

Dear Colleagues,

This issue of the **Journal of Contemporary Brachytherapy** consist of two parts: the first contains manuscripts and the second – materials from “International Meeting on Prostate Brachytherapy”, organized by Eckert & Ziegler BEBIG, which will be held in Mallorca, Spain, 21st-23th November 2012. We continue publishing materials from a scientific conventions. We are open for a cooperation with any scientific society, a research team or a company which patronize a scientific meetings. You are most welcome to cooperate. Publishing of this materials does not mean in any matter a company preference.

Seven manuscripts are published in this issue – four clinical investigations concerning cervical cancer, endometrial cancer and prostate cancer: one about non isocentric film-based intracavitary brachytherapy planning in cervical cancer: a retrospective dosimetric analysis with CT planning, second about dosimetry and toxicity outcomes in postoperative High-Dose-Rate intracavitary brachytherapy for endometrial carcinoma, then one discussing benefits of a dual sagittal crystal transducer for ultrasound imaging during I-125 seed implantation for permanent prostate brachytherapy and one about proposed protocol on HDR cylinder treatments: proof of avoidance of re-planning of CT based fractionated treatment, using a critical and statistical and graphical analysis of clinical data. One review is published discussing brachytherapy in Accelerated Partial Breast Irradiation (APBI) – review of treatment methods. Two case reports are also published: one describing COMS plaque loading optimization for improved dose conformity and homogeneity and second about re-implantation of suboptimal prostate seed implantation: technique with intra-operative treatment planning.

Some important news from brachytherapy. HealthImaging (<http://www.healthimaging.com>) discussed an important issue – “**Reimbursement cuts may limit brachytherapy use**”. As we know, brachytherapy offers a cost-effective method of treating prostate cancer, and its popularity in the future will likely rely on its financial status, according to a report by GlobalData. The report, titled “Brachytherapy Devices – Global Opportunity Assessment, Competitive Landscape and Market Forecasts to 2018”, suggests the growing cost of cancer treatment has intensified focus on the cost-effectiveness of treatment approaches, and brachytherapy is shining through as the best option. Assessment of the costs and benefits of new and existing cancer treatment methods are essential for clinicians, payers and healthcare policy makers around the world. The number of new diagnosed cancer cases increases globally every year, and the disease is set to become a global pandemic with death rates growing in low and middle-income countries, according to London-based GlobalData. As a result of this huge patient population, doctors and patients are desperate for effective, economical and convenient radiation treatments.

Lifetime treatment costs for brachytherapy have been found to be nearly \$3,000 lower than costs for radical prostatectomy in the treatment of low-risk prostate cancer. Data from U.S. patients newly diagnosed with prostate cancer over five and half years revealed that brachytherapy was among the most cost-effective options, totaling \$35,143. The need for fewer treatments serves patients who do not have local access to radiation treatment, cutting out lengthy journeys to an oncology center, and representing cost savings for patients, as transportation costs constitute out-of-pocket expenses. Brachytherapy also saves money for healthcare systems, as lifetime treatment through brachytherapy costs substantially less than radical prostatectomy and intensity-modulated radiation therapy. Moreover, temporary brachytherapy is gaining popularity among both physicians and patients due to its ease of use as an outpatient procedure. Treatment is also shorter, and has a lower risk of serious adverse effects, making it altogether more likely for patients to conform to treatment schedules.

However, Medicare reimbursement cuts threaten the growth of the brachytherapy devices market in the U.S., **potentially removing brachytherapy from a large portion of the global cancer patient population**. The 2012 Medicare Physician Fee Schedule (MPFS) saw CMS finalize proposals reducing Medicare payment rates for physicians by 27.4 percent for services in 2012. In 2010, under the MPFS-proposed rule, CMS implemented reimbursement cuts of 19 percent for radiation oncology. Based on these changes, it is estimated that radiation oncology, including brachytherapy, will experience an impact of negative 6 percent in 2012 and negative 10 percent in 2013, GlobalData stated.

This seems to be an internal US problem, but, as we know, some trends are an example for others countries too. Could we change this blind way of financing more expensive procedures?

Sincerely yours,
Editor-in-Chief
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