

Dear Colleagues,

It is my great pleasure to announce the publication of the third issue of our Journal, volume 11 (2019). Already, the ESTRO 38 Meeting in Milan and the ABS Annual Meeting in Miami have passed, but we'll have the opportunity to meet again next year at the World Congress of Brachytherapy in Vienna, Austria (April 2020).

As I did last time, I would like to emphasize the tremendous importance to revive and reactivate the Educational Corner of JCB. Therefore, together with Agata Rembielak MD from the Christie Hospital in Manchester, we cordially invite all brachytherapy individuals who would like to share their experience and well prospering techniques to submit their ideas, letters, comments, and own educational manuscripts. All this is in order to fight the decline in brachytherapy use worldwide.

In the Educational Corner of the present issue, which is placed as the last paper of our Journal, we present a publication on bicornuate uterus. Last edition of JCB (2/2019) contained a Japanese rare case report on cervical cancer in a bicornuate uterus with vaginal septum. In this issue, the paper from United States presents similar problem in bicornuate uterus and advises how to properly manage such patients without compromising the outcome. The paper includes a review of rather scarce reports on this topic.

The current issue opens with French prospective manuscript focused on male potency after LDR prostate cancer brachytherapy, and proves that prostate brachytherapy is a safe and effective way of treatment. Authors from Japan, in turn, share their findings on salvage retreatment of prostate cancer patients previously treated with definitive radiotherapy. Third clinical investigation from India is on breast brachytherapy and its overall cosmetic outcomes, and concludes that the most important parameters determining cosmetic outcome are breast size, breast shape, and the location of nipple areola complex.

In another paper, the investigators from Germany and Cyprus convince us that patients with inoperable glioblastoma multiforme lesions may be successfully palliated with interstitial brachytherapy without excessive toxicity.

For those who utilize cesium-131 permanent sources, two papers from United States should be especially interesting, as authors describe their results on head and neck cancer reirradiation.

Preliminary report from China is based on 3D-printed individual template dosimetry verification in the recurrent high-grade gliomas retreatment with permanent iodine seeds. Another Chinese case report suggests that for deep invading residual nasopharyngeal carcinomas, a fiberoptic endoscope-guided HDR interstitial brachytherapy boost after radical external beam radiotherapy may be proposed.

And what if you face a patient with prostate cancer after previous rectal cancer resection and radiation? An optional answer comes from Warsaw in Poland, where such a patient was successfully treated with fluoroscopy and 3D CT image-guided interstitial brachytherapy without transrectal access.

Additionally, our new issue of JCB includes two physics contributions from Iran and China as well as technical note from Spain on the treatment planning for iodine-125 episcleral brachytherapy.

I hope you all will enjoy reading the new edition of JCB and find many inspirations for your work!

Yours sincerely,

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Editor-in-Chief  
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