



Application for Certificate of Need

**Barnes-Jewish West County Hospital
Acquire Linear Accelerator**

Project #6222 HS

**Submitted To
Missouri Health Facilities Review Committee**

June 2025



Certificate of Need Program

NEW OR ADDITIONAL EQUIPMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: _____

Project No: _____

Project Description: _____

Done Page N/A Description

Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861)
2. Representative Registration (From MO 580-1869)
3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

Divider II. Proposal Description:

1. Provide a complete detailed project description and include equipment bid quotes.
2. Provide a timeline of events for the project, from CON issuance through project competition.
3. Provide a legible city or county map showing the exact location of the project.
4. Define the community to be served and provide the geographic service area for the equipment.
5. Provide other statistics to document the size and validity of any user-defined geographic service area.
6. Identify specific community problems or unmet needs the proposal would address.
7. Provide the historical utilization for each of the past three years and utilization projections through the first three (3) **FULL** years of operation of the new equipment.
8. Provide the methods and assumptions used to project utilization.
9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
10. Provide copies of any petitions, letters of support or opposition received.
11. Document that providers of similar health services in the proposed service area have been notified of the application by a public notice in the local newspaper.
12. Document that providers of all affected facilities in the proposed service area were addressed letters regarding the application.

Divider III. Service Specific Criteria and Standards:

1. For new units, address the minimum annual utilization standard for the proposed geographic service area.
2. For any new unit where specific utilization standards are not listed, provide documentation to justify the new unit.
3. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.
4. For evolving technology address the following:
 - Medical effects as described and documented in published scientific literature;
 - The degree to which the objectives of the technology have been met in practice;
 - Any side effects, contraindications or environmental exposures;
 - The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies;
 - Food and Drug Administration approval;
 - The need methodology used by this proposal in order to assess efficacy and cost impact of the proposal;
 - The degree of partnership, if any, with other institutions for joint use and financing.

Divider IV. Financial Feasibility Review Criteria and Standards:

1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) **FULL** years beyond project completion.
3. Document how patient charges are derived.
4. Document responsiveness to the needs of the medically indigent.

Divider I. Application Summary:

1. Applicant Identification and Certification (Form MO 580-1861).

See attached.

2. Representative Registration (Form MO 580-1869).

See attached.

3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

See attached.



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

<i>The information provided must match the Letter of Intent for this project, without exception.</i>		
1. Project Location <i>(Attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project	Project Number	
Project Address <i>(Street/City/State/Zip Code)</i>	County	
2. Applicant Identification <i>(Information must agree with previously submitted Letter of Intent.)</i>		
List All Owner(s): <i>(List corporate entity.)</i>	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
<i>(List entity to be licensed or certified.)</i>		
List All Operator(s):	Address <i>(Street/City/State/Zip Code)</i>	Telephone Number
3. Ownership <i>(Check applicable category.)</i>		
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> District
	<input type="checkbox"/> County	<input type="checkbox"/> Other _____
4. Certification		
<p>In submitting this project application, the applicant understands that:</p> <ul style="list-style-type: none"> (A) The review will be made as to the community need for the proposed beds or equipment in this application; (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area; (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute; (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months; (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee. <p>We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:</p>		
5. Authorized Contact Person <i>(Attach a Contact Person Correction Form if different from the Letter of Intent.)</i>		
Name of Contact Person	Title	
Telephone Number	Fax Number	E-mail Address
Signature of Contact Person	Date of Signature	
	6/26/2025	



Certificate of Need Program

REPRESENTATIVE REGISTRATION

<i>(A registration form must be completed for each project presented.)</i>	
Project Name Barnes-Jewish West County Hosp.-- acquire linear accelerator	Number 6222HS
<i>(Please type or print legibly.)</i>	
Name of Representative Greg Bratcher	Title Dir., Gov. Relations
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) BJC HealthCare	Telephone Number 314-323-1231
Address (Street/City/State/Zip Code) 4901 Forest Park Ave, Suite 1220, MS 90-75-574, St. Louis, MO 63108	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented BJC HealthCare	Telephone Number 314-323-1231
Address (Street/City/State/Zip Code) 4901 Forest Park Ave, Suite 1220, MS 90-75-574, St. Louis, MO 63108	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p> </div> </div> <p style="margin-top: 20px;">I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>	
Original Signature 	Date 6/26/2025



Certificate of Need Program

PROPOSED PROJECT BUDGET**Description****Dollars****COSTS:****(Fill in every line, even if the amount is "\$0".)*

1. New Construction Costs ***

2. Renovation Costs ***

3. Subtotal Construction Costs (#1 plus #2)

4. Architectural/Engineering Fees

5. Other Equipment (not in construction contract)

6. Major Medical Equipment

7. Land Acquisition Costs ***

8. Consultants' Fees/Legal Fees ***

9. Interest During Construction (net of interest earned) ***

10. Other Costs ***

11. Subtotal Non-Construction Costs (sum of #4 through #10)**12. Total Project Development Costs** (#3 plus #11)********FINANCING:**

13. Unrestricted Funds

14. Bonds

15. Loans

16. Other Methods (specify)

17. Total Project Financing (sum of #13 through #16)******

18. New Construction Total Square Footage

19. New Construction Costs Per Square Foot *****

20. Renovated Space Total Square Footage

21. Renovated Space Costs Per Square Foot *****

* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

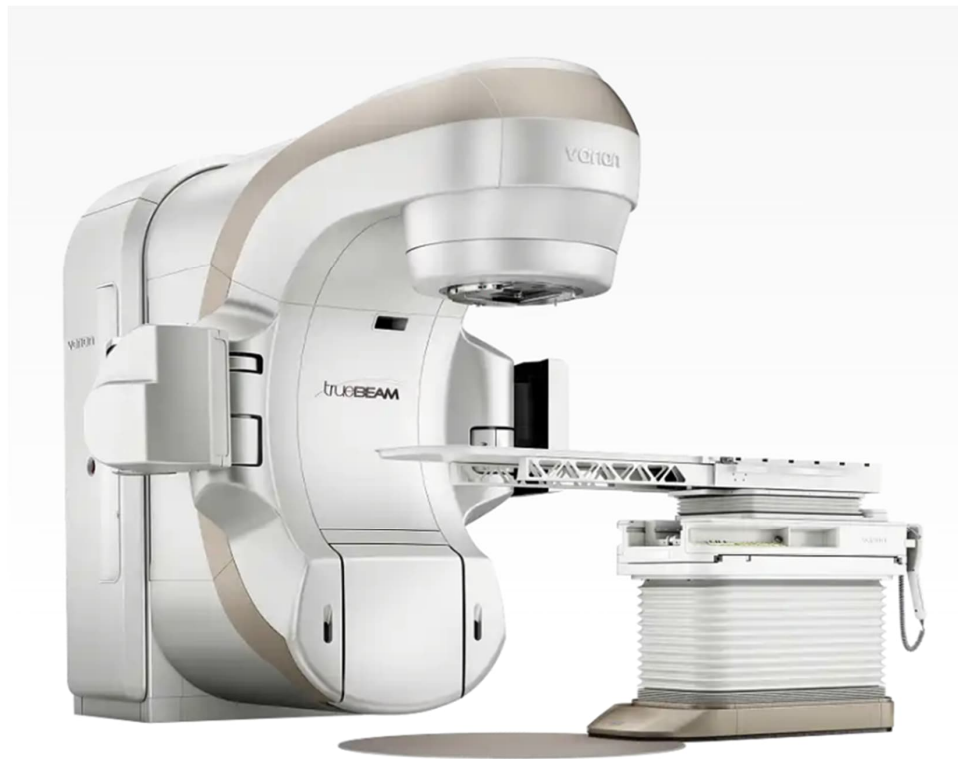
***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

Divider II. Proposal Description:***1. Provide a complete detailed project description.***

Barnes-Jewish West County Hospital seeks to acquire a linear accelerator for an existing vault. The proposed unit is a Varian TrueBeam linear accelerator. This project is incremental and will round-out the radiation oncology services on the hospital campus.

