

Dear Readers,

The JCB summer issue, 4/2023 (July/August), contains eight manuscripts: five clinical papers, one preliminary report, a case report, and a review. As the fall approaches, I want to start with the subject of skin cancer in elderly patients. It is not to be argued that older adults deserve compassion, overthought treatment decisions tailored to their performance status and willingness and ability to cope with sequelae, and family support. It is always worth improving their subjective quality of life, and cure lesions even if their life expectancy is relatively short. Inspired by recent publications [1-5], we reviewed the treatment results in our older skin cancer patient population. The first clinical article proudly presents excellent results of challenging but efficient diverse efforts to deal with ten advanced skin cancer lesions.



The following five papers relate to gynecological malignancies. Kiattisa Sommat *et al.* (Singapore) submitted their report on the outcomes of using image-guided hybrid intra-cavitary/interstitial applicators under moderate sedation for locally advanced cervical cancer patients. It should be interesting, especially for institutions with limited access to anesthesia services. The Hacettepe University group from Turkey investigated the inter-observer variability (IOV) in target volume delineation of CT-guided BT for cervical cancer. Although the inter-observer agreement appeared to be generally high, it was lower for IR-CTV than for HR-CTV. Individual tumor characteristics and radiation oncologists' level of clinical experience may have caused the differences in various cases. Ajeet Gandhi *et al.* (Lucknow, India) evaluated the doses to pelvic node regions in intact cervical (IN-CC) and vault carcinoma interstitial BT. The doses were higher in patients with IN-CC treated with central tandem than those treated post-operatively. The Keio University group from Japan performed a dosimetric comparison of vaginal gauze packing (VP) and rectal retraction (RR) in 3D IG adaptive BT of fifty cervical cancer patients. As concluded, VP reduced the dose to the rectum and bladder compared with RR without impairing the dose to CTV. Finally, in a preliminary report, Yuxuan Wang *et al.* (Peking, China) compared the curative effects, toxicity, and dosimetry of 3D and 2D BT in cervical stump cancer (in the remnant after previous sub-total hysterectomy). 3D BT showed slightly better outcomes of late toxicity than 2D brachytherapy, owing to the lower dose coverage in the bladder, rectum, sigmoid colon, and small intestine.

In a single case report, Cheng Lin *et al.* (China) described a successful approach of trans-catheter arterial chemoembolization (TACE) combined with radioactive iodine-125 particle implantation in a patient with portal vein tumor thrombus, to achieve radical primary hepato-cellular carcinoma treatment with sequential oral anlotinib agent. The treatment resulted in a local cure after 15 months, and progression-free survival was 37 months on time of the manuscript preparation.

The last paper is an exciting review of training simulators in brachytherapy education. Martina Ferioli *et al.* (Bologna, Italy) submitted a narrative review, in which they summarized the available evidence on the use of simulators in BT training, highlighting their impact on proficiency, engagement, and self-confidence as well as their benefits for medical physicists and radiation therapists. It should be of interest to everyone engaged in BT education and promotion.

Yours sincerely,

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References

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