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25 Year History: Part 3

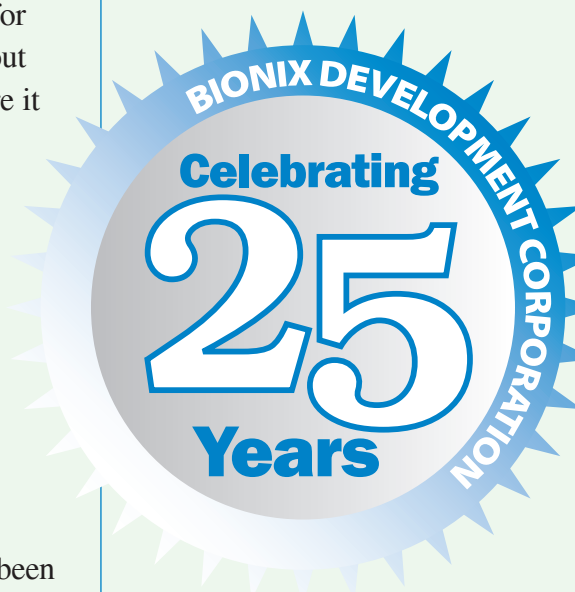
2009 marks the 25th Anniversary of Bionix Development Corporation as one of the trusted leaders in the world of medical products. We would like to thank all of you for your continued support. Without you, Bionix would not be where it is today.

Each quarter, we produce the RT Report to inform you of industry news, trends, and Bionix product developments. This is part 3 of 4 that will briefly touch upon the global reach Bionix has.

Bionix Radiation Therapy can be found in a vast majority of the US radiation therapy centers since our inception 25 years ago and has been awarded multiple Governor's 'E' Awards from the state of Ohio for exceptional exporting practices. As economic globalization has become more commonplace thanks to technology, Bionix has experienced tremendous growth internationally in recent years. We have developed partnerships with 22 established vendor partners spanning across the globe providing the world the access to our product line.

When visiting www.BionixRT.com, you will find a listing of our international distributors and how to contact them along with our complete product selection, product

videos, and customer support team. The final edition of the 2009 RT Report will clue you in on what's next for our company and how our customers can be involved.



Cancer Deaths And Incidence Rates Falling In The U.S.

"Cancer Statistics, 2009."
Jemal, Ahmedin, Siegel, Rebecca, Ward, Elizabeth, Hao, Yongping, Xu, Jiaquan, Thun, Michael J. CA Cancer J Clin, Published online before print May 27, 2009 doi: 10.3322/caac.20006

According to the American Cancer Society's annual cancer statistics, deaths due to cancer are falling steadily in the United States, thanks mainly to better prevention, earlier detection and improved treatment;

plus incidence rates are also falling. The report is published as a paper in the Society's CA: A Cancer Journal for Clinicians which was available as an early online issue on 27 May.

The report shows that cancer deaths among men in the US fell by 19.2 per cent from 1990 to 2005 and in women it fell by 11.4 per cent from 1991 to 2005.

Incidence rates also went down by 1.8 per cent a year in men from 2001 to 2005 and 0.6 per cent a year in women from 1998 to 2005.

Dr John R Seffrin, PhD, American Cancer Society chief executive officer told the press that a drop of one or two percentage points a year may not sound like much, but over 15 years this adds up to 650,000 fewer deaths.

"And because the rate continues to drop, it means that in recent years, about 100,000 people each year who would have died had cancer rates not declined are living to celebrate another birthday," said Seffrin.

"That is undeniable evidence of the lifesaving progress that we as a country must dedicate ourselves to continuing," he added.

To read the remainder of this article, please visit www.BionixRT.com, click 'Media' and then 'Newsletters'

THE RT REPORT

A NEWSLETTER FROM BIONIX® RADIATION THERAPY

Product Spotlight:
The Comfort Hold Thigh
& Foot Positioner

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The Art of SBRT

The first stereotactic equipment was introduced by Victor Horsley in 1905 and a second version in 1908 by Robert Clark.¹ Both devices were used experimentally on animals until 1918 when Aubrey Mussen from London developed the first human stereotactic apparatus.¹ It wasn't until 1949 when Lars Leksell, a Swedish neurosurgeon, described stereotactic equipment similar to modern radiosurgery equipment.¹

Stereotactic Radiotherapy (SRT) is an offshoot of Stereotactic Radiosurgery. SRT has the same similarities as SRS with the use of the 3-dimensional premise but differs in the overall number of treatment sessions used. Having fewer treatment session capabilities is the decisive distinction between the two procedures.

