

Dear Colleagues,

This issue of the *Journal of Contemporary Brachytherapy* consist of two parts: the first contains prepared manuscripts and the second – materials from “2011 Central Europe Users Meeting”, organizing by Nucletron, which will be held in Bratislava, Slovakia, 13-15 October 2011. Once again we publish materials from a scientific convention. We are open for a cooperation with any scientific society, a research team or a company which patronize a scientific meetings. You are most welcome to cooperate. Publishing of this materials does not mean in any matter a company preference.

In last year the Editorial Office along with the Publisher continued the process of indexing JCB. Now the Journal is indexed in Scopus, Index Copernicus, EMBASE (Excerpta Medica), Polish Medical Library (GBL), Directory of Open Access Journals (DOAJ), ProQuest base. And we are still waiting for answer from Index Medicus/MEDLINE and PubMed. Next planned index are indexes from so called *Philadelphia list*. In order to achieve next steps, we urgently require good, original papers of international origin and numerous citations in other papers. Please cite JCB articles in your papers. Not only clinical papers but also review papers, case reports, technical notes are welcome.

Seven manuscripts are published in this issue - three clinical concerning prostate cancer, physics and biological contributions concerning gynecological cancers and breast cancer and one case report of iris melanoma. Presented articles enclose results of clinical researches as well as physicists papers. Every paper has been carefully reviewed, however we are perfectly aware that some mistakes could be found. We are happy that more and more of our colleagues agrees to review and to publish their papers in our Journal.

And finally some news from brachytherapy. Elekta AB announced on 15th October has successfully completed its acquisition of Nucletron, the world leader in brachytherapy treatment planning and delivery. Through the combination Elekta will offer a complete range of radiotherapy planning and delivery technologies. As the market leader in Europe and with strong positions in North America and Asia, Elekta will enhance the combined ability to meet the clinical needs of cancer patients and health care providers throughout the world. "Now we have successfully completed the acquisition and we are very enthusiastic about building a broader, stronger and highly complementary range of cutting-edge cancer care solutions", said Elekta's President and CEO, Tomas Puusepp. "Nucletron has a strong financial track record with good growth, high profitability and a large share of recurring revenues. We are committed to further increase the growth in Nucletron to be in line with Elekta's long term growth targets. Nucletron will add approximately 1,000 new customers to Elekta's customer base of more than 5,000 and the combination will allow the enlarged group to take mutual advantage of Nucletron's expertise in brachytherapy combined with Elekta's global presence, particularly in emerging markets".

And another interesting news from USA. The Pennsylvania Attorney General's (AG) Office filed a complaint and entered a consent decree against a merged urology practice accused of “monopolizing radiation oncology services”. The AG's complaint takes issue with the Urology of Central Pennsylvania (UCPA) urologists' post-merger referral patterns and price negotiations with health plans. Specifically, the complaint alleges that UCPA's hiring of its own radiation oncologists and subsequent practice of referring its patients in-house for radiation therapy services resulted in monopolization of the market for such services and caused local radiation oncology centers to experience "a dramatic decline in the number of referrals of prostate cancer patients". The consent decree outlines a number of requirements UCPA must following, including honoring requests for outside referrals, halting any disciplinary action against employed physicians for referring patients for radiation oncology services to non-UCPA providers, and paying for the cost of the AG's investigation. This resolution serves as an example of a legal remedy that radiation oncologists could pursue in affected markets. It also highlights the need for federal action to close the self-referral loophole that permits abusive referral patterns in the first place.

IsoRay has received FDA clearance for its GliaSite radiation therapy system, a balloon catheter device for the delivery of brachytherapy in brain cancer patients. IsoRay recently acquired the GliaSite technology from Proxima Therapeutics, which already had FDA and CE approval for it since 2001. The catheter has a dual balloon system, with the inner balloon designed to hold a liquid radioactive source and the outer balloon providing an extra safety layer in case of damage to the inner balloon. It is inserted into the surgical cavity after tumor removal and inflated with radioactive liquid. This way, high doses of radiation can be delivered locally at the tumor site and its surroundings where recurrence is most likely, while saving the rest of the brain from excessive radiation as happens in external beam-radiation. The radioactive liquid is inserted approximately one week after surgery and remains in place for several days. Currently, Iotrex (iodine-125) is used as the liquid radiation source, however the company plans to market the GliaSite with its proprietary isotope cesium-131 (Cs-131). Cesium-131 is already available in seed form for the treatment of various types of cancer, but the liquid form still awaits FDA clearance. It has a five times shorter half-life (9.7 days) than iodine-125 (59.4 days), resulting in dose deposition over a shorter period, possibly making tumor recurrence less likely.

And fourth news found in web: iCAD Inc., a provider of advanced image analysis, workflow solutions, and radiation therapies for the early identification and treatment of cancer, will highlight the Xofigo Axxent eBx electronic brachytherapy system for use during intraoperative radiation therapy (IORT) procedures, at the American Society for Radiation Oncology (ASTRO) Annual Meeting October 2-6 in Miami Beach, Fla. This will be iCAD's first showing at ASTRO since its acquisition of Xofigo Inc. late last year. At ASTRO, iCAD will also showcase the Axxent system for use in breast, skin, and endometrial cancer treatments. In addition, a prototype of a new cervical applicator and updated software for the

Axxent Controller will be demonstrated as works-in-progress at the Xoft booth. The Xoft system is cleared for use in the treatment of conditions where radiation therapy is indicated, including early stage breast cancer, skin cancer, and endometrial cancer. IORT allows doctors to administer a high dose of radiation to the tumor bed during lumpectomy while limiting radiation exposure to the surrounding healthy tissues. The Axxent System uses a proprietary miniaturized X-ray source instead of a radioactive isotope and is cleared by the Food and Drug Administration for administration immediately following the lumpectomy in only a few minutes with one course of therapy. It can also be administered in the form of accelerated partial breast irradiation, which is typically delivered twice daily for five days after surgery. The alternative is a traditional course of external beam radiation, which is administered five days per week over a six- to seven-week timeframe. In July 2011, iCAD received clearance from the FDA for its new Axxent Rigid Shield, a stainless steel shielding device to protect tissue and/or organs from radiation. The Rigid Shield is intended to be used internally, such as during IORT procedures when the treatment site is surgically exposed and provides surgeons and radiation oncologists another option for shielding patients from unnecessary radiation exposure.

I believe that with the great support of the members of the Editorial Board and our new readers the coming 2012 year will bring more success to our Journal. I trust, that our constant effort to improve the scientific level of published articles will be noticed by the authors. Editorial Board will constantly work to improve the quality of the manuscripts printed in the Journal to meet the authors and readers expectations. I wish all readers, authors and reviewers, a lot of satisfaction from reading our magazine.

Sincerely yours,
Editor-in-Chief
Janusz Skowronek, MD, PhD, Ass. Prof.