

Dear brachytherapy community members,

I suppose, we are all already tired of the COVID-19 situation. Soon, this fall will become winter, as usual season after season change, and we want to serve our patients as we usually could. There appeared some news concerning anti-SARS-CoV-2 vaccines, which I hope would be safe, effective, and available for patients and medical staff. Far too many died until now, and too many progressed or delayed their cancer treatment because of the pandemic.

Surprisingly, I would like you to start the reading of JCB 6/2020 from its end: an excellent paper by Elzbieta Van der Steen-Banasik (The Netherlands). Her historical review on the role of brachytherapy in the organ sparing treatment for bladder cancer is a must-read article. It is concluded that a highly effective brachytherapy method with minimal toxicity deserves more worldwide popularity, with which I agree.

The new issue of JCB opens with a Spanish group's results on a minimally invasive tumor bed implant and peri-operative high-dose-rate brachytherapy for accelerated minimal breast irradiation (AMBI) or anticipated boost in breast-conserving surgery for ductal carcinoma *in situ*. AMBI could be a good alternative due to low recurrence rates, minimum unnecessary radiation, improvement in treatment logistics, and reduction of over-treatment in well-selected DCIS patients.

The next four clinical investigations are on prostate cancer. Carlo Pietro Soatti *et al.* (Italy) summarized data on HDR-BT monotherapy for localized prostate cancer in three different dose fractionations. After a 14-year extended follow-up, they concluded that patients treated with a single fraction of 19-20 Gy had a lower biochemical control rate than patients receiving 38 Gy in 4 or 27 Gy in 2 fractions. Finbar Slevin *et al.* (Leeds, UK) shared their results on 10-year longitudinal health-related quality of life following iodine-125 brachytherapy monotherapy for localized prostate cancer. Clinically mild changes in urinary, bowel, and sexual QoL appear ten years after the treatment. Brest's French group assessed the toxicity in patients treated with permanent prostate BT using intraoperatively built custom-linked seeds versus loose seeds. They observed that LDR prostate BT based on linked seeds is a safe technique, with comparable toxicity profiles at two years. Hiroaki Kunogi *et al.* (Juntendo University, Japan) investigated focal LDR prostate BT for 19 low- and intermediate-risk prostate cancer patients followed up for a median of 31 months. Such an approach appears acceptable for MRI-based index tumors, with a low cumulative incidence of biochemical recurrence. Focal BT might offer a feasible minimally invasive therapeutic option for localized prostate cancer.

There is no single JCB issue without gynecological investigations. Payal Patel *et al.* (Mayo Clinic, USA) showed preliminary results of a modified interstitial MIAMI brachytherapy applicator to treat upper and apical vaginal tumors. Their data suggests the custom applicator is associated with robust dosimetric coverage, reasonable loco-regional control, toxicity, and tissue trauma. The device allows safe treatment of apically located vaginal tumors. It provides flexibility to treat multiple patients with variable vaginal diameters, sizes, and depths with a single device. Suheyla Aytac Arslan *et al.* (Turkey) presented and confirmed an improved 10-year DFS with necessary adjuvant radiotherapy in early-stage endometrial cancer.

Chinese researchers from Shijiazhuang, Hebei, submitted their last clinical investigation on effectiveness and prognostic factors of iodine-125 seed implantation to treat in-field cervical lymph node recurrence of esophageal SCC after EBRT. They found this salvage treatment efficient and safe, but one should refer to the LC and OS rates presented in detail.

Three consecutive physical contributions focused on the breast, bladder, and uterus. Foster West *et al.* (Rhode Island, USA) developed an algorithm to automate round applicators' selection based on a surgical clip position for AccuBoost breast BT. Paweł Czajkowski *et al.* (Poland) investigated the accuracy of registrations between cone-beam CT and conventional CT images and dose mapping methods in RaySearch software for the bladder during BT of cervical cancer patients. The most accurate alignment between CBCT and CT images occurs with biomechanical registration. Melis Gultekin *et al.* (Turkey) conveyed the dosimetric comparison of conventional versus 3D planning in endometrial cancer for adjuvant vaginal cuff BT (VBT). The customized volume-based 3D VBT technique provides the ability to balance target dose against sparing of OARs, which should be recommended.

This issue contains two case reports from Japan. The first (Osaka) is on a successful interstitial HDR-BT with hypoxic radiosensitizer KORTUC II for an inoperable pelvic sidewall recurrence of uterine cervical cancer. The second one (Tokyo) is on a perineal recurrence of prostate ductal adenocarcinoma after transperineal LDR BT, treated with surgery and HDR-BT, and is supported by a literature review.

For me as the Editor-in-Chief, despite the pandemic, the year 2020 was very successful and fruitful in the Journal's editing and publishing process. At this point, I would like to thank all the Editorial Board members and the Publishing House Office workers for their support and hard work throughout the year. Here, I finish two full years of editing this fantastic brachytherapy medium. **#WeAreBrachy #WeDoBrachy #ThisIsBrachytherapy #JOCB** (social media) - we are also there for our readership.

Let the new 2021 be better and healthier for everyone! Stay safe and happy!



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