Two large prospective, multi-institutional clinical studies report excellent clinical outcomes and low toxicity in localized prostate cancer patients. These studies provide robust clinical data supporting the efficacy of the CyberKnife® System in delivering ultra-hypofractionated stereotactic body radiotherapy (SBRT) for patients with low- and intermediate-risk prostate cancer. The following table describes and differentiates these studies.

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Intensity Modulated Radiotherapy Versus Stereotactic Body Radiotherapy for Prostate Cancer (PACE-B): 2 year Toxicity Results From a Randomised Open-label Phase III Non-inferiority Trial</th>
</tr>
</thead>
</table>
| First Author | Dr. Donald Fuller  
CyberKnife Centers of San Diego  
San Diego, CA, United States  
Dr. Alison Tree  
The Royal Marsden Hospital  
London, UK |
| Design | Prospective; Phase II trial; 18 institutions; CyberKnife System Only  
Prospective; Phase III trial; 35 centers; conventional radiotherapy vs SBRT regimen; including cohort comparing CyberKnife SBRT vs standard-linac SBRT |
| Number of Patients | 259  
SBRT cohort:  
• Conventional-linac 245 patients  
• CyberKnife 169 patients  
874 (441 radiotherapy; 433 SBRT) |
| Prescription | 38 Gy in 4 fractions daily (HDR-like brachytherapy regimen)  
• SBRT: 36.25 Gy–40 Gy in 5 fractions (over 2 weeks)  
• IMRT: 62 Gy in 20 fractions or 78 Gy in 39 fractions |
| Toxicity | Grade 2+ toxicity at 5 years:  
• GU: 16.3%  
• GI: 2.6%  
Grade 2 toxicity at 10 years:  
• GU: 19.2%  
• GI: 2.6%  
The toxicity profile of this SBRT regimen compares favourably with brachytherapy.  
CTCAE Grade 2+ toxicity at 2 years:  
GU toxicity:  
• 5.8% CyberKnife vs 16.5% conventional linac  
GI toxicity:  
• 0.6% CyberKnife vs 5.2% conventional linac  
CTCAE toxicity at 2 years was significantly less frequent with CyberKnife SBRT than standard-linac SBRT (0.002) |
| Outcomes | 10-year biochemical free recurrence:  
• 100% low-risk  
• 84.3% intermediate-risk  
Primary endpoint is freedom from biochemical or clinical failure, the data of which is not yet mature |
| Published | https://doi.org/10.3389/fonc.2022.935310  
https://doi.org/10.1016/S1470-2045(22)00517-4 |

*As of September 2022
PROVEN
The CyberKnife® System is recognized and established for prostate SBRT
• Supported by the largest prospective prostate SBRT studies to date* on low- and intermediate-risk prostate cancer3,4
• These studies provide reassurance to patients and providers that excellent clinical results are reproducible
• Supported by extensive clinical evidence with long term follow-up demonstrating highly effective treatment outcomes at the convenience of shorter treatment schedules3,4,5

PRECISE
The CyberKnife System’s precise robotic treatment streamlines prostate SBRT
• Automatically delivers a wide range of non-coplanar beams which improves dose minimization to surrounding organs and normal tissue compared to conventional coplanar beams6
• Automatically maintains sub-millimeter accuracy with continual intrafraction imaging and prostate motion adaptation, including rotation, throughout treatment delivery7
  o The prostate gland is known to move unpredictably during treatment delivery but CyberKnife’s robotic real-time corrections are an effective way to account for prostate motion8
  o When the target volume includes the proximal seminal vesicle, 6D-rotational corrections are important to prevent under-dosing of the seminal vesicles9

EFFECTIVE
The CyberKnife System yields clinical outcomes that compare favorably to historical data
• Excellent disease-free survival rates at five and 10-years for low-intermediate risk patients2,3,4,5,10
• Reduced gastrointestinal and genitourinary toxicities grade 2 and above, where bladder side effects were experienced half as often with CyberKnife System1
• Equivalent to high dose rate (HDR) brachytherapy2

CONVENIENT
The CyberKnife System eases the return to daily life for patients
• Compared to surgery, this nonsurgical outpatient procedure does not require general anesthesia, invasive incisions, hospitalization, or long recovery time
• Compared to brachytherapy, this minimally invasive procedure eliminates the inconvenience and risk associated with radioactive seeds or catheter implants2
• Compared to conventional radiotherapy, this treatment is completed in only 4–5 sessions instead of the 20–40 sessions which offers greater convenience to patients and potential cost savings to healthcare providers11

CONFIDENCE IN MOTION

COMPUTER GUIDED ROBOTIC DELIVERY
AI-DRIVEN REAL-TIME TARGET TRACKING AND DYNAMIC DELIVERY
INTRASECTION IMAGING

9) Lei S, et al. (2011) Six-Dimensional Correction of Intra-Fractional Prostate Motion with CyberKnife Stereotactic Body Radiation Therapy Front Oncol. 7:48

Important Safety Information:
Most side effects of radiotherapy, including radiotherapy delivered with Accuray systems, are mild and temporary, often involving fatigue, nausea, and skin irritation. Side effects can be severe, however, leading to pain, alterations in normal body functions (for example, urinary or salivary function), deterioration of quality of life, permanent injury, and even death. Side effects can occur during or shortly after radiation treatment or in the months and years following radiation. The nature and severity of side effects depend on many factors, including the size and location of the treated tumor, the treatment technique (for example, the radiation dose), and the patient’s general medical condition, to name a few. For more details about the side effects of your radiation therapy, and to see if treatment with an Accuray product is right for you, ask your doctor. Accuray Incorporated as a medical device manufacturer cannot and does not recommend specific treatment approaches. Individual results may vary.