The recently replaced current linear accelerator operates at 100% capacity during peak hours and at over 80% of capacity across all operating hours. Finding alternative locations for patients facing these capacity constraints can result in delayed treatment. Patients view this as unsatisfactory and it creates operational challenges across our health system.

**Progress in Radiation Therapy**

Radiation therapy is a system used to treat cancer. Beams of energy are directed at a tumor site, disrupting the tumor's ability to reproduce. Technological advances in radiation oncology balance two competing constraints: delivering more energy at a tumor site, which offers more effective treatment of the tumor, while simultaneously striving to deliver less energy to adjacent tissue, which would be harmed by the

energy beam. The difficulty comes in trying to shape and direct a beam of energy to conform to an irregularly shaped tumor deep within the body; a tumor that sometimes moves as a patient breathes. A radiation therapy treatment plan must manipulate, in unison, three parameters to effectively treat cancer:

- Beam shape, which must conform to both the tumor's shape and its movement, which can change subtly as a patient breathes or the heart beats.
- Energy delivery to a specific location, with the goal of delivering a devastating amount of energy to the tumor while sparing healthy tissue around the tumor.
- Beam angle...with tumors located at different depths and positions inside the body, special consideration must be given to the organs and tissues that lie in the path of the beam, both in front of and behind the tumor. A significant part of any treatment plan is choreographing the angle of a beam while tracking the tumor and organs in the beam's path.

The proposed replacement machine is the Varian TrueBeam, which offers the following clinical advantages:

A fully programmable digital platform enables complex treatment planning which results in significant improvement shaping beams to target tumors while sparing surrounding healthy tissues. HyperBeam capability on the TrueBeam platform has shown to be able to achieve over 30% improvements in protecting normal healthy organs while irradiating tumors at the same doses.

The TrueBeam technology offers superior onboard imaging capabilities. Advanced linear accelerators incorporate an imaging system that can track the tumor in real-time, as a treatment plan unfolds. Better onboard imaging allows clinicians to deliver image-guided radiation therapy that evolves based on those images. A large body of research has shown the efficacy of this approach.

The TrueBeam linear accelerator incorporates a feature called RapidArc. RapidArc delivers a precisely sculpted 3-D dose to the tumor with a single rotation of the linear accelerator gantry. It is made possible by the treatment planning software that simultaneously changes three parameters during treatment:

- rotation speed of the gantry
- shape of the treatment aperture
- dose rate

Barnes-Jewish West County Hospital hosts a satellite of the Siteman Cancer Center, a world-leader in the treatment of cancer. And as is true on the main Siteman campus, the Washington University School of Medicine is the clinical partner. Every piece of equipment at any Siteman satellite must simultaneously serve the same three imperatives as the main location.

First, many patients come to us having exhausted options elsewhere—this is especially the case with cancer patients. For many, we are their last, best hope. Having state-of-the-art equipment isn't a "nice-to-have," it's a baseline requirement.

Our partners at the Washington University School of Medicine have two additional requisites. Their faculty are actively pursuing new or improved cures and seek to enroll patients in clinical trials on the West County campus, too. Almost every trial requires state-of-the-art equipment as a qualification for a study's accuracy and acceptance by peer reviewers. Mandating a certain technical level in a study's equipment avoids confounding results and is essential to the research mission of the medical school.

Finally, this equipment is also essential for the school's role in training tomorrow's top doctors. As a perennial top ten medical school, the new doctors coming to campus expect to be trained on the technology they will use when they graduate, and this machine will be the workhorse linear accelerator for the next several years.

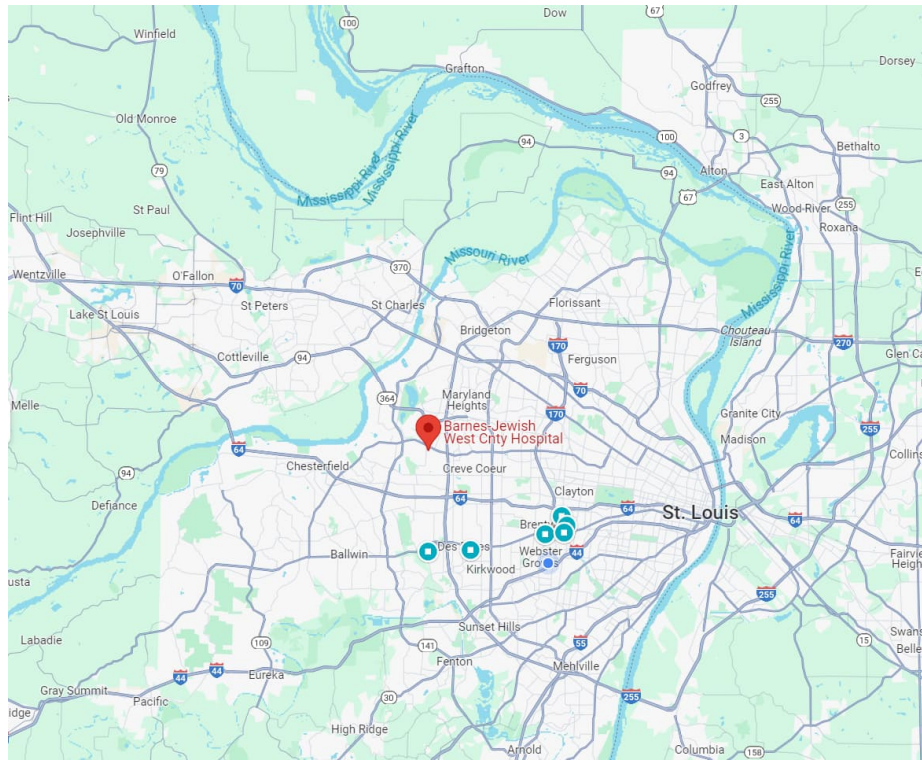
The linear accelerator is estimated to cost \$3,645,659.

2. Provide a timeline of events for the project, from CON issuance through project competition.

Provided a CON is issued, this estimated timeline should follow:

Order system	Soon after CON approval
Prepare space	Fall 2025
First patient	Spring 2026

3. Provide a legible city or county map showing the exact location of the project.



4. Define the community to be serve and provide the geographic service area.

Barnes-Jewish West County Hospital offers a full continuum of medical and surgical services, including heart, cancer, gastrointestinal, orthopedic, and advanced therapies such as wound and pain management services. As a sister site to Barnes-Jewish Hospital, it offers care provided by the world-recognized physicians at the Washington University School of Medicine and the Siteman Cancer Center.

Barnes-Jewish West County Hospital considers metropolitan St. Louis to be its primary service area for its general acute-care services. The following table reflects an estimate of the metro service area population from the State of Missouri, as required by CON rules:

County	2030 Total County Proj.	2030 65+ Proj.
Crawford	21,642	5,330
Franklin	108,981	24,695
Jefferson	238,004	47,257
St. Charles	444,252	90,018
St. Louis County	968,327	219,147
St. Louis City	253,864	47,466
	2,035,070	433,913

5. Provide other statistics to document the size and validity of any user-defined geographic service area.

Barnes-Jewish West County Hospital is uniquely situated in the center of St. Louis County. The service area provided is the same as that used in previous CON applications submitted by the hospital for its general acute-care services.

6. Identify specific community problems or unmet needs the proposal would address.

Providing advanced care beyond the confines of Barnes-Jewish Hospital is one of the overarching goals of this project. This project seeks to meet the needs of Siteman Cancer Patients at a preferred treatment site.

7. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new equipment.

The following is the historical and projected utilization after the system is operational:

	2022	2023	2024	2025	2026	2027	2028	2029
# of units	1.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0
Utilization	7,868	8,644	9,392	9,392	12,048	14,961	18,344	22,515
Avg. Utilization	7,868	8,644	9,392	9,392	6,024	7,480	9,172	11,257

8. Provide the methods and assumptions used to project utilization.

Combining the expertise from Barnes-Jewish Hospital and Barnes-Jewish West County Hospital, Washington University School of Medicine, and the Siteman Cancer Center, estimates were made using the known volume of radiation therapy.

9. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.

Barnes-Jewish West County Hospital has a board comprised of community and business leaders. This group's counsel has been solicited and many of their ideas have been incorporated into components of the project. Furthermore, as is a standard process throughout BJC, departmental planning teams incorporate feedback from doctors and patient-care staff, who are on the frontlines and aggregate the needs and preferences of patients.

10. Provide copies of any petitions, letters of support or opposition received.

Letters will be provided as they become available.

11. Document that providers have been notified of the application by a public notice in the local newspaper.

A public notice seeking comment has been published in the *St. Louis Post-Dispatch* and was also posted to the paper's website.

12. Document that providers of all affected facilities were addressed letters regarding the application.

The following notice was sent via email to the list below, with a send receipt after.

Subject: CON notice for Barnes-Jewish W Co Hosp MRI

Barnes-Jewish West County Hospital will seek a Certificate of Need for a linear accelerator as part of the Siteman Cancer Center satellite on the campus. A recent rule asks CON applicants to notify other facilities in the area.

If you should have any questions or concerns, please get in touch via email at gbratcher@bjc.org, or by phone at 314-323-1231.

Best Wishes

Greg Bratcher
BJC HealthCare

HOSPITAL	CEO.NAME	CEO.TITLE	EMAIL
Kindred Hospital St. Louis South	Ms. Angela Green	Resource Market Chief Executive Officer	angela.green@kindred.com
Mercy Hospital Jefferson	Mr. Daniel S. Eckenfels	President, Mercy Jefferson Communities	daniel.eckenfels@mercy.net
Mercy Hospital South	Mr. Sean J. Hogan, FACHE	President	sean.hogan@mercy.net
Mercy Hospital St. Louis	David J. Meiners, M.D.	President	david.meiners@mercy.net
Mercy Hospital Washington	Ms. Marie Moore, MHA, BSN, R.N.	President Mercy Hospital Washington and	marie.moore@mercy.net
SSM Health Cardinal Glennon Children's Hospital	Hossain Marandi, M.D., MBA, FACHE	President	hossain.marandi@ssmhealth.com
SSM Health DePaul Hospital - St. Louis	Ms. Deborah Berini, MHA	President	Deborah.Berini@ssmhealth.com
SSM Health Saint Louis University Hospital	Ms. Kim Henrichsen	Interim Platform President	Kim.Henrichsen@ssmhealth.com
SSM Health St. Clare Hospital - Fenton	Mr. Kyle Grate	President	kyle.grate@ssmhealth.com
SSM Health St. Joseph Hospital - Lake Saint Louis	Mr. Jerald W. Rumph, MHA, FACHE	President	jerry.rumph@ssmhealth.com
SSM Health St. Joseph Hospital - St. Charles	Mr. Jacob A. Brooks	President	jake.brooks@ssmhealth.com
SSM Health St. Mary's Hospital - St. Louis	Ms. Kim Henrichsen, RN, MSN	Interim Platform President	Kim.Henrichsen@ssmhealth.com
St. Luke's Des Peres Hospital (closing--sent to main)	Mr. Andrew J. Bagnall, MHA, FACHE	President and CEO	andrew.bagnall@stlukes-stl.com
St. Luke's Hospital	Mr. Andrew J. Bagnall, MHA, FACHE	President and CEO	andrew.bagnall@stlukes-stl.com

To	Subject	Sent
'andrew.bagnall@stlukes-stl.com'	CON notice for Barnes-Jewish W Co H	6:02 PM
'andrew.bagnall@stlukes-stl.com'	CON notice for Barnes-Jewish W Co H	6:02 PM
'Kim.Henrichsen@ssmhealth.com'	CON notice for Barnes-Jewish W Co H	6:02 PM
'jake.brooks@ssmhealth.com'	CON notice for Barnes-Jewish W Co H	6:02 PM
jerry.rumph@ssmhealth.com	CON notice for Barnes-Jewish W Co H	6:02 PM
kyle.grate@ssmhealth.com	CON notice for Barnes-Jewish W Co H	6:02 PM
Kim.Henrichsen@ssmhealth.com	CON notice for Barnes-Jewish W Co H	6:02 PM
Deborah.Berini@ssmhealth.com	CON notice for Barnes-Jewish W Co H	6:02 PM
hossain.marandi@ssmhealth.com	CON notice for Barnes-Jewish W Co H	6:02 PM
marie.moore@mercy.net	CON notice for Barnes-Jewish W Co H	6:02 PM
david.meiners@mercy.net	CON notice for Barnes-Jewish W Co H	6:02 PM
sean.hogan@mercy.net	CON notice for Barnes-Jewish W Co H	6:02 PM
daniel.eckenfels@mercy.net	CON notice for Barnes-Jewish W Co H	6:02 PM
angela.green@kindred.com	CON notice for Barnes-Jewish W Co H	6:02 PM

Customer Ad Proof

220-60000645 BJC HEALTH CARE-90-74-574 (LEGAL)
Order Nbr 149081

Publication	Post - Dispatch		
Contact	BJC HEALTH CARE-90-74-574 (LEGAL)	PO Number	Gregory Bratcher
Address 1	4901 FOREST PARK AVE	Rate	Legal
Address 2		Order Price	283.08
City St Zip	ST LOUIS MO 63108	Amount Paid	0.00
Phone	3142860629	Amount Due	283.08
Fax			
Section	Legals	Start/End Dates	06/29/2025 - 06/29/2025
SubSection		Insertions	1
Category	9000 Public Notices	Size	8
Ad Key	149081-1	Salesperson(s)	Tanya Lemons 1023
Keywords	Barnes-Jewish West Co. Hosp. i	Taken By	Tanya Lemons
Notes			
Ad Proof	Barnes-Jewish West Co. Hosp. is applying for a Cert. of Need to add a linear accelerator to its campus. Email G Bratcher with any questions or concerns at gbratcher@bjc.org.		

Divider III. Community Need Criteria and Standards:

1. For new units address the need formula for the proposed geographic service area.

NA

2. For new units, address the minimum annual utilization standard for the proposed geographic service area.

NA

3. For any new unit where specific need and utilization standards are not listed provide the methodology for determining need.

NA

4. For additional units, document compliance with the optimal utilization standard, and if not achieved, provide documentation to justify the additional unit.

Barnes-Jewish West County Hospital is a popular site for Siteman patients—the linear accelerator there meets the CON criterion of 6,000 procedures per machine every year.

	2022	2023	2024	2025	2026	2027	2028	2029
# of units	1.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0
Utilization	7,868	8,644	9,392	9,392	12,048	14,961	18,344	22,515
Avg. Utilization	7,868	8,644	9,392	9,392	6,024	7,480	9,172	11,257

5. For evolving technology address the following:

– Medical effects as described and documented in published scientific literature

NA

– The degree to which the objectives of the technology have been met in practice

NA

– Any side effects, contraindications, or environmental exposures

NA

– The relationships, if any, to existing preventive, diagnostic, therapeutic or management technologies and the effects on the existing technologies

NA

– Food and Drug Administration approval

NA

– The need methodology used by this proposal in order to assess the efficacy and cost impact of the proposal; and

NA

– The degree of partnership, if any, with other institutions for joint use and financing.

