Dear Brachytherapists and Friends,

I recall an extraordinary **8th Biannual Conference of the Polish Brachytherapy Society (PBS)** held on September 15-16 in Wroclaw (Poland). The meeting motto was "**Full steam ahead! – effectiveness, precision, brachytherapy**", emphasizing the efficient role of brachytherapy in oncological care in Poland. The meeting's multidisciplinary character was an opportunity for oncologists and scientists from domestic and large European centers to exchange their experiences and results. For the first time in the PBS history, several distinguished guests, brachytherapy professionals from Germany (S. Corradini, P. Niehoff, V. Strnad), France (J.M. Hannoun-Levi), Spain (A. Gomez-Iturriaga, V. Gonzalez-Pérez), and Italy (L. Tagliaferri), honored us with their presence. Thank you all for sharing your knowledge, fruitful discussions, and time spent in joy and friendship.

The JCB 5/2022 issue contains ten interesting manuscripts, including six clinical papers, one physics contribution, a single-case report, one review paper, and an educational article.

The issue starts with a submission by Christopher Luminais *et al*. from Virginia (USA), who assessed the feasibility of MRI-guided dose escalation to dominant intra-prostatic lesions (DIL) in prostate cancer management. They propose DIL D_{90} of over 150% being an achievable goal, without compromising OARs. Then, a group from Ahvaz (Iran) shared their results on poor cosmesis predictors research in breast cancer patients treated conservatively with a combination of EBRT and HDR-BT boost. They stated that multicatheter interstitial BT $V_{29\,Gy}$, irradiation of regional nodes, and larger breast volumes are the potential factors for worse cosmesis prediction. The third clinical manuscript was submitted by Artur J. Chyrek *et al*. from the Polish Brachytherapy Society (Poznan, Poland). The group conducted a retrospective comparative cohort study on primary or relapsed head and neck skin cancer patients treated with straightforward 2D HDR-BT. The treatment was highly effective and was associated with acceptable skin toxicity. In the fourth paper, Ester Jääskeläinen *et al*. (Finland) reviewed different treatment protocols for achieved radiation doses of HDR-BT for locally advanced cervical cancer. They compared two fractions in one application, with separate applications for each fraction. The authors concluded that the opportunity to correct the non-optimal position of applicator and deliver better doses for the consecutive fractions are of value. For those interested in challenging iodine-125 seed implantations, the fifth (inguinal node metastases) and sixth (pancreatic head cancer) manuscripts from China would be of interest.

An Italian group from Terni submitted a single physics contribution. The authors tried to assess the reliability of algebraic sum to evaluate adjuvant pelvic radiotherapy and vaginal cuff BT cumulative doses in uterine cancer patients. Did they achieve similar results? Please find out for yourself.

An interesting case report came from Japan. Keisei Okamoto described two cases of a rare, very-high-risk, locally advanced prostate ductal adenocarcinoma, cured using uLDR-BT (seeds) with seminal vesicle implantation combined with EBRT at a biologically effective dose ≥ 220 Gy. Long-term follow-up confirmed the efficacy of treatment.

Next, is a comprehensive and up-to-date review on single-fraction HDR-BT, which I recommend reading. Mitchel Kamrava et al. searched for single-fraction treatment outcomes and toxicities for all disease sites. In general, results are more promising for the breast and liver, while less encouraging for the prostate. I thank them for their effort.

The last paper I would like to highlight is an educational article by Martijn de Vries *et al*. (The Netherlands and UK). Have you ever coped with pubic arch interference (PAI) in prostate BT? And have you then considered abandoning the procedure? The authors described utilization of steerable needles with the ability to steer along curved paths. Such a trick enables prostate BT treatment in patients with enlarged prostates and PAI, increasing the chance of successful implantation.

I wish you all a pleasant lecture!

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