

Dear Colleagues,

the first four issues of the *Journal of Contemporary Brachytherapy* were a great challenge for the editors and members of editorial board because of relatively few radiotherapists in the world devoting his life to brachytherapy. But at the same time, it brought a lot of satisfaction. *Brachytherapy* journal what already exists showed us the way to create a second Journal dedicated entirely to the subject of brachytherapy. It seems that another journal can essentially improve possibility to present knowledge and achievements in the field of brachytherapy, and to build an international team dedicating his time and effort to original work – scientific journal. Many scientists from all over the world joined us. Eminent brachytherapists, radiation oncologists and physicists lead the journal through this transitional period of its international development. We welcome now Bengt Johansson from Orebro, Sweden as a new member of Editorial Board, which means, that 69 scientists from 27 countries lead this Journal! And we have published already 30 papers in 2009!

In the coming year of 2010 the *Journal of Contemporary Brachytherapy* will be issued 4 times on paper and in electronic form, as it was in 2009. The present fourth issue of the JCB ends up the first year of editing our new Journal (just like a baby becoming a child!). Six manuscripts are published in this issue, concerning prostate cancer, breast cancer, head and neck cancer, lung cancer and preliminary report from Mexico about cervix cancer. Additionally we publish one physics contribution. Presented articles enclose results of clinical researches as well as physicist papers. In the next issues of our magazine we are planning to initiate a Pictorial Essay which is a presentation of selected clinical cases for the purpose of exchanging clinical experiences as well as doctors and students training. This Essay will be also accessible on our webpage. The main coordinator of this initiative will be Dr Alfredo Polo.

In December the Editorial Office along with the Publisher have started the process of indexing JCB. Data were send to Scopus, Index Copernicus, EMBASE (Excerpta Medica), Sci-Finder. Next planned index is Science Citation Index Expanded (SciSearch). Indexes from so called Philadelphia list (PubMed, Index Medicus/MEDLINE, Current Contents, etc.) and Journal Citation Reports/Science Edition are the next step in journal indexing. In order to achieve this goal, we urgently require good, original papers of international origin and numerous citations in other papers.

As a motto for the upcoming 2010, I chose some conclusions from Prof. Jean-Claude Horiot lecture delivered in Porto 2009 during GEC-ESTRO Meeting. These words, filled with the care and concern about the future of brachytherapy, are always worth to be cited:

“Modern brachytherapy requires a multidisciplinary environment (University Hospital, Cancer Center), well-educated and loyal partners (diagnostic radiologists, surgeons, medical oncologists, organ specialists), sophisticated equipment and large patient accrual, expert radiation oncologists and physicists: often exclusive brachytherapists and even sometimes dedicated to a specific type of BT (prostate, gynaecology, head and neck). Limited access to brachytherapy enhanced the responsibility of oncology networks to select brachytherapy indications at the time of the initial multidisciplinary meeting for management decision, to refer such patients to a brachytherapy center to confirm decision and treatment schedule. This does not work optimally in case of challenging practices between hospitals, clinics, public, private practices... Education and training in brachytherapy: all radiotherapy trainees (at least in European Academic Centers) get some exposure to brachytherapy, few of them will really become brachytherapy experts. It takes longer to train a Brachytherapist than a Radioterapist. External Beam Radiation Therapy (EBRT) treatment planning can be simulated and corrected. Brachytherapy is much more operator-dependent than EBRT. In brachytherapy one can progress only if he does it himself. As a result: there is an urgent need to train more Brachytherapists – when training Brachytherapists, try to keep some of the best people with you...

And finally: imagine the half-full wine glass: brachytherapy unsurpassed biological advantages, dose distributions, technical flexibility compared to EBRT, outstanding tumor control, highly successful combinations with EBRT and/or Surgery, often feasible when surgery becomes hazardous or contra-indicated, little research maybe because already almost perfect... Hence: let's train more young people, develop communication towards other oncologists, patients and health care decision makers. The final word - brachytherapy as for outstanding wines, the glass should never be full for optima tasting...”

Sincerely yours,
Editor-in-Chief
Janusz Skowronek, MD, PhD, Ass. Prof.