

Dear Colleagues, Friends, and COVID-19 Defenders,

As I have ended my last letter hoping that the well-known virus would not impede our plans, it did, unfortunately. The whole oncological health system, including brachytherapy, had to revise the habits and comfort of cancer treatment. Globally, that there are plenty of positive examples of fighting the cancer in this difficult time, applying additional sensibility to proper patients and staff safety principles.

At this point, I would like to refer to the Letter-to-Editor by Antonio Pellizzon (Brazil) on “Public health measures, radiotherapy, and the novel coronavirus outbreak”, which presents a very current view at the ongoing pandemic. Our correspondent emphasizes that oncologists should determine patients according to the risk of disease progression and coronavirus exposure as well as to ensure to reduce distress in patients receiving radiotherapy during the pandemic. These are the statements, which I certainly agree with.

Referring to the above, I would like to inform you about a change in the JCB Editorial Board. On this occasion, Marek Kanikowski previously acting as the Supporting Editor, decided to change his affiliation and terminated his JCB activities with the end of April. Dr Kanikowski, I would like to cordially thank you for your contribution to the Journal, wishing further successful career. Therefore, from May on, I would like to hand over this task to a dedicated Grzegorz Zwierzchowski, MSc, PhD, who will spread his umbrella of care especially over the articles related to medical physics in brachytherapy. Gregory, I wish you perseverance, creativity, and deadly effectiveness in screening the grain from the chaff. Good luck!

Now, it is my pleasure to present the second issue of the “Journal of Contemporary Brachytherapy” this year. The JCB 2/2020 opens with Valentina Lancellotta’s *et al.* SKIN-COBRA ontology project, which is designed to define a specific terminological system to standardize data collection for non-melanoma skin cancer patients treated with brachytherapy. A fantastic Italian group, along with European colleagues, aim to produce high-quality evidence to support multidisciplinary management of non-melanoma skin cancer and help to use this information for personalized treatment decisions. I hope and wish the study to succeed.

The current issue contains as many as seven articles related to gynecological malignancies. The first three consecutive manuscripts are clinical investigations. Sukriye Bilge Gursel *et al.* from Turkey compared tandem-ring and tandem-ovoid treatments as a curative BT component for cervical cancer and concluded that tandem-ring applicator seems to offer better three-dimensional brachytherapy dosimetry for both HR-CTV and nearby organs at risk. Zuzana Vlachová *et al.* (Czech Republic) presents that extended treatment planning time for brachytherapy due to the changes in topography of small pelvis can lead to different doses in high-risk organs than previously planned. They also note that the most significant changes are related to the rectum. Vitaliana De Sanctis *et al.* (Italian group from Rome) reported survival outcomes and toxicities incidence by using one-week vaginal brachytherapy (VBT) schedule in intermediate- and high-intermediate risk endometrial cancer patients. They conclude that short course of adjuvant VBT is an effective treatment in patients with early-stage endometrial cancer, and provides good outcomes in terms of local control and disease-free survival, with low rates of toxicity profile.

The next two papers are on BT physics. Nuria Carrasco *et al.* (Spain) investigated inter and intra-observer variability in reporting vaginal dose points for cervical cancer HDR-BT. The authors emphasized the need to ensure consistency in vaginal points reporting. Also, the impact of dosimetric inter and intra-observer variability should be considered regarding dose tolerances and limits, due to potential dose gradient. A manuscript from China by Zhiyong Yang *et al.* reported on the verification of needle guidance accuracy in a pelvic phantom using registered ultrasound (US) and MRI images for intracavitary/interstitial (IC/IS) gynecologic brachytherapy. Under ideal conditions, rigid registration between MRI images and US images has high accuracy for real-time image guidance and registered US images provide accurate image guidance during visual needle insertion to achieve the combination of effective visualization and image guidance.

Turkish group from Ankara shared their rare case experience with using a pessary during radiotherapy in reducible pelvic organ prolapse and vaginal cancer. The report is supported by good review of the literature on this unique and challenging condition.

The last gynecologic paper has its educational values. Hodjatollah Shahbazian *et al.* (Iran) evaluated rectal volume correlation with dosimetric parameters during optimized intracavitary HDR-BT for cervical cancer. The details to be read.

Cholangiocarcinomas (CCs) are rare and highly malignant cancers. Mahdi Aghili *et al.* (Iran) attempted to investigate the survival rate of patients with unresectable extrahepatic CCs in patients receiving multimodality therapeutic protocol consisted of biliary drainage + EBRT + BT and systemic chemotherapy. They conclude that such an approach could improve patients’ survival time and decrease treatment-related complications.



Next is physics contributions to breast cancer BT. Ritu Raj Upreti *et al.* from Mumbai (India) developed a tool for evaluating the dosimetric impact of interobserver target delineation variability in multi-catheter interstitial partial breast brachytherapy: coverage with dosimetric concordance index (CDCI), which can be used for evaluating the dosimetric impact of interobserver target delineation variability.

In a study, Tibor Major *et al.* (Hungary) investigated whether inverse planning can improve plan quality in interstitial breast HDR-BT, and showed that by using appropriate input parameters, inverse planning can provide dosimetrically superior dose distributions over forward planning in interstitial breast implants.

I would like to present another two case reports. The first one comes from the Polish Brachytherapy Society group and evaluates interstitial HDR-BT as a boost in synchronous prostate and rectal cancer treatment. This case, supported by literature review, is an example of successful cooperation between two separate cancer centers from Wrocław and Poznań (Poland). The approach described here allows one to bake two birds with one stone. The second case submitted by Koji Masui *et al.* (Japan) is a sincere report on the small bowel perforation caused by applicator implantation in interstitial HDR-BT for bladder cancer that recurred as a pelvic tumor.

The JCB 2/2020 closes with a biology contribution from Spain. Damián Guirado *et al.* present a radiobiological study of schemes with a low number of fractions in HDR-BT as monotherapy for prostate cancer. They aimed to analyze the differences between the published clinical results and the predictions of radiobiological models for absorbed dose required in a single fraction HDR monotherapy. I recommend that the conclusions are carefully read.

I hope you all will enjoy reading the new issue of our Journal.

Yours sincerely,

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Editor-in-Chief
Journal of Contemporary Brachytherapy