



 **Body Pro-Lok™**

SBRT | Hypofractionation | Immobilization | Patient Transport

Indexable Patient Positioning

CIVCO's new Body Pro-Lok™ system provides an easy to use modular structure for setting up complex stereotactic body radiotherapy treatments (SBRT). Highly adaptable to the individual patient and department, CIVCO's Body Pro-Lok provides a new level of confidence for SBRT treatment.

- Aids in providing comfortable, total body immobilization for lengthy hypo-fractionation treatments
- Compatible with other treatment types, including Rapid Arc™, VMAT, IMRT, IGRT, SBRT and more.
- Body Pro-Lok bridges can be used in 3 ways:
 1. Attach directly to CIVCO's Universal Couchtop (with adapters)
 2. On any couchtop with the use of the Body Pro-Lok Platform which can be indexed using standard two-pin indexing
 3. On couchtops with Prodigy™, Interloc® or Exact® indexing with the use of the Rails-Only System which features built-in Lok-Bars
- Body Pro-Lok uses existing CIVCO positioning equipment via standard two-pin indexing



Indexing along the entire length of the Platform is easily readable

T-Pin Lok-Bars™ allow you to index most two-pin compatible products to the platform or Rails-Only System

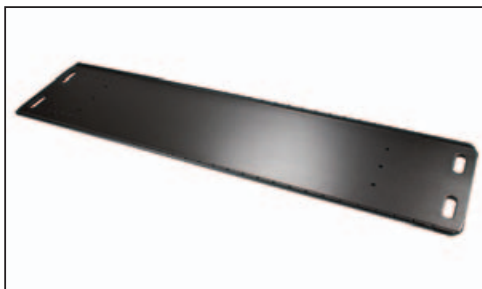


Bridge combines with specialized plate for breathing control, helping to minimize tumor movement resulting in smaller ITV

Continuously adjustable and indexed bridges; Clam-Lok™ cushion provides resistance from above

Base Options & Packages

CIVCO's Body Pro-Lok™ system has 3 different base options, the Pro-Lok Platform, Rails-Only System or Universal Couchtop. The Pro-Lok Platform is a carbon fiber platform which provides a base for bridge attachment and indexes to your couchtop with two-pin indexing. The Pro-Lok Platform is the only base compatible with the Patient Transfer System allowing you to transfer completely immobilized patients. The Rails-Only System provides a system for utilizing bridges and accessories without the full platform. The Universal Couchtop replaces the couchtop on your linac or CT, its winged profile allows you to attach bridges and accessories directly to the couchtop via a small adapter.



The Pro-Lok Platform is a lightweight, carbon fiber platform with easy to read indexing. Indexing is found on the anterior surface, along both sides, with additional superior and inferior indexing for documenting laser intersections.



The Rails-Only System provides full compatibility with Body Pro-Lok Bridges and accessories (excluding the transfer system). Its integrated Lok-Bars provide additional stability. It also provides reduced attenuation when compared with the use of the Pro-Lok Platform.



Contact your account representative for available Universal Couchtop options.

The Universal Couchtop replaces the couchtop on your linac or CT, its winged profile allows you to attach bridges and accessories directly to the couchtop via a small adapter.

Base Part Numbers

Description	Part #
Pro-Lok Platform	MTSBRT002
All part numbers listed below include 1 - rail assembly with attached Lok-Bars and 4 - Rails-Only T-Pin Lok-Bars	
Rails-Only System - 53cm - Prodigy	MTSBRT051
Rails-Only System - 53cm - Interloc	MTSBRT050
Rails-Only System - 53cm - Exact	MTSBRT056
Rails-Only System - 50cm - Prodigy	MTSBRT053
Rails-Only System - 50cm - Interloc	MTSBRT052
Rails-Only System - 50cm - Exact	MTSBRT057

