Dear Readers,

Finally, it happened! Although it was a hybrid Congress, it was my pleasure to take part in the ESTRO 2021 onsite. Many thanks to the local and ESTRO organizers, especially for making it accurate despite the pandemic. The visit to Madrid was inspiring, informative, and sociable at last. Nothing can replace face-to-face discussions and personal interaction. I am sure that online access for those unable to travel at the time of the event was also priceless.

This time, the JCB 5/2021 opens up with a Letter-to-Editor, and the issue contains five clinical papers, four physics' contributions, two technical notes, and two case reports. In a letter from Spain, you can find information on a case of acute parotitis related to skin cancer HDR-BT. Has anyone faced a similar reaction at your practice? If so, I encourage you to share your experience on our social media pages. Keeping to the topic of skin cancer, a group from USA presented their long-term follow-up on electronic BT. Clinical results show good response in all treated sites. However, caution should be applied for extremity sites, and more fractionated regimens must be considered to avoid severe acute toxicities. As something completely different, Stephen Doggett *et al*. (USA) submitted a retrospective study investigating initial safety and effectiveness of rare percutaneous CT fluoroscopy-guided permanent palladium-103 seed BT for metastatic adenoid cystic carcinoma of the lung. The findings are promising in terms of efficacy and safety.

The following three clinical manuscripts are related to gynecological malignancies. A joint group of authors from India and Austria evaluated quantitative and qualitative utilization of clinical drawings for IGBT approach in cervical cancer, an essential tool from the EMBRACE study protocol. It appears that detailed mapping of tumor volumes can provide helpful insight into HR-CTV volume during the course of brachytherapy. Nikhila Radhakrishna *et al*., representing the Indian Brachytherapy Society, estimated dose-volume parameters for the female urethra. This OAR receives significant doses during ISBT for gynecological malignancies, especially when the anterior vaginal wall is within target volume. Reporting doses to the urethra would enable developing clinical correlation and dose-volume constraints for the organ. Staying on the topic, Farnaz Amoozegar-Hashemi *et al*. (Iran, Canada) compared 2D and 3D planning results for vaginal cuff BT. The 3D planning delivers an appropriate dose to the target while sparing more OARs (rectum, sigmoid, and bladder).

Going smoothly to physics, I would like to start with a manuscript by David Martin *et al*. (USA). To improve therapeutic ratio in hybrid intracavitary-interstitial BT and bolster previous publications, the authors provided practical recommendations for needle selection, insertion depth, and relative weighting for Vienna-style applicators in small cervical cancer HR-CTVs. In a second paper, a French group from Brest shared their machine-learning approach to predict the appropriate number of iodine-125 seeds in LDR prostate BT. The proposed abacus aimed at estimating a necessary number of sources, and appeared to be an excellent alternative to non-specific recommendations.

I am proud and honored to present the third paper on physics. It is a second in a row study by Grzegorz Bielęda *et al*. (Poznań, Poland) on 3D-printed surface applicators for brachytherapy. This phantom study results confirmed the potential clinical usefulness of applicators obtained using 3D printing technology. You can find its exciting figures on the issue's cover. Last, but not a minor-league physical paper, was submitted by Timothy J. Waldron *et al*. (Iowa, USA). It also deserves its' recognition. This interesting radiobiological modeling study on radiobiological evaluation of OARs for electronic HDR-BT of uveal melanoma showed that treatment with vitreous replacement resulted in significantly reduced OARs doses compared to that achieved with iodine-125-based BT.

Li Wang *et al*. (China, Taiwan) is this issue's third article concerning electronic BT. The authors presented a technical study on using magnetic material to repulse electrons in Axxent EBT for skin preservation during early breast cancer in conservative intra-operative RT. In a following challenging note, Naoya Murakami *et al*. (Japan) described the usage of gel spacer to protect the carotid artery and reconstructed jejunum in image-guided interstitial BT for recurrent hypopharyngeal cancer.

First case report by Aleksandra Piórek *et al*. (Warsaw, Poland) described their experience despite no available prospective data on post-relapse treatment for adenoid cystic carcinoma of the trachea. As concluded, administration of RT after incomplete resection of a recurrent disease may lead to a long-term locoregional control. The second case report was submitted by French authors who reported on unique BT for oligometastatic prostate cancer of the penis. BT results are pretty predictable for me, but I always find them remarkably successful in organ-sparing.

Closing up, I wish you all a pleasant and informative lecture.

Yours sincerely,

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