

Dear Colleagues, Friends, and Brachytherapy Fellows,

It has already been a year, since I accepted the proposal of leading the Journal as the Editor-in-Chief. From the very beginning, it was my great honor and privilege. Now, I would like to cordially thank all the Section Editors and Reviewers for believing in me, in the Journal, and in brachytherapy itself. I thank you all for your day-to-day work with the manuscripts, your sincere comments, valuable remarks, and suggestions. All that helped to release six full interesting and noticeable issues of our Journal in 2019, which I consider as a great success of all of us.

Here, I would like to notice that the last issue contains an invited Letter-to-Editor written by Prof. Tomasz Pospieszny from the Adam Mickiewicz University in Poznań, Poland. His interesting summary of Maria Skłodowska-Curie's input to nuclear physics and brachytherapy foundations have met its desired response.

It is my pleasure to present the first issue of the Journal of Contemporary Brachytherapy this year. The JCB 1/2020 opens with Carl Salembier's results of a prospective Uro-GEC phase-II trial. As co-authors from the Netherlands and UK claim, the history of transurethral resection of the prostate should not be a contra-indication for transperineal low-dose-rate  $^{125}\text{I}$  prostate brachytherapy. Following, there is the paper from Japan on the clinical outcomes of low-dose-rate brachytherapy for intermediate-risk prostate cancer. This study highlights excellent outcomes achieved with BED  $\geq 200$  Gy.

The next five consecutive manuscripts are on gynecological malignancies, three of which are physics contributions.

Najeeb Crossley *et al.* (USA) concludes in their study that in small volume cervical tumors (< 30 ccs), hybrid applicators may offer improved organs at risk sparing compared with conventional tandem and ring applicators, and may increase the proportion of patients meeting EMBRACE II OAR goals.

A group from Turkey presents a 3D printer-based novel intensity-modulated vaginal brachytherapy applicator, which meets the requirements in quality-control tests.

Another group from Japan evaluates and presents a new bi-valve vaginal speculum applicator, designed for gynecologic interstitial brachytherapy.

In addition, a second Turkish group shares its experience on dosimetric comparison of two different cervical applicators and rectal retraction methods that are used in inverse optimization-based intracavitary brachytherapy.

Next is a preliminary report by Susovan Banerjee *et al.* (Indian Brachytherapy Society) presenting the Medanta - AOLO template for locally advanced cervical cancer, which was designed and clinically implemented as an easy to use intracavitary/interstitial type of template/applicator.

Case reports may be very interesting, but problematic to publish, and for this issue, I have selected two completely different cases. The first one is on the combined interstitial and superficial high-dose-rate brachytherapy treatment of hand squamous cell carcinoma, with the attempt to preserve the function of patient's hand. The Figures from the paper by Ivan Buzurovic *et al.* (USA) can be found on the Journal's cover. The second report was submitted by Shinobu Kumagai *et al.* and it contains the first experience of iridium-192 source stuck during high-dose-rate brachytherapy in Japan. I sincerely thank the authors for sharing of what they unexpectedly experienced.

Now, it is time for Italy. Lisa Vicenzi *et al.* presents a systematic review on the role of vaginal brachytherapy (VBT) in stage I endometrial serous cancer (USC). The searched data supports the concept that in adequately selected patients, VBT alone may be a suitable radiotherapy technique in women with stage I USC who underwent surgical staging and received adjuvant chemotherapy.

The second review paper comes from the United States, with Bhargava Chitti *et al.* describing a systematic review on the role of brachytherapy in the management of brain metastases. In this paper the authors agree that presently, brachytherapy is not a part of the standard paradigm for brain metastases; however, the review indicates brachytherapy as a modality that offers excellent local control and quality of life, and suggests its use should be further evaluated.

As usual, the current issue ends up with Educational Corner, in which a paper by Luca Tagliaferri *et al.* (distinguished members of the Italian Association of Radiotherapy and Clinical Oncology, AIRO) can be found with a question "Can brachytherapy be properly considered in clinical practice?". And their answer is the TRILOGY project, which is designed to identify the practical and theoretical reasons why brachytherapy faces a slow decline in Italy and to define a vision of AIRO Interventional Radiotherapy Study Group with a strategy regarding the emerged issues. The AIRO vision implies that specific strategic interventions must be carried out in the field of national guidelines, education, research, and communication with patients and colleagues of other specialties in an interdisciplinary setting. Nothing more nothing less. I wish you a great success Italian friends!

Finally, as mentioned already twice, I am eagerly waiting for the opportunity to meet possibly all our Co-Editors and Editorial Board members at the World Congress of Brachytherapy in Vienna, Austria in April 2-4, 2020. I hope that the well-known virus will not impede our plans.

Yours sincerely,  
Adam Chicheł, MD, PhD,  
Editor-in-Chief of Journal of Contemporary Brachytherapy