Body Pro-Lok Package Options

Description	Part #
Premium Body Pro-Lok System: Pro-Lok Platform (1), Patient Handles (1 pair), Type 1 Bridge (2), Type 2 Bridge (2), Type 3 Bridge (1), T-Pin Lok-Bars (4), Shoulder Restraint Bridge 2 (1), Patient Transfer Base (1), Forehead Restraint (1), 8" Clam-Lok Cushion (1)	MTSBRT001
Rails-Only Comprehensive SBRT Kit: Type 1 Bridge (2), Type 2 Bridge (2), Type 3 Bridge (1), Respiratory Plate (1), Respiratory Belt (1), Forehead Restraint (1), Shoulder Restraint Bridge 2 (1), Patient Handles (1 pair), 8" Clam-Lok Cushion (2)	MTSBRT360
Rails-Only Respiratory Restriction Kit: Type 1 Bridge (1), Type 2 Bridge (1), Respiratory Plate (1), Respiratory Belt (1)	MTSBRT350
Universal Couchtop Comprehensive SBRT Kit: Type 1 Bridge (2), Type 2 Bridge (2), Type 3 Bridge (1), Prodigy 2 Lok-Bar (3), Respiratory Plate (1), Respiratory Belt (1), Type 2 & 3 Bridge Adapter Pair (2), Type 1 Bridge Adapter Pair (3), Belt Adapter Pair (1), Forehead Restraint (1), Shoulder Restraint Bridge 2 (1), Universal Couchtop Handle Set (1 pair), 8" Clam-Lok Cushion (2)	MTSBRT310
Universal Couchtop Respiratory Restriction Kit: Type 1 Bridge (1), Type 2 Bridge (1), Respiratory Plate (1), Respiratory Belt (1), Type 2 & 3 Bridge Adapter Pair (1), Type 1 Bridge Adapter Pair (1), Belt Adapter Pair (1)	MTSBRT300

Accessories & Options

CIVCO's Body Pro-Lok™ system includes numerous accessories. The various accessories attach directly to the bridges, the Pro-Lok Platform, Rails-Only System or Universal Couchtop. Depending on which anatomical area you are treating, you can customize your setup with accessories to meet your patient's needs.



Carbon Fiber T-Pin Lok-Bar for Pro-Lok Platform	MTSBRT009
Fiberglass T-Pin Lok-Bar for Rails-Only System	MTSBRT055

The T-Pin Lok-Bar allows most two-pin compatible positioning aids to be indexed to the Body Pro-Lok. This enables customized setups to meet your patient's treatment needs.



Type 1 Bridge (front)	MTSBRT039
Type 2 Bridge (middle)	MTSBRT007
Type 3 Bridge (back)	MTSBRT031

Body Pro-Lok's revolutionary bridges provide a solution for immobilizing the patient from above. Bridges are available in varying sizes, from Type 1, the smallest, to Type 3, the largest.



Patient Handle	MTSBRT005
Patient Handle (mirror)	MTSBRT0051
Patient Handle - Universal Couchtop (right)	MTIL662501
Patient Handle - Universal Couchtop (left)	MTIL662502

Body Pro-Lok's Patient Handles clamp to the base in the same manner as the bridges. The handles provide a stable place for immobilized patients to place their hands.



Shoulder Restraint Bridge 2	MTSBRT038
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Body Pro-Lok's Shoulder Restraint Bridge 2 is useful in head & neck treatments. The special bridge provides padded cups to aid in immobilizing the shoulders firmly and comfortably.



Forehead Restraint	MTSBRT018
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The Forehead Restraint attaches to the bridges, and provides a padded restraint mechanism for the head.



8" Clam-Lok Cushion	MTSBRT202
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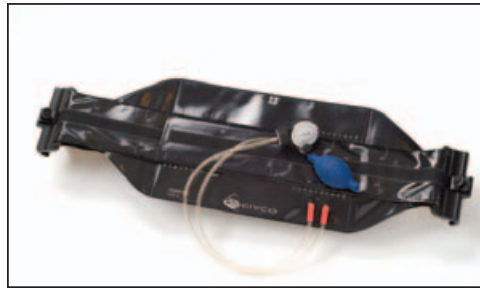
The Clam-Lok Cushion attaches to the bridges. Once the cushion is formed, it comfortably enhances the immobilization from above.

Accessories & Options



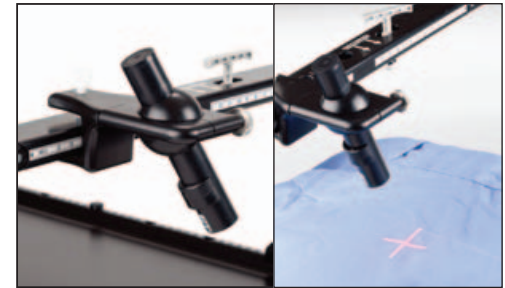
Respiratory Plate **MTSBRT003**

The Respiratory Plate is designed to place pressure at the level of the diaphragm to control the patient's breathing and attaches to the Body Pro-Lok bridges. The pressure supplied by this device should be administered with a physician present.



