

Dear Readers,

One of the purposes of reactivated Educational Corner (EC) at the "Journal of Contemporary Brachytherapy" (JCB) is to improve education in the field. We hope to deliver it via a variety of methods, such as educational articles and reports or case discussions, in which we would like to seek engagement with readers, receive comments, and thus, hopefully continue professional discussions on broad aspects of brachytherapy (BT).

As we are all aware, the BT community is relatively small, but extremely skilled. For years, we have been exposed to underfunding resulting in gradual marginalization of this technique. This is not due to lack of evidence, but rather gaps in education leading to radiation patients not even being offered BT. Across the globe, BT is facing several challenges and unfortunately also decline. We need not only to support ourselves and share knowledge, but also encourage the younger generation to consider taking up training in BT. In such a highly skilled and operator-dependent profession, EC seems to have become a great platform for such intraprofessional and interdisciplinary cooperation.

We would like to start with a case of complex and prolonged skin toxicity after skin superficial BT to BCC on the leg and seek readers' advice and comments about what could have happened that resulted in such radiation toxicity. We hope that our readers would be willing to share their opinions with us in an online forum about what happened or even what went wrong in order to improve our practice in future and learn from such cases. We also would like to encourage our colleagues, including younger generation of radiation oncologists and brachytherapists, to share their thoughts on issues presented by others, but also to submit their own cases or queries they have come across in their practice.

On behalf of JCB,
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