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SENT BY EMAIL AND COURIER

May 7th, 2019

DEMAND FOR COUNTERSTATEMENT (GEGENDARSTELLUNG)

Dear Sirs,

With regards to the article published on your website (<https://hta.lbg.ac.at/page/mr-linac-zur-strahlentherapie-in-onkologischen-indikationen/de>) in March, titled “MR-LINAC zur Strahlentherapie in onkologischen Indikationen”, we hereby formally request you to issue a counterstatement (Gegendarstellung) in your next newsletter pursuant to Sec. 9 of the Austrian Media Act (Mediengesetz) to correct the following inaccuracies and misrepresentations:

- *“MR therapy planning”* is referenced however the MR-Linac provides MR guided treatment.
- *“The Canadian HTA rated the added benefit as uncertain “*
 - If you follow the link below CADTH / CA 2019) <https://www.cadth.ca/sites/default/files/pdf/htis/2019/RC1058%20MRI%20Simulator%20Final.pdf>), you will note that this was designed for MR-Sim, not for MR-Linac and was done in 2013 before Elekta’s MR-Linac was available. The article compares CT-Sim with MR-Sim and therefore whatever results they got out of this cannot be used to judge what MR-Linacs can do for treating patients.
- *“Recently, two MR-LINAC combination devices have been approved, which perform this image-based treatment planning using magnetic resonance imaging”*
 - The customer does not plan on MR initially – this is misleading as it is not a prerequisite for MR-Linac.
- *“The MR-LINAC combination device is a technical innovation that combines real-time imaging (1.5 Tesla MR)”*
 - This is incorrect because LBI name both companies (Elekta and Viewray) and state that the MR is 1.5T for both which is not accurate.

- *“Target groups for MR-LINAC are tumors in the thoracic, abdominal and pelvic area with strong organ movement (ie where the CT positioning available everywhere today is not good enough).”*
 - This is incorrect as we currently invest in 12 tumor sites which also includes the brain where you don't expect movement at all, meaning that the expected benefits are not limited to areas with organ movement.
- *“The HTA concludes that an added benefit is uncertain”*
 - Incorrect - the study that the LBI cites is not about MR-Linac but a comparison of MR-Sim with CT-Sim (only the planning part)
- *“Currently, a few MR-LINACs in Europe are installed at university research clinics. (Germany: Heidelberg and Tübingen, UK: The Royal Marsden and The Institute of Cancer Research, Switzerland from mid-2019: Zurich, ..)”*
 - This is not a complete list.
- *“In addition to the acquisition costs for an MR-LINAC of € 8-9 million”*
 - Misleading. LBI should not assume the cost of such project, especially because LBI has not contacted Elekta to assess the cost-base
- *“significant conversion costs are also to be expected”*
 - Incorrect and misleading, as Elekta supplies the entire room fittings like RF-cage with the system price and it highly depends on the given bunker dimensions how much a modification of an existing bunker costs plus for a green-field a Unity bunker can be in a similar cost range as a conventional bunker.
- *“The MR-LINAC is currently an "emerging technology", which is only being tested in scientific clinical studies at university clinics with focus on radio-oncology.”*
 - Elekta has non-university sites as MR-Linac customers as well, so this is incomplete information and misleading.

Please refer to the CADTH Health Technology Update – Issue 23 for a review of the MR-linac for Radiation Therapy for the Treatment of Cancer: <https://www.cadth.ca/health-technology-update-issue-23> and this article by Physics World: <https://physicsworld.com/a/bringing-mr-guided-radiotherapy-into-the-clinic/> for another insight into MR-guided radiotherapy.

We would welcome the opportunity to work with you so that you can obtain accurate information about the Elekta MR-Linac, direct from Elekta, to ensure that a true and factual article is published.

Please respond via email (rene.mairinger@elekta.com) within 5 business days with confirmation of your counterstatement.

Sincerely,


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