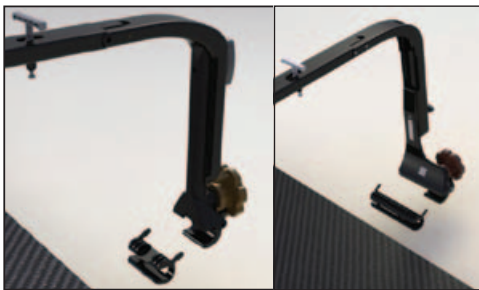
Respiratory Belt **MTSBRT004**

The Respiratory Belt is designed to apply pressure to restrict breathing by inflating an air bladder to a pressure selected during simulation. The goal of effective respiratory restriction is to minimize tumor movement resulting in smaller ITV. This flexible solution can be used for patients of any size and is ideal for liver or lung treatments.



Laser-Lok **MTSBRT037**

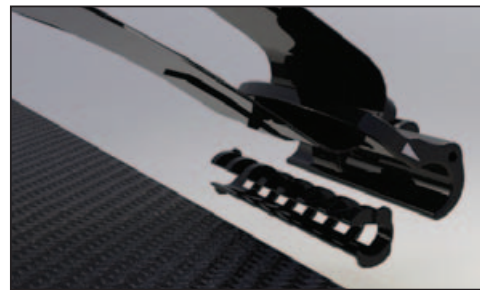
The Laser-Lok attaches to the bridges to assist in verifying patient positioning relative to the Body Pro-Lok. Laser-Lok shines a red cross hair onto the patient, offering another layer of positioning assistance which is independent from the room lasers. The device features a self contained battery and has an extensive range of motion for flexibility in marking the patient.



Type 2 & 3 Bridge Adapter (2) **MTIL6615**

Type 1 & Shoulder Restraint Bridge 2 Adapter (2) **MTIL6616**

Bridge Adapters allow bridges to attach directly to the Universal Couchtop.



Respiratory Belt Adapter (2) **MTIL6620**

Respiratory Belt Adapters allow the Respiratory Belt to attach directly to the Universal Couchtop.



Patient Transfer Base **MTSBRT011**

CIVCO's unique Patient Transfer Base allows for the transfer of a completely immobilized patient. The patient can be staged, imaged and transferred to the treatment couch while remaining immobilized. (Compatible only with the Pro-Lok Platform)



Pro-Lok Storage Cart **MTSBRT203**

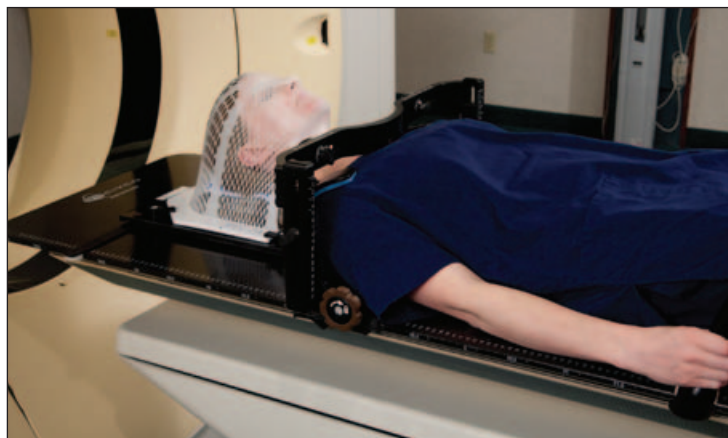
Wall Storage Unit **MTSBRT224**

Two storage options, a cart and a wall mounted unit, are available. The Storage Cart is custom-designed to store and transport the Body Pro-Lok system. The shelves provide space to store accessories. The cart provides easy transportation from room to room and excellent storage space. For centers where a storage cart is not feasible, the Wall Storage unit is an innovative solution. With specific locations for each bridge type and a shelf for the remaining accessories, this storage solution neatly organizes all components of Body Pro-Lok.

Secure Immobilization

Body Pro-Lok™ provides a versatile system which aids in securely and comfortably immobilizing your patients for a variety of treatment situations. CIVCO's revolutionary bridges are at the heart of this flexibility.

