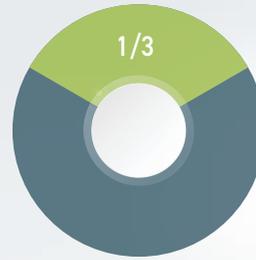


TOP 5 REASONS

TO CONSIDER RADIATION THERAPY FOR NMSC



1 UP TO 1/3 OF NEW CANCERS ARE NMSC*

This equates to an estimated 6 million cases per year. According to a study done by the University of Toronto, more than 19% of patients treated for NMSC would be good candidates for radiation therapy.**

2

DIVERSIFIED TREATMENT ARMAMENTARIUM

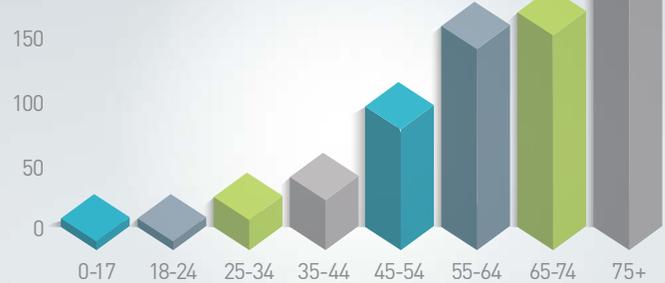
Most state regulations allow low energy radiation to be used in a non-hospital, outpatient setting, allowing dermatologists to treat patients who are not candidates for Mohs or prefer a non-surgical approach.

3

IDEAL OPTION FOR PATIENTS 60+

Total NMSC Cases Per 100,000 Persons

Source: US National Library of Medicine National Institutes of Health, 2010.



Skin cancer incident rates are growing as the global population ages. Older patients are good candidates for radiation therapy due to the lower risk of getting radiation-related skin cancers.

4

PROVIDES AN ALTERNATIVE FOR PATIENTS



For Patients

1. On blood thinners, or with other comorbidities, where a non-surgical treatment option is preferred
2. When surgery could compromise function or cosmesis
3. Who decline surgery altogether

5

HIGHLY EFFECTIVE CURE RATES

With little impact on patients' day-to-day lives or concerns about other comorbidities, treatment for skin cancers using superficial radiotherapy is comparable to Mohs surgery, with over 95 percent effectiveness. Unlike surgery, patients enjoy a pain-free alternative to skin cancer treatment without discomfort, scarring or downtime.

95%

RADiant, the first dual-modality surface radiation therapy system with eBT and SRT capability, offers a non-surgical treatment alternative that's smart, simple, and successful— for your patients and your practice.

Learn more at: radiant-therapy.com/Top5Reasons

*Source: Global cancer statistics 2018. GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries.

**Source: Culleton study, 2011. Based upon a retrospective multi-disciplinary study done in 2011 analyzing patients treated between January 2004 and January 2008. The date range for patients treated was before advances in RT technology and predates RADiant. Therefore, percentages could be even higher with the more appropriate radiation therapy devices.