NA

Divider IV. Financial Feasibility Review Criteria & Standards:

1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.

Audited statements were recently submitted.

2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.

See attached financial forms.

3. Document how patient charges were derived.

Charges, in general, are arrived at by determining the reasonable and customary unit charge for delivering a given procedure through routine market checks of pricing at other facilities and comparing the expected unit cost using a cost accounting package tailored specifically for hospitals. Finally, annual inflation adjustments are made, usually averaging 2% to 3%.

4. Document responsiveness to the needs of the medically indigent.

BJC is one of the largest providers of charity care, unreimbursed care, and community benefits in the state of Missouri, offering the community over \$900 million in care and services. BJC hospitals have a long-standing policy of providing charity care and reduced-fee care to those in need, and this policy will continue.

The hospital offers financial counseling for all patients to ensure adequate coverage is obtained. For patients who are indigent, our financial counselors assist these families in obtaining Medicaid assistance. If financial assistance is not attainable, charity care may be extended as appropriate. The hospital's financial assistance guidelines are based on family size and income relative to the US poverty level guidelines. Each case is reviewed on an individual basis.

Although community benefit is often measured by the value of current programs, BJC's contributions also sustain the future of health care by investing in the education of health professionals. In 2022, BJC invested nearly \$200 million in the education of nurses, doctors, therapists, pharmacists, and medical technologists.

BJC and its hospitals and health service organizations impact countless lives daily with programs that bring health and wellness resources into schools, neighborhoods, workplaces, houses of worship, and wherever neighbors gather. BJC organizations provide services to hundreds of thousands of children, adults, and seniors across eastern Missouri.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES**Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year		
	<u>2022</u>	<u>2023</u>	<u>2024</u>
Amount of Utilization:*	<u>7,868</u>	<u>8,644</u>	<u>9,392</u>
Revenue:			
Average Charge**	<u>\$5,085</u>	<u>\$5,077</u>	<u>\$5,229</u>
Gross Revenue	<u>\$40,008,780</u>	<u>\$43,885,588</u>	<u>\$49,110,768</u>
Revenue Deductions	<u>31,553,913</u>	<u>34,451,451</u>	<u>38,555,653</u>
Operating Revenue	<u>8,457,070</u>	<u>9,434,137</u>	<u>10,555,115</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$8,457,070</u>	<u>\$9,434,137</u>	<u>\$10,555,115</u>
Expenses:			
Direct Expenses			
Salaries	<u>1,019,487</u>	<u>1,144,591</u>	<u>1,280,946</u>
Fees	<u>0</u>	<u>0</u>	<u>0</u>
Supplies	<u>55,200</u>	<u>56,117</u>	<u>62,802</u>
Other	<u>976,022</u>	<u>1,016,054</u>	<u>1,137,097</u>
TOTAL DIRECT	<u>\$2,050,709</u>	<u>\$2,216,762</u>	<u>\$2,480,845</u>
Indirect Expenses			
Depreciation	<u>0</u>	<u>0</u>	<u>0</u>
Interest***	<u>0</u>	<u>0</u>	<u>0</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>1,857,542</u>	<u>1,926,145</u>	<u>2,155,607</u>
TOTAL INDIRECT	<u>\$1,857,542</u>	<u>\$1,926,145</u>	<u>\$2,155,607</u>
TOTAL EXPENSES	<u>\$3,908,251</u>	<u>\$4,142,907</u>	<u>\$4,636,452</u>
NET INCOME (LOSS):	<u>\$4,548,819</u>	<u>\$5,291,230</u>	<u>\$5,918,663</u>

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES**Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

Year**Amount of Utilization:*****Revenue:**

Average Charge**

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

TOTAL REVENUE**Expenses:**

Direct Expenses

Salaries

Fees

Supplies

Other

TOTAL DIRECT

Indirect Expenses

Depreciation

Interest***

Rent/Lease

Overhead****

TOTAL INDIRECT**TOTAL EXPENSES****NET INCOME (LOSS):**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES**Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus
Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a
sufficient number of copies of this form to cover entire period,
and fill in the years in the appropriate blanks.

Year**Amount of Utilization:*****Revenue:**

Average Charge**

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

TOTAL REVENUE**Expenses:**

Direct Expenses

Salaries

Fees

Supplies

Other

TOTAL DIRECT

Indirect Expenses

Depreciation

Interest***

Rent/Lease

Overhead****

TOTAL INDIRECT**TOTAL EXPENSES****NET INCOME (LOSS):**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment,
or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

**varian**

A Siemens Healthineers Company

Varian Medical Systems

3100 Hansen Way
Palo Alto, CA 94304
650.493.4000
800.544.4636
varian.com

April 28, 2025

BARNES JEWISH WEST COUNTY

12634 OLIVE BLVD

SAINT LOUIS , Missouri 63141-6337 United States

RE: Sales Agreement Quotation 2021-297874-10 for BARNES JEWISH WEST COUNTY. Contract Price Increase Notification

This Amendment shall become part of the Sales Agreement 2021-297874-10 between Varian Medical Systems and BARNES JEWISH WEST COUNTY (Customer). If there is any conflict between the terms of this Amendment and the terms of Agreement, the terms of this Amendment shall control. Capitalized terms used herein and not otherwise defined herein, unless the context otherwise requires, shall have the same meanings set forth in the Agreement.

Customer proposes to make the following changes as per the attached summary.

The contract total will change from \$3,491,821 to \$3,645,659.00

If applicable, please revise your PO to account for the new contract total. This contract amendment is specific to the quote number referenced above. Other quote numbers may also be referenced and included on your PO that are not impacted by this contract amendment.

If applicable, it is important that you account for these changes in any government reporting with the U.S. Department of Health and Human Services (DHHS), that you do so that the records accurately reflect your costs with respect to the items listed on the Amended Quotation. If you have already filed a cost report with respect to the Quotation, you may need to update that report.

BARNES JEWISH WEST COUNTY

By (sign):

Name:

Matthew A. McWhirter

Title:

VP Clinical Assets & Engineering

Date:

4.30.2025**Varian Medical Systems**

By (sign):

Name:

Jill Skocelas

Title:

District Sales Manager

Date:

5/1/2025

Attachment to the Change for Quote 2021-297874-10 for BARNES JEWISH WEST COUNTY

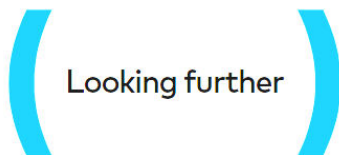
Type	Qty	Description
[ADD]	1	Upg. RapidArc Dynamic Treatment Delivery
[ADD]	1	RapidArc Dynamic Planning Core
[ADD]	1	Value Added Service
[REMOVE]	-1	IDENTIFY Treatment Base System
[REMOVE]	-1	IDENTIFY SGRS System
[REMOVE]	-1	IDENTIFY Central Server Software
[REMOVE]	-1	STD TRNG: IDENTIFY SGRS Onsite Training
[REMOVE]	-1	STD TRNG: IDENTIFY SGRS Onsite Follow U
[REMOVE]	-2	INCL ED: ID101 IDENTIFY SGRS Operations



Custom System Proposal

Quotation Number - 2021-297874-9

**The quote is governed by the Strategic Customer Purchase and Pricing Agreement between Varian Medical Systems, Inc. and BJC Healthcare dated September 24, 2007 as amended.*



**BARNES JEWISH WEST COUNTY ("Customer")**

12634 OLIVE BLVD
 SAINT LOUIS Missouri 63141-6337 United States
 Email : larry.mcwhirter@bjc.org

VMS Inc, Oncology Systems

Matt Wilson
 District Manager
 Work from home
 Atlanta , GA 30327 US
 Email : matt.wilson@varian.com

*** Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only ***

Quote Information

Quotation Number :	2021-297874-9	Sales PO Required :	No
Quotation Valid Until :	March 31, 2023	Customer Procurement Contact Name :	Needed
Customer Requested Delivery Date :	December 30, 2023		

Sales

Incoterms :	DPU Site Insured
Payment Terms :	30 days net
Shipment :	80.00%
Acceptance :	20.00%

For orders equal or less than \$100k, 100% upon shipment, net 30.