- The Premium system includes five bridges of varying sizes, plus the Shoulder Restraint Bridge 2, which all have easy-to-read indexing for height adjustment
- All Body Pro-Lok accessories, such as the Clam-Lok cushion, attach directly to the bridges with a custom T-pin locking mechanism
- Body Pro-Lok provides two methods for applying pressure to reduce respiratory motion and aid in patient immobilization
- Any setup can be customized with accessories to meet your patient's needs



Body Pro-Lok setup using hand grips, shoulder restraint bridge 2 and head & neck fixation on the Universal Couchtop



Body Pro-Lok setup using bridges with respiratory plate and Clam-Lok Cushion, PET Arm Support, Knee-Lok™ and Foot-Lok™

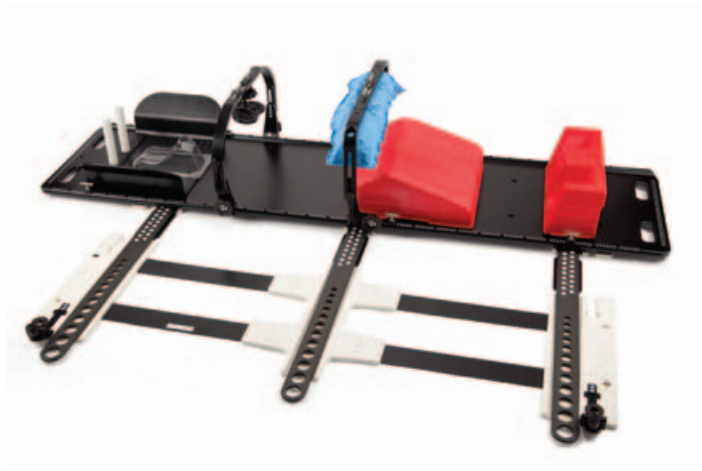
"Yes, we are the first round users for this SBRT immobilization system for a hypofractionated re-treated patient with paraspinal recurrence and we really like it, due to its simplicity and easy set up. Now, if we have any lung or abdomen patients for hypofractionated treatments, we always use the Body Pro-Lok for setup. We don't have 4D CT in our department, but we are starting to get the 4D images upstairs in Radiology. The transfer system works very well for us to transport a completely immobilized patient that is in treatment position."

- Jack Yang, Ph.D., Monmouth Medical Center, Long Branch, NJ

Efficient Patient Transfer

CIVCO's unique patient transfer base facilitates movement of the immobilized patient, enabling you to stage patients in one location and transport them to the treatment room fully immobilized. (Compatible only with the Pro-Lok Platform)

- Simple and cost-effective mechanism to move patients in treatment position
- Allows the therapy staff to move immobilized patients with no lifting required



Body Pro-Lok with Patient Transfer System

"High precision radiotherapy with IMRT and SBRT are becoming standard of practice and require reliable and reproducible immobilization devices. The new Body Pro-Lok from CIVCO fulfills that need with a very ergonomically designed solution. We have been using it in our practice, especially with SBRT treatments, and found it to be easy to use while providing firm immobilization and ease of transfer of patients from the CT to the linac unit."

- Niko Papanikolaou, Ph.D., The University of Texas Health Science Center, San Antonio, TX



CIVCO's Body Pro-Lok efficiently transfers patients



What Experts are Saying About SBRT

The Use of SBRT is Expanding

"Outcomes of early clinical experience in medically inoperable patients are very encouraging and thus the use of SBRT is expanding."

"With an increase in diagnosis of Stage 1 lung cancer and improvements in the delivery of SBRT, it can be anticipated that more patients will receive SBRT with good outcomes."

Fuss, Martin. "Lung SBRT Clinical White Paper." RAD10069A, January 2009. Varian Medical Systems. March 2009. <varian.mediaroom.com/file.php/372/>LungSBRTWhitePaper_RAD10069A_January2009.pdf>

Patient Positioning is Essential for SBRT

"Accurate patient positioning and tumor relocalization are essential for SBRT use in the liver and other abdominal and retroperitoneal sites, as at other tumor sites."

Kavanagh, Brian D., Tracey E. Scheffer, Peter J Wersäll. "Liver, Renal, and Retroperitoneal Tumors: Stereotactic Radiotherapy." *Frontiers of Radiation Therapy and Oncology*. Vol. 40 (2007): 415-426.

Successful for Early-Stage Lung Cancer

"With the success of SBRT for early-stage lung cancer, we're now questioning whether we'll be doing surgeries on these patients in the future." - Dr. Miyamoto, Temple University

"SBRT Proves Effective Treatment for Early Stage Lung Cancer." *Imaging Technology News*. 5 Mar. 2009. 30 Mar. 2009 <<http://www.itnonline.net/node/31283/use+body>>.

