and in major centres in Asia. The Gyn GEC ESTRO Recommendations 1–IV [3–6] on MRI based IGABT have been used as the conceptual frame for these developments during the last decade and are now embedded into the recently published

Clinical outcome

There is growing clinical evidence that IGABT combined with radiochemotherapy leads overall to improved clinical outcome compared to 2D brachytherapy. This evidence is based on retrospective mono-institutional cohorts [15–18,44–48], on the prospective multicentre French comparative STIC trial [49] and now also on results from the RetroEMBRACE [19,20,24] and



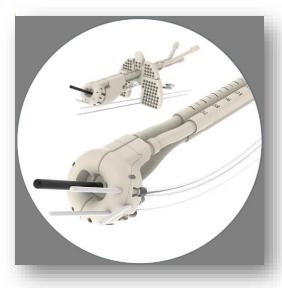


Support of GCIG and CCRN

- Gynecologic Cancer Intergroup (GCIG)
 - Global studies in endometrial and cervical cancer
- More focused collaboration with Cervix Cancer Research Network (CCRN)
 - Leading up to meeting today



Elekta solutions for image-guided adaptive brachytherapy



Largest CT/MR compatible applicator portfolio

Now also a new option for advanced staged cervical cancer: Venezia*™



Intelligent tools to simplify treatment planning – eg. speed up reconstruction and optimize dosimetry



GYNECOLOGIC
CANCER INTERGROUP
An Organization of International Cooperative

Groups for Clinical Trials in Gynecologic Cancers

Advanced Gynecological
Applicator
VeneziaTM

One-click system for easy assembly

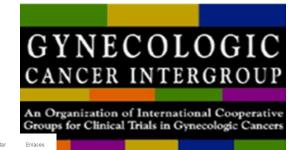


2 lunar-shaped ovoids that when clicked together form a ring

The ovoid holes allow parallel and oblique needles to reach the parametrium

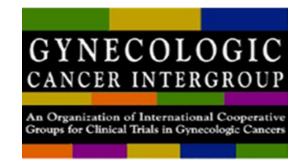
Perineal templates for reaching vaginal extensions

Cylinder caps allow treatment of the vaginal wall



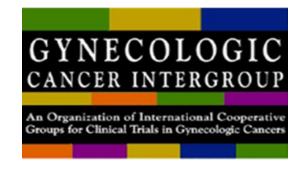


- Educational concept with distinct identity
- Focused on general brachytherapy and clinical workflow rather than products
- For Health Care Professionals with interest in Brachytherapy
- Structured and organised
- Long-term relationship with customers
- Easy accessible



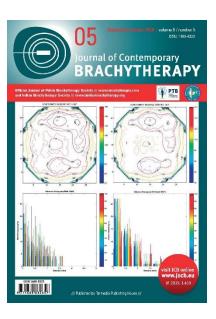
The "one-stop-shop" for Brachy-education

- <u>Peer-to-Peer</u> Brachytherapy education
 - Educational Workshops
 - Educational Centers
 - On-site support (proctoring)
 - Fellowships
- Residency programmes
 - Physicians
 - Physicists



Other components BrachyAcademy

- What's new in Brachytherapy
- Medical information (e-Library)
 - Research & publications
 - Awareness materials
- Educational video's
- Other:
 - BrachyTalk
 - Webcasts
- Educational Activity Corner Journal of Contemporary Brachytherapy
- Employee Medical Education

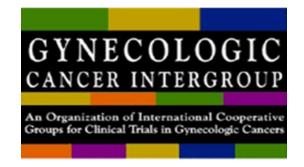




BrachyAcademy Workshops

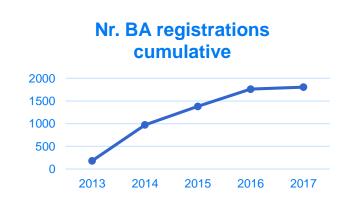
Body (tumor) sites

- Gyn (cervix)
- Prostate
- Breast
- Robot-Assisted Bladder Brachytherapy
- Head & Neck
- Rectum
- Skin



BrachyAcademy website (launch April 2013)

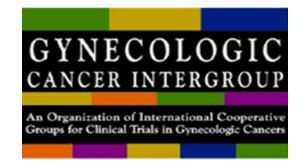
- 1805 'My Academy' registrations from 100 different countries:
 - 1167 spontaneous registrations
 - 480 via workshop registrations
 - 158 Elekta colleagues
- 5 workshops open for registration (10 workshops planned)
- 36 Educational Centers
- 400-plus items in e-library
- 39 BrachyTalk interviews
- English, Spanish, Chinese (Mandarin)



BA registrations (total 1805)



- Spontaneous
- Via workshop
- Elekta colleagues



BrachyAcademy in development

- Visit, talk with and select Centres of Excellence for (domestic) peer-to-peer training purposes
- Visit, talk with and select Centres of Excellence to become Workshop sites
- Facilitate training of Radiation Oncologists and Physicists to become 'proctor', helping other centres to start Brachytherapy