Quotation Total

Quotation Total :	US \$3,491,821.00
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Terms and Conditions

Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at: https://www.varian.com/1652V_OCT_2018 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer.

If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or Subscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.

For and on behalf of Customer

 Authorized Representative :

 Title :

 Date :

 Authorized Representative : Matt Wilson

Title : District Manager

Date :

Quotation Summary



Offered Products (Sales)

Scalable TrueBeam	Included
IDENTIFY Accessories	Included
Advantage Credits	Included
Adhoc	Included
Adhoc - Optional	Included

Item	Description	Qty
Section 1 Scalable TrueBeam		
1.1	New Universal Baseframe 52" Fixed Floor	1
1.2	10/10 MV (BJR 11/17) 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.	1
1.3	6/6 MV (BJR 11/17) 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.	1
1.4	20 MeV, 0-1000 MU/Min 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.5	16 MeV, 0-1000 MU/Min 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.6	12 MeV, 0-1000 MU/Min 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.7	9 MeV, 0-1000 MU/Min 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.8	6 MeV, 0-1000 MU/Min 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.	1
1.9	IGRT Couch Top Image Guided RadioTherapy (IGRT) carbon fiber treatment couch top, free of metal or other radiation-opaque materials. Features: <ul style="list-style-type: none"> Indexed Immobilization® for compatible accessories Couch top interface for mounting patient immobilization and quality assurance devices at the head of the couch Lock bar for indexed positioning of equipment or immobilization devices on the couch top Handrail for couch positioning, with hooks for temporary pendant placement during patient set up 	1
1.10	PerfectPitch 6DoF Couch The PerfectPitch™ 6-Degrees of Freedom couch system Features: <ul style="list-style-type: none"> Image-based 6DoF patient positioning Prerequisites: <ul style="list-style-type: none"> TrueBeam® v2.5 MR2 or higher ARIA® oncology information system v11.1 MR1 (11.0.55) and ARIA radiation therapy management v11 MR3 (11.0.47) or higher or compatible third-party oncology information system Customer Responsibilities: <ul style="list-style-type: none"> Verify compatibility of third-party oncology information system 	1
1.11	10X High Intensity Mode 40 cm x 40 cm maximum field size, dose rate range 400-2400 MU/min in 400 MU/min steps.	1

Item	Description	Qty
1.12	6X High Intensity Mode 40 cm x 40 cm maximum field size, dose rate range 400-1400 MU/Min in 200 MU/min steps.	1
1.13	Low-X Imaging Energy Low-X imaging energy configuration, providing high soft tissue contrast when imaging in-line with the treatment beam.	1
1.14	RapidArc Treatment Delivery RapidArc® Treatment Delivery is a volumetric modulated arc treatment delivery technique. Features: <ul style="list-style-type: none"> • Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry angle and rotation speed during beam delivery • Supports dynamic jaw tracking and collimator rotation with supporting treatment planning system Prerequisites: <ul style="list-style-type: none"> • 120 Multi Leaf Collimator or HD120™ Multi Leaf Collimator • Eclipse™ treatment planning system v11.0 or higher • RapidArc treatment planning license • Compatible server hardware and operating system. For detailed specifications, visit: www.varian.com/hardware-specs 	1
1.15	Triggered Imaging Automated intrafraction 2D kV radiographic imaging, with images triggered by respiration phase or amplitude, gantry angle, time period, or MU. Automated image-based beam hold on fiducial markers, based on user-defined marker motion thresholds. Features: <ul style="list-style-type: none"> • Respiration Triggered Imaging • MU Triggered Imaging • Gantry Triggered Imaging • Time Triggered Imaging • Autobeam Hold Prerequisites: <ul style="list-style-type: none"> • Respiratory Motion Management System 	1
1.16	Advanced Resp Motion Management System Stereoscopic optical system for managing patient respiration motion during treatment delivery and imaging. Features: <ul style="list-style-type: none"> • Stereoscopic optical imager, including marker block for tracking patient respiration motion • Respiratory gated treatment delivery • Respiratory gated MV image acquisition and online review, respiration synchronized cine image acquisition and online review • Respiratory gated kV image acquisition and online review, respiration synchronized fluoroscopic image acquisition and online review 	1
1.17	VCD Option, couch mounted Couch-mounted display system provides visual feedback to the patient for respiration stabilization or breath hold position during respiratory gated image acquisition or treatment delivery. Features: <ul style="list-style-type: none"> • 2 rechargeable batteries and charging system • Video interface for optional use of customer-provided video goggles • Wireless display system with adjustable count mount 	1

Item	Description	Qty
	Prerequisites: <ul style="list-style-type: none"> • TrueBeam® v2.7 or higher • One of the following: <ul style="list-style-type: none"> • Advanced Respiratory Motion Management System • Basic Respiratory Motion Management System • Respiratory Motion Management System • Optical Imager 	
1.18	VCD w/Couch Mount - IGRT	1
1.19	Gated CBCT Provides the ability to acquire CBCT images synchronized with patient respiration (free-breathing or breath hold).	1
	Features: <ul style="list-style-type: none"> • Gated CBCT Imaging License: CBCT image acquisition, image review, and image match to respiratory gated reference image. • Short Arc CBCT Imaging License: CBCT image acquisition using a 120-150 degree arc, image review, and image match to respiratory gated reference image. Short arc CBCT is an option for single breath hold CBCT data acquisition. Prerequisites: <ul style="list-style-type: none"> • One of the following: , <ul style="list-style-type: none"> • Advanced Respiratory Motion Management System • Basic Respiratory Motion Management System • Respiratory Motion Management System • Optical Imager • kV Imaging System 	
1.20	Additional MotionView CCTV Camera System Additional set of two Motion View CCTV cameras and displays. Camera placement is at customer discretion.	1
	Features: <ul style="list-style-type: none"> • Two pan, tilt, zoom CCTV cameras • Two desktopLCD displays with built in camera controls • Adjustable viewing angle for patient privacy • Push button pan, tilt, zoom, and home position control Prerequisites: <ul style="list-style-type: none"> • Motion View camera system, provided with linac system. 	
1.21	Main Circuit Breaker Panel Main circuit breaker panel, interfacing to a single power input feed from the facility Mains. Circuit breakers provide independent over-current protection for equipment at the console and in the treatment room. UL and IEC/CE certified.	1
1.22	Power Cond., 3phase 50KVA	1

