



Radiation oncology still places its needles by hand. Epione could change that.

Robert Draper • a proposal to take Epione into radiation oncology as a new treatment modality, separate from NeuWave, starting with four national cancer centers.

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01 The gap

Radiation oncology does its own CT guided needle work: fiducial markers for SBRT and proton, interstitial brachytherapy catheters, seed implants. Most of it is freehand. Lung fiducial series report pneumothorax in 16% to 45% of cases. I found no placement robot sold to radiation oncology in the US.

02 Where Epione could fit

Fiducials first: in a 2026 randomized trial of a different robot for CT biopsy, targeting error fell from 4.5 to 1.7 mm and lung complications from 16.9% to 4.9%. Then interstitial HDR for liver, limited today by operator skill, and CT guided seeds. Prostate is the long horizon. None of this is in Epione's label yet; an expanded 510(k) is the likely path.

03 The role

Owns	Radiation oncology as a new Epione market; a four center advisory board run with medical affairs; clinical input for an expanded indication; launch readiness
Works with	Medical affairs, regulatory, R&D, and Epione teams in accounts they already serve
Does not	Sell NeuWave or work its accounts, promote outside the cleared label, or claim unproven outcomes

04 Four national centers first

0 TO 6 Ohio State, Vanderbilt, Stanford and MD Anderson, where I have contacts today. Workflows mapped, first use chosen with regulatory.

6 TO 18 Evidence: one or two feasibility studies run by medical affairs, clinical input delivered for the filing.

18 ON National launch as each label arrives, the four centers as references, then Canada.

05 First 90 days

DAY 30 Observe Epione cases, learn the label, meet regulatory and medical affairs, first meetings at all four centers, a verdict on each use.

DAY 60 20 structured interviews across the four centers, workflow maps for three uses, first use chosen with regulatory.

DAY 90 Advisory board seated, a study concept for the first use, first market sizing.

06 The scorecard



No quota before a cleared indication. Break even after clearance: Epione placements with a radiation oncology buyer, or radiation oncology procedures, agreed with finance. All numbers are proposals.

07 Why Rob

It's the room I came from. I know how radiation oncology decides, and I have contacts today at Ohio State, Vanderbilt, Stanford and MD Anderson.

150%+ of plan and President's Club at Varian in radiation oncology and brachytherapy capital

100% of Polarean's 2023 revenue. I landed the first adopters of a technology nobody had bought yet: a market built, not inherited

15+ yrs selling new capital technology through physician champions at Mayo Clinic, Rush, Vanderbilt, UT Southwestern, UCLA

4 full Ironman races, plus eight halves. Capital cycles of 9 to 18 months feel familiar

Create the role as a 12 month pilot, starting with Ohio State, Vanderbilt, Stanford and MD Anderson. In 30 days I will show which use is real. In 12 months you will have the clinical input for a filing, or a clear no.

