

# Interview with Doctor Feltl

## RATIONALE FOR CHOOSING THE CYBERKNIFE® SYSTEM



"[CyberKnife treatment] is no longer an experimental treatment but one of the best treatment options for localized prostate cancer."

**Doctor David Feltl**  
University Hospital  
Ostrava, Czech Republic

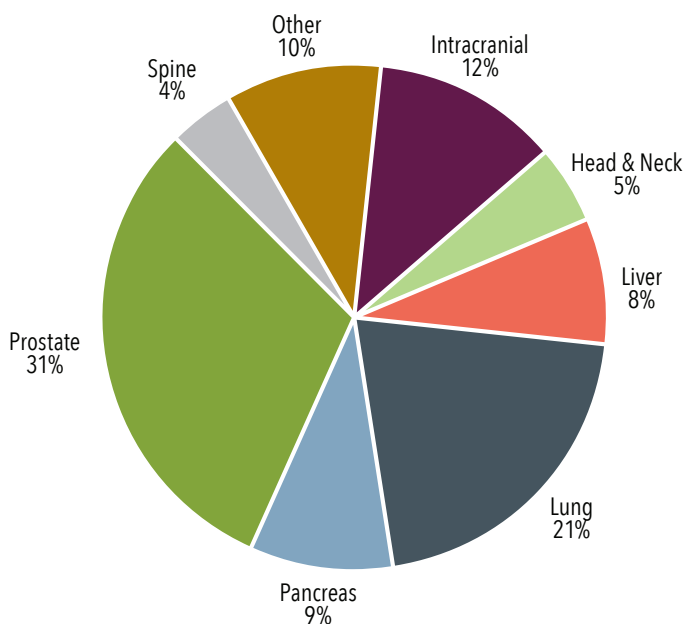
**Q: Doctor Feltl, could you please describe the infrastructure within your hospital, and the reasons for which you chose to purchase a CyberKnife® Robotic Radiosurgery System?**

**A: Dr. Feltl** – The University Hospital of Ostrava is the biggest hospital in the Northern Moravian-Silesian region and one of the biggest of the Czech Republic. The oncology department includes 2 linacs with IMRT and IGRT capabilities, a virtual simulator, a HDR brachytherapy suite and a dedicated CT scanner.

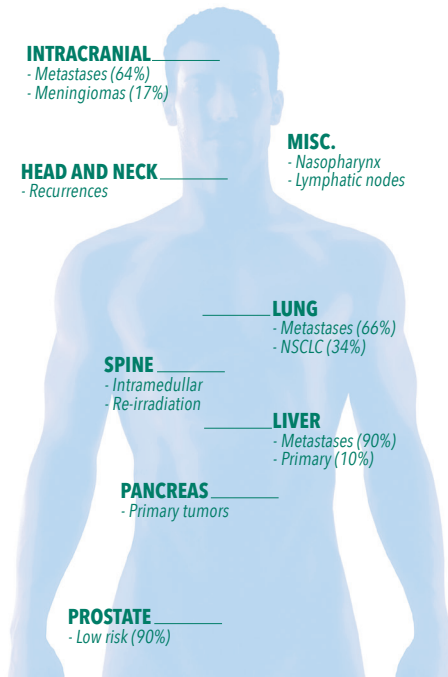
In the Czech Republic, as in many other countries, the number of cancer patients increased drastically these past years, and for many patients stereotactic radiation treatments are the best solution. In our country, extracranial stereotactic treatments were only performed on rare occasions. At our hospital, we wanted a system to perform them routinely and anywhere in the body.

Dose is what matters for stereotactic treatments. The more accurate the system is, the easier you can escalate the dose, because you spare healthy tissues and critical organs. The CyberKnife System is the most accurate system on the market. I think that gating is not reliable enough compared to the Synchrony® Respiratory Tracking System. With this tracking method, we track and detect the tumor and deliver the dose where it is intended – it was proven with our follow-up CT scans for lung SBRT patients, which showed very limited signs of pneumonitis around the PTV so we are sure we hit the target! So the CyberKnife System is really the best system currently on the market to perform both intracranial radiosurgery and stereotactic body radiation therapy (SBRT) on a daily basis thanks to its accuracy and its tracking methods.