Item	Description	Qty
	<p>Transtector 50KVA, 3-phase power conditioning unit, providing transient protection, line power regulation, and Input and Output circuit breakers for over-current protection. UL and IEC/CE certified.</p> <p>Notes:</p> <ul style="list-style-type: none"> Supports voltage configurations from 208 to 600 VAC and in 50 or 60 Hz for US and ROW applications. 	
1.23	<p>CatPhan Phantom</p> <p>Phantom for measuring CBCT image contrast, spatial resolution, and uniformity.</p> <p>Features:</p> <ul style="list-style-type: none"> Modules for measuring CBCT image contrast, spatial resolution, and uniformity <p>Prerequisites:</p> <ul style="list-style-type: none"> kV Imaging system with CBCT 	1
1.24	<p>Supp. Phantom Kit</p> <p>Supplemental imaging phantom kit for measuring resolution and contrast of kV and MV imaging systems.</p> <p>Features:</p> <ul style="list-style-type: none"> Leeds TOR 18FG phantom for measuring spatial resolution and contrast of kV imaging system MV contrast phantom for measuring contrast performance of MV imaging system Geometric phantom, mounted on IGRT couch top-compatible lock bar. Can be used for quality assurance of image guidance workflow. <p>Prerequisites:</p> <ul style="list-style-type: none"> MV imaging system 	1
1.25	<p>Motion Management Interface</p> <p>Motion management interface is an integrated interface for validated external devices that provide patient positioning, patient and target motion monitoring, and/or respiratory gating. The Motion management interface supports connection of up to four external devices, two of which may be used for respiratory motion management or high speed beam hold.</p> <p>Features:</p> <ul style="list-style-type: none"> 4-DoF or 6-DoF patient positioning capability for compatible validated devices and couch configurations Integrated external device beam hold and image-based patient repositioning workflow Patient-specific external device activation and patient plan verification 	1
1.26	<p>NLS: English</p>	1
1.27	<p>TrueBeam Base System 120 MLC</p> <p>Treatment delivery system includes 120 leaf MLC with dual independent jaws, enhanced dynamic wedge, 6 MV X-ray treatment energy, 43 cm x 43 cm MV imager for radiographic, cine, and integrated imaging, Motion View CCTV camera system, treatment console with integrated audio and video systems, back pointer lasers, front pointer set, upper port film graticule to support basic quality assurance, and drum phantom for Machine Performance Check (MPC).</p> <p>Features:</p> <ul style="list-style-type: none"> Basic X-Ray treatment delivery technique package, including Static Photon, Photon Arc, and Dynamic Conformal Arc treatment delivery techniques Intensity Modulated Radiotherapy (IMRT) treatment technique, including large field IMRT Total Body Treatment technique package 2D MV Radiographic and Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine image review Relative Portal Dosimetry Image and Integrated Image Acquisition Matching of 2D radiographs to 3D reference images 	1

Item	Description	Qty
	<ul style="list-style-type: none"> Online addition of kV and MV imaging protocols to treatment fields, with automated generation of reference images Online Physician Approval of Images at Treatment Console (compatible with ARIA only) Automated Machine Performance Check Testing, Online Machine Performance Check Review Offline Machine Performance Check Review Image only sessions Unplanned Treatment Mode up to 5 fractions Fraction number displayed on in-room monitor Match environment layout for 2D/2D and 2D/3D layouts default to the 2-panel Custom DRR templates that are created in Eclipse will be available on the TrueBeam Platform Electronic Dynamic Wedges (EDW) Large field IMRT Online access to a marketing kit that contains a broad range of advertising, educational, promotional, and public relations materials targeted to referring physicians, patients, and the media <p>Prerequisites:</p> <ul style="list-style-type: none"> ARIA® oncology information system for radiation oncology v15.1 through v17.0, or ARIA OIS v18.0 or higher, or compatible third-party oncology information system Eclipse™ treatment planning system v15.1 or higher, or compatible third-party treatment planning system If third-party OIS: <ul style="list-style-type: none"> Authentication Server for third-party OIS (Hardware and Software) or Authentication Server for third-party OIS (Software only) <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Verify compatibility with third-party oncology information systems if applicable Verify compatibility with third-party treatment planning systems if applicable TrueBeam supports IEC 60601 or IEC 61217 scales only <p>Notes:</p> <ul style="list-style-type: none"> Multiple patient name in Japan market is applicable for Kanji, Kana and Romaji characters to identify the patient 	
1.28	TrueBeam v3.0	1
1.29	kV Imaging System kV Imaging system, providing 2D radiographic and fluoroscopic and 3D CBCT imaging capability. Features: <ul style="list-style-type: none"> kV CBCT image acquisition, review, and match to 3D reference image Radiographic image acquisition, with 2D/2D and 2D/3D image matching to reference image Fluoroscopic image acquisition, with structure overlay on fluoroscopic images. kV CBCT image acquisition with a long field of view, provided by merging multiple indexed CBCT images online. <p>Prerequisites:</p> <ul style="list-style-type: none"> ARIA oncology information system for radiation oncology v15.1 or higher, or compatible third-party oncology information system TrueBeam Platform v3.0 or higher <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Verify compatibility with third-party oncology information systems if applicable 	1
1.30	4D CBCT Accelerated Reconstruction License and hardware package for 4D CBCT accelerated reconstruction. Features: <ul style="list-style-type: none"> 4D Accelerated Reconstruction License 4D CBCT Imaging Package <p>Prerequisites:</p> <ul style="list-style-type: none"> TrueBeam Platform v3.0 kV Imaging System Basic Respiratory Motion Management or Advanced Respiratory Motion Management System 	1
1.31	Iterative CBCT Iterative CBCT provides improved detectability of stationary or gating-immobilized soft tissue anatomy. Features: <ul style="list-style-type: none"> Iterative CBCT license Reconstruction computer with GPU hardware 	1

Item	Description	Qty
1.32	Filtrine Water Chiller A closed loop water cooling system, providing clean water at a constant flow, pressure, and temperature for cooling a high energy medical linear accelerator. Ideal for sites where a dependable source of clean water for cooling is not available.	1
1.33	Developer Mode Provides access to a non-clinical workspace that supports research on image acquisition techniques and treatment techniques. Developer Mode is for Non-Clinical Use only. Features: <ul style="list-style-type: none"> Developer Mode License Prerequisites: <ul style="list-style-type: none"> TrueBeam Platform v3.0 Customer Responsibilities: <ul style="list-style-type: none"> The Non-Clinical Use Acceptance Certificate for Developer Mode must be renewed every two years. Notes: <ul style="list-style-type: none"> Developer Mode is a license that is enabled in two-year intervals. Developer Mode is disabled on the second anniversary of the acceptance date. It is re-enabled at no additional charge upon receipt of the customer signature to renew the Non-Clinical Use Acceptance Certificate. Does not support MLC and couch tracking. 	1
1.34	STD TRNG: TB Platform On-Site The on-site review of the TrueBeam/Edge/VitalBeam components includes imaging and use cases for support of patient treatment for therapists. This support is to ensure that personnel who attended the classroom training are able to operate the TrueBeam Platform machine in a safe and effective manner in the clinical environment. Features: <ul style="list-style-type: none"> Includes support for TrueBeam/Edge/VitalBeam Offer is valid for 18 months after installation of product Prerequisites: <ul style="list-style-type: none"> TrueBeam Platform classroom trainings Notes: <ul style="list-style-type: none"> Training is non-refundable and non-transferable 	1
1.35	STD TRNG: Two Day Follow Up Two Day Follow Up Training. This follow up training is conducted after the initial training has been completed to ensure safe and efficient use of the product. Features: <ul style="list-style-type: none"> Training plan details will be provided by the training management team as part of your product implementation process Duration and Location: 2 days onsite Prerequisites: <ul style="list-style-type: none"> Initial product training completed Notes: <ul style="list-style-type: none"> Offer is valid for up to 18 months after installation of product Non-transferable to other products and services and non-refundable 	1
1.36	INCL ED: TB201 TB Platform Physicists TrueBeam Physics and Administration: TrueBeam Physics and Administration course is designed for personnel (primarily Medical Physicists) responsible for the acceptance, commissioning, and QA program development of the TrueBeam in the clinical environment. It is recommended that the student attend the TrueBeam Physics and Administration course shortly before the installation of the TrueBeam. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. Machine commissioning, calibration, and QA of the machine are included. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall commissioning, calibration, and QA of the TrueBeam and its components. Extensive hands-on laboratory exercises are included.	1