Safer Delivery of High Doses

"Advances in stereotactic radiation techniques have resulted in safer delivery of high doses to extracranial sites with reduced toxicity and improved outcomes."

"Lung SBRT has been associated with local control rates of over 90%."

Dilling, Thomas J., Sarah Hoffe. "Stereotactic Body Radiation Therapy: Transcending the Conventional to Improve Outcomes." *Cancer Control*. 15:2 (2008): 104-111. *From the Radiation Oncology Program at the H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL.*

Body Pro-Lok is Accurate and Efficient

"Given our collective institutional experience with both the BodyFIX and Body Pro-Lok systems, we have found the latter to be more user-friendly and faster to position and immobilize the patient. The precision indexing of all accessories makes the system quite reproducible and provides both the radiation therapist and radiation oncology physicist a robust and systematic method of verifying the patient positioning both accurately and efficiently."

Gutierrez, Alonso, Sotirios Stathakis, Richard Crowover, Carlos Esquivel, Chengyu Shi, and Papanikolaou, Niko. "Clinical Evaluation of an Immobilization System for Stereotactic Body Radiotherapy Using Helical Tomotherapy." *Medical Dosimetry* (2010): n. pag. Web. 14 Sep 2010.

Extremely Precise High Doses

"Higher doses, less damage, fewer treatments put SBRT at the forefront of RT's future."

"As a subspecialty of IGRT, SBRT enables delivery of extremely precise high doses of radiation to malignant or benign tumors that are small, may be hard to reach and are located typically in the head or neck, lung, liver, in various abdominal sites and the prostate. With tighter margins, less normal tissue is affected so there are fewer side effects for patients. Plus, fewer treatment sessions are required to deliver the same total amount of radiation."

Cal Huntzinger, manager of marketing and engineering, surgical sciences, Varian Medical Systems stated, "With our new SBRT systems, we have the ability to identify targets in ways we never could before, driven by the power of functional images combined with structural images. Oncologists and referring physicians can visualize exactly what they're trying to treat without guessing. During treatment, physicians can sculpt the dose in ways that were unheard of just years ago."

"The key to the new capabilities of SBRT is significant advancements in imaging."

Amy Lillard. "SBRT - The New Treatment of Choice." *Imaging Technology News*. 48:7 (2008): 28-31.

SBRT is Opening Interesting New Possibilities

"It seems, therefore, that high-dose single-fraction radiotherapy is achieving higher local control than could be expected given what we know about radiation killing of cancer cells in a tumor. This raises the question of whether there is some new biology that has yet to be factored into the calculations for these high single doses."

"We believe that high-dose single-fraction and hypofractionated radiotherapy open up interesting new possibilities for improving local control rates by radiotherapy."

Brown, Martin, Albert Koong. "High-Dose Single-Fraction radiotherapy: Exploiting and New Biology?" *International Journal of Radiation Oncology, Biology and Physics*. 71:2 (2008): 324-325. *From the Department of Radiation Oncology, Stanford University, Stanford, CA.*

Increased Local Tumor Control Rates

"Preliminary studies suggest that stereotactic body radiation offers us a good chance of achieving 85-90% local tumor control rates in the treatment of early-stage lung cancer," said Martin Fuss, M.D., director of the image-guided radiation therapy program at the Oregon Health & Science University.

Medimaging International Staff Writers. "Noninvasive Image-Guided Radiosurgery Can Now Treat Inoperable Lung Cancer." *MedImaging Daily Radiology News*. (04 March 2009). 26 March 2009. <http://medimaging.net/?option=com_article&Itemid=294722261&cat=Radiography>

Recent SBRT Publications

Books

Extracranial Stereotactic Radiotherapy and Radiosurgery. New York: Informa Healthcare, 2005.

IMRT, IGRT, SBRT Advances in the Treatment Planning and Delivery of Radiotherapy (Frontiers of Radiation Therapy and Oncology). New York: S. Karger AG (Switzerland), 2007.

Kavanagh, Brian D., and Robert D. Timmerman. **Stereotactic Body Radiation Therapy.** Philadelphia: Lippincott Williams & Wilkins, 2004.