**INDICATIONS TREATED FROM JULY 1, 2010 TO JUNE 30, 2011  
WITH THE CYBERKNIFE SYSTEM AT THE UNIVERSITY HOSPITAL OF OSTRAVA**



CyberKnife Suite  
University Hospital Ostrava,  
Czech Republic



## THE CLINICAL PROGRAM

### Q: Which indications do you currently treat? Did the introduction of CyberKnife® treatments bring a new population of patients to your hospital?

**A: Dr. Feltl** – We have an extensive uro-oncology program. Indeed, we needed a system to help shorten the waiting lists on our linacs. As hypofractionation for prostate is a very favorable concept, a large part of the prostate patients are now treated on the CyberKnife System, representing more than 30% of all indications treated with the system, 90% of those patients are treated for low-risk prostate cancer. Liver and lung metastases are also important indications, about 30% of indications treated with the CyberKnife System. Indeed, it is not always possible to operate on those patients, so SBRT is the right treatment choice. In addition you can treat difficult patients on the CyberKnife System, those who would be refused by almost all radiation therapy departments working with gantry-based systems, even when they are equipped with the most advanced linacs. Spine is also a very interesting indication, as we were able to offer treatment to young adults with intramedullary tumors, who did not have any other treatment option.

Before starting the CyberKnife program, only 2 or 3 pancreatic cancer patients per year were candidates for SBRT. Since we offer CyberKnife stereotactic treatments, many patients have been referred to us, it represents 9% of our activity. In the past they would have only received palliative treatment. Now we can offer them a true solution.

### Q: After only a few months of activity you became the hospital treating the most prostate cancers with the CyberKnife System in Europe. Having started your activity 16 months ago now, what advantages have you seen using SBRT for this type of cancer? What are the benefits for patients?

**A: Dr. Feltl** – The most obvious advantages are short treatment time, non-invasiveness, and low toxicity. There are very robust and mature data from other centers so that we can be sure this method has high effectiveness and minimal late toxicity. This is no longer an experimental treatment but one of the best treatment options for localized prostate cancer.

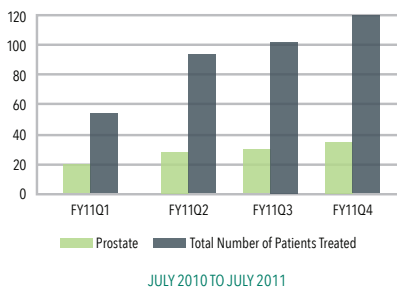
### Q: How did you succeed in bringing so many patients to your center?

**A: Dr. Feltl** – In addition to an educational program for radiation oncologists through national-congresses and events, we informed the general public via TV news coverage, press coverage, and we offer a dedicated CyberKnife web site as well as a hotline for easy access to information. Thanks to these efforts, people are now aware of the benefits of the CyberKnife System and many contact us directly. Of course we need to decline some patient cases, but those who did benefit from CyberKnife treatments went back to their doctors and talked about their experience, which then again spread awareness amongst the medical community. Now, the referring doctors are really part of the recruiting process and we see an increasing referral pattern.

### Q: How do you see the future use of your system? What clinical program do you envision and why?

**A: Dr. Feltl** – Prostate and lung treatments as well as head and neck re-irradiations will be pursued. We would also like to convince referring doctors to send us liver cancer patients earlier, so that they can better benefit from the treatment. Finally, we are currently developing a clinical project on cervix “virtual brachytherapy”. We would like to compare plans of 3D brachytherapy with CyberKnife boost for this indication, and then start treating patients who are not eligible for brachytherapy.

**A FAST IMPLEMENTATION OF CYBERKNIFE SBRT PROGRAM**



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