In 1987, the first North American installation of cranial SRS technology was conducted at the University of Pittsburgh with the

Gamma Knife technology. While the early technology was strictly an intracranial treatment procedure, the development of stereotactic whole body radiation therapy and SBRT was soon to follow. SBRT allows the stereotactic precision to go beyond the brain and move to any position of the body.

When looking to start a SBRT program, here are 3 different financial starting points to consider:

3 Financial Strategies

Treatment facilities are still able to retrieve favorable reimbursements for out-patient programs. Recent strategies have brought forth options for both Hospital and Freestanding based centers to aggressively pursue SBRT services. Here are three financial strategies to consider.

1. Direct Installation

Direct investment to install into a new center or have new treatment machines delivered.

2. Pay-Per-Use

Providers acquire rights to use SRS

equipment from a 3rd party in exchange for a payment based upon the number of patients that are treated by the SRS equipment.

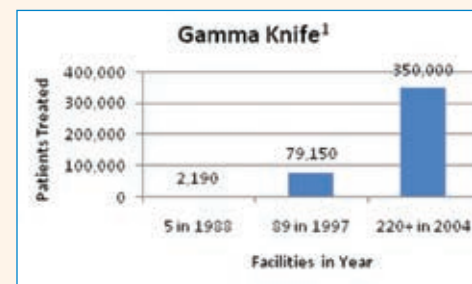
This deflects the costs associated with using SRS from a capital investment to an operational expense.

3. Leasing or Rent-to-Own

Provider makes payments for the equipment until a certain aggregate amount is reached in which the provider then may choose to purchase the equipment outright.

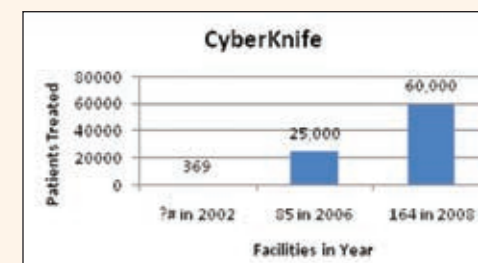
After establishing a viable financial direction, realizing the clinical advantages of an SBRT program becomes a rather exciting time for both patients and medical professionals alike.

The utilization of SRS/SBRT has grown tremendously this past decade and estimations indicate that it will continue to grow.



Gamma Knife²

1988 – 5 sites worldwide, approximately 2,190 patients treated to date
1997 – 89 sites worldwide, approximately 79,150 patients treated to date
2004 – 220+ sites worldwide, approximately 350,000 patients treated to date



CyberKnife

1994 – 1st CyberKnife patient treated
2002 – Approximately 369 patients treated to date³
2006 – 85 sites worldwide, approximately 25,000 patients treated to date⁴
2008 – 164 sites worldwide, approximately 60,000 patients treated to date⁵

Upcoming Tradeshows

November 1st-3rd
ASRT
Chicago, IL
Booth #23

November 1-4
ASTRO
Chicago, IL
Booth #1941



3 Clinical Reasons

New technologies bring new benefits and SBRT is no exception. While there is still caution surrounding SBRT due to the lack of completed clinical trials, initial data is very promising. The three most apparent benefits of SBRT procedures are the use of **tighter margins**, the ability to safely administer **higher doses** and the need for **fewer treatment sessions**.

Tighter margins surrounding the tumor site has a domino effect on the entire treatment process. Tighter margins effectively spare normal tissues from irradiation and provide greater control of the dose conformity.

Higher dose fractions are able to be administered to the tumor bed as a result of the tighter margins being applied. Under typical conformal or even IMRT treatments, there were undesirable normal tissue casualties when higher fractions were given thus producing less favorable cosmetic and treatment outcomes.

Fewer treatment sessions are another result of SRS technologies being used. Conformal treatments consist of daily treatments lasting anywhere from 24 to 40 sessions, while SRS/SBRT treatments only require 5 treatment sessions or less. These shorter treatment schedules are favored by most patients according to a panel discussion completed in August 2007.⁶

To read the remainder of this article, please visit www.BionixRT.com, click 'Media' and then 'Newsletters'

Product Spotlight: Comfort Hold Thigh & Foot Positioner

By minimizing pelvic rotation and tilt, there will be more control over the internal movement of the prostate. The Comfort Hold (CH) Thigh & Foot Positioner will provide the repositioning needed to effectively treat the tumor site.

The Bionix CH Thigh & Foot Positioner offers multiple indexing options, providing one of the most customizable and comfortable devices in the market.



See www.BionixRT.com for more details.

Comfort Hold Thigh & Foot Positioner

Photo Hunt Puzzle

Find the 5 differences in the pictures below

To view the answers, please visit www.BionixRT.com. Click on 'Media' and then 'Newsletters'