General SBRT

Gutierrez, Alonso, Sotirios Stathakis, Richard Crownover, Carlos Esquivel, Chengyu Shi, and Papanikolaou, Niko. **“Clinical Evaluation of an Immobilization System for Stereotactic Body Radiotherapy Using Helical Tomotherapy.”** *Medical Dosimetry* (2010): n. pag. Web. 14 Sep 2010.

Dilling TJ, Hoffe SE. **“Stereotactic Body Radiation Therapy: Transcending the Conventional to Improve Outcomes.”** *Cancer Control.* 15:2 (2008): 104-11.

Papiez L, Timmerman R. **“Hypofractionation in Radiation Therapy and its Impact.”** *Medical Physics.* 35:1 (2008): 112-8.

“Practice Guideline for the Performance of Stereotactic Body Radiation Therapy.” *ACR Practice Guideline.* Amended 2006: 995-1002.

“Stereotactic Radiosurgery: Strategies for Success.” *Clinical Intelligence.* 2006.

Use of IGRT with SBRT

Holmes TW, Hudes R, Dziuba S, Kazi A, Hall M, Dawson D. **“Stereotactic Image-Guided Intensity Modulated Radiotherapy Using the HI-ART II Helical Tomotherapy System.”** *Medical Dosimetry.* 33:2 (2008): 135-48.

Hossain S, Xia P, Chuang C, Verhey L, Gottschalk AR, Mu G, Ma L. **“Simulated Real Time Image Guided Intrafraction Tracking-Delivery for Hypofractionated Prostate IMRT.”** *Medical Physics.* 35:9 (2008): 4041-8.

Wang Z, Nelson JW, Yoo S, Wu QJ, Kirkpatrick JP, Marks LB, Yin FF.

“Refinement of Treatment Setup and Target Localization Accuracy Using Three-Dimensional Cone-Beam Computed Tomography for Stereotactic Body Radiotherapy.” *International Journal of Radiation Oncology Biology and Physics.* 73:2 (2009) 571-7.

Lung SBRT

Olorunnisomo IO, Gutierrez AN, Stathakis S, and Papanikolaou N. **“Inter-comparison of Breathing Restriction Techniques Using Commercially Available Immobilization Devices for SBRT.”** Poster presented at: AAPM 52nd Annual Meeting; 2010 July 18-22; Philadelphia, PA.

Baumann P, Nyman J, Hoyer M, Gagliardi G, Lax I, Wennberg B, Drugge N, Ekberg L, Friesland S, Johansson KA, Lund JS, Morhed E, Nilsson K, Levin N, Paludan M, Sederholm C, Traberger A, Wittgren L, Lewensohn R. **“Stereotactic Body Radiotherapy for Medically Inoperable Patients with Stage I Non-small Cell Lung Cancer - A First Report of Toxicity Related to COPD/CVD in a Non-randomized Prospective Phase II Study.”** *Radiotherapy and Oncology: Journal of the European Society for Therapeutic Radiology and Oncology.* 88:3 (2008): 359-67.

Dahele M, Pearson S, Purdie T, Bissonnette JP, Franks K, Brade A, Cho J, Sun A, Hope A, Marshall A, Higgins J, Bezjak A. **“Practical Considerations Arising from the Implementation of Lung Stereotactic Body Radiation Therapy (SBRT) at a Comprehensive Cancer Center.”** *Journal of Thoracic Oncology: Official Publication of the International Association for the Study of Lung Cancer.* 3:11 (2008): 1332-41.

Fakiris AJ, McGarry RC, Yiannoutsos CT, Papiez L, Williams M, Henderson MA, Timmerman R. **“Stereotactic Body Radiation Therapy for Early-Stage Non-Small-Cell Lung Carcinoma: Four-Year Results of a Prospective Phase II Study.”** *International Journal of Radiation Oncology Biology and Physics.* 2009 Feb 27. [Epub ahead of print].

McCammon R, Schefter TE, Gaspar LE, Zaemisch R, Gravidahl D, Kavanagh B. **“Observation of a Dose-Control Relationship for Lung and Liver Tumors After Stereotactic Body Radiation Therapy.”** *International Journal of Radiation Oncology Biology and Physics.* 73:1 (2009): 112-8.

