

Experience Breast IORT

-  Targeted treatment
-  Fewer side effects
-  Reduced costs
-  Increased convenience
-  Improved quality of life

“Knowing that I did not need to have radiation every single day and that I could have it all done at one time in minutes allowed me to continue to live my life, go to work, travel and go dancing with my husband. I did not have to think about my cancer anymore or work it into my daily routine.”

– Kimbi A., Patient

References: 1. Veronesi U, et al. Twenty-year follow-up of a randomized study comparing breast-conserving surgery with radical mastectomy for early breast cancer. *NEJM*. 2002;347:1227-1232. 2. Fisher B, et al. Twenty-year follow-up of a randomized trial comparing total mastectomy, lumpectomy and lumpectomy plus irradiation for the treatment of invasive breast cancer. *NEJM*. 2002;347:1233-1241. 3. Dickler, et al. “A Dosimetric comparison of MammoSite high dose rate brachytherapy and Xoft Axxent electronic brachytherapy,” *Brachytherapy* (6) 2007, 164-168. 4. Epstein M, et al. Acute and Chronic Complications in Breast Cancer Patients Treated with Intraoperative Radiation Therapy. *Ann Surg Oncol*. 2016 Oct;23(10):3304-9. 5. Vaidya A, et al. Risk-adapted targeted intraoperative radiotherapy versus whole-breast radiotherapy for breast cancer: 5-year results for local control and overall survival from the TARGIT-A randomised trial. *The Lancet*. Volume 383, No. 9917, p603-613, 15 February 2014. TARGIT-A Trial performed with Carl Zeiss Meditec AG IntraBeam System.

“IORT is all done one hundred percent during surgery and you’re done. It’s efficient, it’s effective and it gives you the ability to regain your life, move on, and be active.”

– Sheila, S., Patient

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This brochure is not intended to provide medical advice. Your doctor will advise you as to which treatment options are appropriate, depending on the type and stage of your condition. Be sure to speak with your doctor regarding the warnings, precautions, and potential complications associated with the use of this device. Common side effects include minor local tissue events such as a feeling of heaviness, redness, bruising, and breast pain/tenderness. These are common side effects of breast surgery and/or radiation therapy and are usually temporary and of short duration. The Xoft Axxent Electronic Brachytherapy (eBx) System is indicated for use to deliver intracavitary or intraoperative brachytherapy wherever the physician chooses to deliver brachytherapy. The safety and effectiveness of the Xoft Axxent Electronic Brachytherapy System as a replacement for whole breast irradiation in the treatment of breast cancer has not been established.

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MC462 Rev A

Breast Cancer Treatment in as Little as 1 Day

IORT | Intraoperative Radiation Therapy



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One and done.

In recent years, significant advancements have been made in the detection and treatment of breast cancer, offering patients less-invasive, breast-conserving options with valuable benefits. Studies of early-stage breast cancer treatment have shown that performing a lumpectomy by removing the cancerous tissue and a small rim of tissue surrounding it, plus radiation therapy, provides women the same survival outcomes as a total breast removal or mastectomy.^{1,2}

If you have been diagnosed with early-stage breast cancer, you may have the option of completing both surgery and radiation therapy at the same time with targeted, intraoperative radiation therapy (IORT).

What is Breast IORT?

Breast IORT is an advanced, patient-friendly radiation treatment option. With IORT, a complete, concentrated dose of radiation is delivered in one treatment during surgery. Traditional external beam radiation therapy (EBRT) involves daily radiation treatments for six to eight weeks, while IORT can be delivered in one day, eliminating weeks of travel, disruption to your daily life, and emotional stress.



**Explore
an Innovative
Approach to
Breast Cancer
Treatment**

How does IORT treat breast cancer?

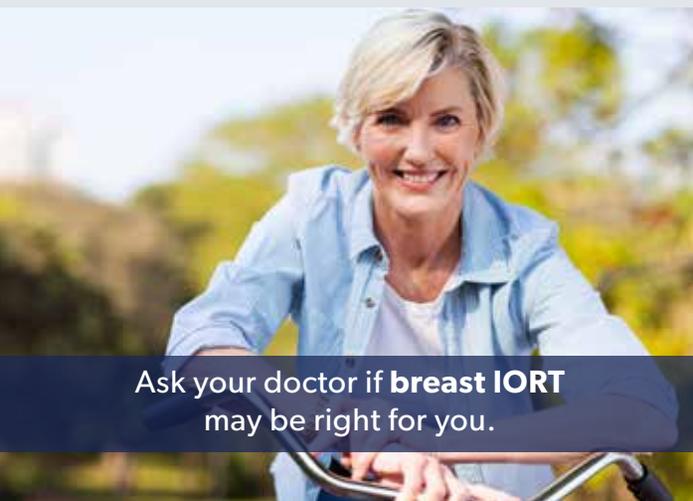
IORT uses a miniaturized x-ray source to deliver a full course of targeted radiation directly within the tumor cavity where the cancer is most likely to recur, carefully destroying cancer cells and reducing the risk of damage to nearby healthy tissue including the heart, lungs, and ribs.³ This helps reduce potential side effects which are more common with whole breast irradiation.⁴

A discussion with your surgeon about breast IORT, as well as other treatment options, is necessary to determine if you are a candidate. A growing body of favorable clinical data supports the use of IORT in patients meeting specific selection criteria. A peer-reviewed study has shown a single-fraction radiation treatment delivered at the time of breast-conserving surgery results in similar recurrence rates when compared to EBRT.⁵

What should I expect?

IORT is administered in just five simple steps.

- 1 A surgeon will remove the cancer while preserving the remaining breast tissue.
- 2 Immediately after the cancer is removed, a small inflatable balloon is placed inside the surgical cavity.
- 3 The miniaturized x-ray source is placed in the applicator and energized to deliver radiation for a prescribed amount of time.
- 4 Radiation is delivered in minutes while medical personnel remain in the room.
- 5 When the treatment is complete, the x-ray source is turned off. All devices are removed and the surgeon will complete the operation.



Ask your doctor if **breast IORT**
may be right for you.