Item	Description	Qty
	Features: <ul style="list-style-type: none"> Includes support for TrueBeam/Edge/VitalBeam Includes Tuition and Materials for ONE person Length: 4.5 days Offer is valid for 18 months after installation of product Customer Responsibilities: <ul style="list-style-type: none"> Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) Notes: <ul style="list-style-type: none"> Training is non-refundable and non-transferable 	
1.37	INCL ED: TB101 TB Platform Operations <p>TrueBeam Operations is a course designed for personnel (primarily Radiation Therapists) responsible for the routine operation and clinical use of the TrueBeam. It is recommended that students attend the TrueBeam Operations course shortly before clinical use and the commencement of patient treatments. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall understanding of the TrueBeam function and operation to include imaging and respiratory gating. Extensive hands-on laboratory exercises are included. The attendees of this class will be provided tools to allow them to instruct other clinical staff upon their return.</p> Features: <ul style="list-style-type: none"> Includes support for TrueBeam/Edge/VitalBeam Includes Tuition and Materials for ONE person Length: 4 days Offer is valid for 18 months after installation of product Customer Responsibilities: <ul style="list-style-type: none"> Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) Notes: <ul style="list-style-type: none"> Training is non-refundable and non-transferable 	1
1.38	INCL ED: CL222 Respiratory Gating <p>The Respiratory Gating course provides training for physicists and therapists, to obtain knowledge of principles and practices of respiratory gating in radiation oncology for clinical implementation.</p> Features: <ul style="list-style-type: none"> Includes support for TrueBeam Platform Includes Tuition and Materials for ONE person Length: 2 days Offer is valid for 18 months after installation of product Customer Responsibilities: <ul style="list-style-type: none"> Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) Notes: <ul style="list-style-type: none"> Training is non-refundable and non-transferable 	1
1.39	Horizontal LAP Apollo Green Laser Kit <p>LAP Apollo Green Room Laser Kit for patient alignment with Horizontal Remote-Controlled Sagittal Line Laser.</p> Features: <ul style="list-style-type: none"> 1 Apollo Green Remote-controlled Ceiling Crosshair Laser 2 Apollo Green Remote-controlled Lateral Crosshair Lasers 1 Apollo Green Horizontal Remote-Controlled Sagittal Line Laser 	1

Item	Description	Qty
Section 2	IDENTIFY Accessories	
2.1	IDENTIFY Treatment Base System Provides common components for IDENTIFY™ treatment room systems Features: <ul style="list-style-type: none"> • GPU-equipped workstation with monitor, keyboard, mouse at treatment console • Handheld controllers with chargers • Wireless access points at the treatment console and in the treatment room Prerequisites: <ul style="list-style-type: none"> • TrueBeam™, Edge™, or VitalBeam™ v2.5 or higher or Clinac® v9.1 or higher Halcyon™ v1.0 or higher, Ethos™ v1.0 or higher or other compatible linear accelerator Customer Responsibilities: <ul style="list-style-type: none"> • If using third-party linear accelerator, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) • Meet all requirements per the Product Planning and Customer Integration Guides Notes: <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation • Any ceiling-mounted systems present in the treatment room will be subject to a compatibility review prior to installation by Varian Service 	1
2.2	IDENTIFY SGRS System Provides IDENTIFY™ surface-guided patient position monitoring for radiosurgery Features: <ul style="list-style-type: none"> • SGRS patient position monitoring system, 3-camera configuration • SGRS calibration phantom and software • Deep inspiration breath-hold management with Visual Coaching Device (VCD) and couch mount depending on couch compatibility • IDENTIFY Windows Planning Tool Prerequisites: <ul style="list-style-type: none"> • IDENTIFY™ Treatment Base System • TrueBeam™, Edge™ or VitalBeam™ v2.5 or higher or Clinac® v9.1 or higher or Halcyon™ v1.0 or higher, Ethos™ v1.0 or higher or other compatible linear accelerator • kV Cone Beam CT • Eclipse™ Treatment Planning System or third-party Treatment Planning System supporting DICOM RT Plan and Structure Set export • For VCD couch mount: compatible couch top listed in the IDENTIFY Couch Top Compatibility Matrix Customer Responsibilities: <ul style="list-style-type: none"> • If using third-party linear accelerator, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) • If using third-party treatment planning system, confirm that it meets compatibility requirements that are listed in the CRN • Confirm compatibility of couch top via requirements listed on IDENTIFY Couch Top Compatibility Matrix • Meet all requirements per the Product Planning and Customer Integration Guides • Confirm site is at elevation of 5,500 feet (1,700m) or lower 	1
2.3	IDENTIFY Central Server Software Provides central database for IDENTIFY™ and interface to Oncology Information System on customer-provided server Features: <ul style="list-style-type: none"> • Server software and database for management of 15 IDENTIFY clients • HL7 interface to supported OIS • User rights management • Report generation Prerequisites: <ul style="list-style-type: none"> • ARIA oncology information system v13.6 MR1.2 or higher with ARIA® Connect v2.0 or higher OR validated third-party oncology information system with HL7 interfaces (SIU Outbound, SIU Inbound, Document Inbound) Customer Responsibilities: <ul style="list-style-type: none"> • If using third-party oncology information system, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) • Customer provides and host a virtual server • Meet all requirements per the Product Planning and Customer Integration Guides Notes: <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation 	1

Item	Description	Qty
2.4	STD TRNG: IDENTIFY SGRS Onsite Training Standard Applications Training for IDENTIFY SGRS Features: <ul style="list-style-type: none"> On-site training details will be provided by the training management team as part of the product implementation process This training will review features and functions of the IDENTIFY system Duration and Location: 3 days onsite Prerequisites: <ul style="list-style-type: none"> Installation of the IDENTIFY system Completion of the Varian ID101 IDENTIFY SGRS Operations classroom course Customer Responsibilities: <ul style="list-style-type: none"> Completion of the Customer Responsibilities Document Notes: <ul style="list-style-type: none"> Offer is valid for up to 18 months after installation of product Non-transferable to other products and services and non-refundable 	1
2.5	STD TRNG: IDENTIFY SGRS Onsite Follow U Standard Applications Training for IDENTIFY SGRS Features: <ul style="list-style-type: none"> On-site training details will be provided by the training management team as part of the product implementation process This training will offer a review of the IDENTIFY SGRS system and assist with workflow changes Duration and Location: 2 days onsite Prerequisites: <ul style="list-style-type: none"> Installation of the IDENTIFY system Completion of the Varian ID101 IDENTIFY SGRS Operations classroom course Completion of the IDENTIFY SGRS standard onsite training Customer Responsibilities: <ul style="list-style-type: none"> Completion of the Customer Responsibilities Document Notes: <ul style="list-style-type: none"> Offer is valid for up to 18 months after installation of product Non-transferable to other products and services and non-refundable 	1
2.6	INCL ED: ID101 IDENTIFY SGRS Ops The IDENTIFY™ Operations course is designed for a new user of the IDENTIFY SGRS System. The course consists of lectures, instructor-led demonstrations, and individual hands-on exercises. Intended audience includes radiation therapists or medical physicists. Features: <ul style="list-style-type: none"> Topics covered include: <ul style="list-style-type: none"> An overview of the IDENTIFY hardware In-depth training for patient entry QA considerations and procedures Treatment workflows Duration and Location: 2.5 days at the nearest Varian Education center to offer this course Customer Responsibilities: <ul style="list-style-type: none"> All travel expenses (airfare, hotel, rental car, meals and travel incidentals) Notes: <ul style="list-style-type: none"> Offer is valid for up to 18 months after installation of product Non-transferable to other products and services and non-refundable Includes tuition and materials for one person 	2

Section 3 Advantage Credits

3.1 Advantage Contract Credits

Advantage Credits can be utilized for Varian's Professional Services, such as on-site applications training, education, consulting (in applicable regions), and third-party services including clinical schools that are purchased through Varian. For further details, please reference the attached Terms and Conditions.