Wang L, Hayes S, Paskalev K, Jin L, Buyyounouski MK, Ma CC, Feigenberg S. **“Dosimetric Comparison of Stereotactic Body Radiotherapy Using 4D CT and Multiphase CT Images for Treatment Planning of Lung Cancer: Evaluation of the Impact on Daily Dose Coverage.”** *Radiotherapy and Oncology: Journal of the European Society for Therapeutic Radiology and Oncology.* 2008 Dec 24. [Epub ahead of print]

Respiratory Motion

Wu QJ, Thongphiew D, Wang Z, Chankong V, Yin FF. **“The Impact of Respiratory Motion and Treatment Technique on Stereotactic Body Radiation Therapy for Liver Cancer.”** *Medical Physics.* 35:4 (2008): 1440-51.

Richter A, Baier K, Meyer J, Wilbert J, Krieger T, Flentje M, Guckenberger M. **“Influence of Increased Target Dose Inhomogeneity on Margins for Breathing Motion Compensation in Conformal Stereotactic Body Radiotherapy.”** *BMC Medical Physics.* 2008 Dec 3;8:5

Other Anatomical SBRT Sites

Jhaveri P, Teh BS, Bloch C, Amato R, Butler EB, Paulino AC. **“Stereotactic Body Radiotherapy in the Management of Painful Bone Metastases.”** *Oncology* (Williston Park, N.Y.). 22:7 (2008): 782-8, discussion 788-9, 796-7.

Kim MS, Choi C, Yoo S, Cho C, Seo Y, Ji Y, Lee D, Hwang D, Moon S, Kim MS, Kang H. **“Stereotactic Body Radiation Therapy in Patients with Pelvic Recurrence from Rectal Carcinoma.”** *Japanese Journal of Clinical Oncology.* 38:10 (2008): 695-700.

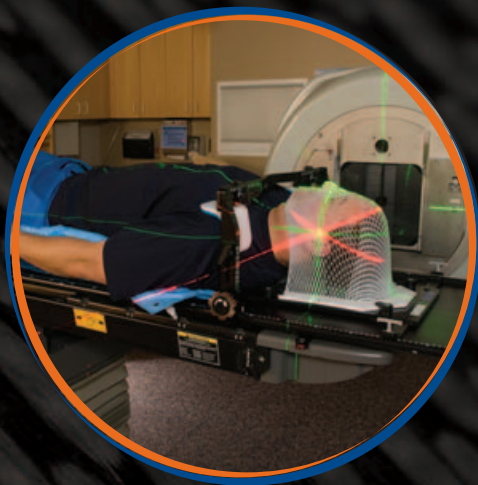
Lo SS, Cardenes HR, Teh BS, Fakiris AJ, Henderson MA, Papiez L, McGarry RC, Wang JZ, Li K, Mayr NA, Timmerman RD. **“Stereotactic Body Radiation Therapy for Nonpulmonary Primary Tumors.”** *Expert Review of Anticancer Therapy.* 8:12 (2008): 1939-51.

Nelson JW, Yoo DS, Sampson JH, Isaacs RE, Larrier NA, Marks LB, Yin FF, Wu QJ, Wang Z, Kirkpatrick JP. **“Stereotactic Body Radiotherapy for Lesions of the Spine and Paraspinal Regions.”** *International Journal of Radiation Oncology, Biology and Physics.* 73:5 (2009):1369-75

Rusthoven KE, Kavanagh BD, Cardenes H, Stieber VW, Burri SH, Feigenberg SJ, Chidel MA, Pugh TJ, Franklin W, Kane M, Gaspar LE, Schefter TE. **“Multi-Institutional Phase I/II Trial of Stereotactic Body Radiation Therapy for Liver Metastases.”** *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology.* 2009 Mar 2. [Epub ahead of print].

Teh B, Paulino A, Lu H, Chiu J, Richardson S, Chiang S, Amato R, Butler B, Bloch C. **“Versatility of the Novalis System to Deliver Image-Guided Stereotactic Body Radiation Therapy (SBRT) for Various Anatomical Sites.”** *Technology in Cancer Research and Treatment.* 6:4 (2007): 347-54.

Sahgal A, Ames C, Chou D, Ma L, Huang K, Xu W, Chin C, Weinberg V, Chuang C, Weinstein P, Larson DA. **“Stereotactic Body Radiotherapy is Effective Salvage Therapy for Patients with Prior Radiation of Spinal Metastases.”** *International Journal of Radiation Oncology, Biology and Physics.* 2008 Dec 16. [Epub ahead of print]



Contact your account representative for more information on Body Pro-Lok™.

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Immobilization **IGRT**
Patient Transport
SBRT *Hypofractionation*