Notes:



Item	Description	Qty
	<ul style="list-style-type: none">• Offer is valid for 24 months after purchase	
3.2	Additional Advantage credits (Qty : 100, Credit per Qty : 1.0) Undefined Advantage credits	100.0
Section 4	Adhoc	
4.1	Remove/Dispose Existing Equipment Optional Items NOT included in Offer price.	1
Section 5	Adhoc	
5.1	TBTAO	1

[Summary of Advantage Contract Credits Quoted Above](#)

Section 3

Year 1 Total	100.0
Total Credits	100.0



Advantage Credits Supplemental Terms and Conditions

(Form RAD 10442)

These Advantage Credits Supplemental Terms and Conditions ("**Supplemental Terms**") modify and supplement the Varian Terms and Conditions of Sale (Form RAD 1652, current version issued with the Quotation) (the "**Terms and Conditions of Sale**"). The terms of the applicable Varian Quotation ("**Quotation**"), its attachments, including the Terms and Conditions of Sale, are incorporated herein by this reference, and together with these Supplemental Terms and any applicable Third Party Terms (as defined in the Quotation) (collectively referred to as the "**Agreement**") will apply and govern the use by Customer of Advantage Credits.

1. General

The Varian Advantage Credit Program (the "**Program**") offers customers the ability to purchase Advantage Credits in advance that can be applied toward designated Varian Professional Services including certain consulting (e.g. specified and limited implementation and optimization services), on-site training, educational courses and a limited number of services provided by designated third party service providers, including clinical schools and physics commissioning services. Advantage Credits provide flexibility for the Customer to apply them interchangeably for those designated services available under the Program without having to modify the underlying Quotation and related purchase order. However, Varian must be notified in advance and in writing of any requested changes to selected services.

2. Expiration Schedule

Advantage Credits expire according to the following schedule:

Type of Order	Expiration Date
Advantage Credits only (no Varian products)	24 months from date of order
Advantage Credits with one or more Varian products	24 months from first date of product/service acceptance
Multiyear agreement	End of the term of agreement

3. Scopes of Work

Varian or its third party service providers may, at their discretion, set forth in a written Scope of Work (SOW) a description of the services to be provided by Varian or the third party service provider. If the services that will be purchased with Advantage Credits are defined within the Quotation, Varian will offer the specific services listed for the amount of Advantage Credits indicated. If Advantage Credits in the Quotation are "**Undefined**", Varian will indicate the number of Advantage Credits required for a particular service at the time the Customer wants to use them.

4. Third Party Service Providers

4.1 Certain services are provided by and through third party service providers that are not affiliated with Varian, namely clinical schools and physics services (e.g. commissioning). Varian disclaims any warranty or performance obligations related to any third party service provider and will act solely as a pay agent, to collect fees for services from Customer and to pay fees for such services to the third party service provider. Customer has the final decision to purchase services through Varian third party service providers or to select another service provider outside of the Quotation and Varian does not make any recommendations to use third party service providers.

4.2 **Changes to Third Party Service Providers by Customer.** Customer shall have a one-time right to request in writing that a third party service provider be replaced with an alternate provider that is participating in the Program. If Varian, at its sole discretion, approves the request, Customer shall be subject to any related termination fees and additional costs incurred by Varian or the third party service provider and other terms and conditions indicated in the

Confidential - 2021-297874-9 - March 22, 2023 - Page 15 of 20

SOW and/or Quotation. Customer, the third party service provider, and if applicable, its subcontractors, shall have full responsibility for services as defined in the Quotation or SOW, as applicable, and Varian shall have no responsibility, obligation and/or liability whatsoever for those services. The third party service provider shall not be construed to be a subcontractor, employee, or agent of Varian. Varian will forward any requests for warranty work that it receives from Customer to the third party service provider. Except as otherwise provided in this section of the Quotation, the Terms and Conditions of Sale shall apply to this section just as it applies to all other parts of the Quotation.

- 4.3 **Changes to Third Party Service Providers by Varian.** Varian reserves the right, at its sole discretion, to change, from time to time, its list of third party providers that participate in the Program.

5. Performance of Services

All services shall be performed by Varian or the third-party service provider under permits, licenses, authority, supervision, and control of Customer and its staff, including licensed physicists, physicians, and other qualified healthcare professionals. Customer and its staff shall have the requisite permits (including applicable certificates of need), licenses, and authority to oversee and have such services performed on Customer's behalf.

6. Service Offerings

Varian reserves the right, at its sole discretion, to change the designated services which are offered under the Program at any time without prior notice. Varian will work with Customer to offer a mutually acceptable alternative or apply affected credits toward other offerings within the Program.



Varian Medical Systems

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9/20/2022



Budgetary Estimate for Services and Technology (BEST)

Nels Knutson, Medical Physics
Barnes Jewish West County
12634 Olive Blvd
Saint Louis, MO 63141

BEST Identifier Number: BEST-85

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Budgetary Estimate for Services and Technology (BEST)

Varian Large kV Imaging Software and Hardware Package Upgrade and 1.5 RPM Gantry Upgrade

BEST:

Varian Medical Systems is in the process of developing a new Large kV Imaging Software and Hardware Package Upgrade and Fast Gantry Upgrade. This product is not currently commercially available and may never become commercially available. This BEST is neither an offer for sale, nor any indication that Varian is prepared to take an order or accept a purchase order for the Large kV Imaging Software and Hardware Package Upgrade and Fast Gantry Upgrade.

This BEST:

- Briefly describes the anticipated capabilities that would be provided with the Large kV Imaging Software and Hardware Package Upgrade and Fast Gantry Upgrade and,
- Sets forth a budgetary estimate, as to the price of the configuration, if and when it was to become commercially available.



Product Description:

Large kV Imaging Software and Hardware Package

- Provides a new 43 x43 kV imaging detector panel
- Improved detection for Arbitrarily Shaped Targets for Auto Beam Hold
- Metal Artefact Reduction – providing reduction in image artefacts from metal implants and fiducials
- Extended Radial FOV - This feature provides CBCT reconstruction capability outside of the standard field-of-view defined by detector size and position.

Fast Gantry

- Provides 1.5 RPM for CBCT acquisition and automated field to field transition
Pre-requisite is the larger imager panel

BEST Components (included in budgetary estimate as configured):

Item	Budgetary Price Estimate
Large kV Imaging Software and Hardware Package \$330000	\$330,000
1.5 RPM Gantry Upgrade	\$175,000

The BEST prices shown include estimates for installation, training and documentation for the Large kV Imaging Software and Hardware Package and 1.5 RPM Gantry Upgrade. The estimated prices above are for budgetary purposes only and are subject to change without notice.

Anticipated Prerequisites:

- TrueBeam v4.0 or higher
- ARIA oncology information system for radiation oncology v15.1 or higher, or compatible third-party oncology information system
- SN 192001 or greater
- Iterative CBCT
- Triggered Imaging Package

The above prerequisite list is based on our preliminary understanding of the BEST Components at this time and is subject to change without notice. If and when the Large kV Imaging Software and Hardware Package and 1.5 RPM Gantry Upgrade was to become commercially available as a product, Varian would notify you. You may then request that Varian provide its standard sales quotation for the Large kV Imaging Software and Hardware Package Upgrade and Fast Gantry Upgrade reflecting the then current pricing and the terms and conditions of sale. You would then be able to issue a purchase order to Varian.

Date: 9/20/2022

varian

Eric Lindquist
Vice President, Global Portfolio Solutions
Varian Oncology Systems



Quotation Total

Quotation Total	US \$3,491,821.00
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