

Polish Brachytherapy Society – Presidential opening

Chasing Brachytherapy

Dear Friends, Colleagues, Readers,

I have been elected as president of the Polish Brachytherapy Society (PBS). It is a great honour for me to continue the work of the late Professor Janusz Skowronek. He seemed to be indispensable and invincible in his quest to establish the role of brachytherapy, especially in modern Polish oncology. He conceived the idea and founded the “Journal of Contemporary Brachytherapy”. He also established the Polish Brachytherapy Society, which he supervised until his sudden death.



Personally and professionally, I am a 39-year-old radiation oncologist, but you can call me a brachytherapy aficionado. I work in Maria Skłodowska-Curie Memorial Cancer Centre and Institute of Oncology (Gliwice, Poland). After five years of work in the Radiotherapy Department, I moved to the Brachytherapy Department. I earned my PhD degree (Schwannoma Radiosurgery) in 2013. In 2017 I became head of the Brachytherapy Department. My main fields of interest are prostate cancer, skin cancer and head and neck tumours. I have a great interest in fraction doses beyond the linear-quadratic model.

Common Polish people are not in a good situation in terms of cancer treatment. According to a report presented by the Polish Supreme Chamber of Control (the highest audit institution in Poland), there are one hundred thousand cancer deaths annually [1]. Cancer mortality is the third highest in the European Union, while cancer morbidity is well below average. Availability of modern cancer treatment is slowly improving, but treatment outcomes are still suboptimal.

The Polish Brachytherapy Society must work hard for substantial change. Data show that brachytherapy is critical to treat many cancers successfully [2,3,4,5,6,7]. We need clear recommendations on how to treat with all brachytherapy techniques and schedules. There are centres which are well equipped with clear protocols, a wide range of procedures and scientific roots. However, there are centres where enthusiastic, often young physicians, physicists and other staff struggle to treat patients with brachytherapy. We have to team up to have national protocols, like our friends from India [8]. We have to do our jobs in GEC ESTRO. We have to analyze, write and share our research. We have to teach each other and learn from each other.

There are several societies worldwide which keep brachytherapy vibrant and modern. In my opinion, we should gather together for better clinical practice and understanding. Next year the World Congress of Brachytherapy will be held in Vienna. I hope that the Polish community will establish new forms of cooperation to treat better and more efficiently. Moreover, in the latter part of the year, we will organize the PBS biannual conference. It will be held in September 2020 in Katowice, Poland. The topic of the meeting is Brachytherapy as a part of interdisciplinary oncology. This will be a great opportunity not only for the presentation of methods, schedules and results, but also to meet experts from various fields of cancer treatment.

Brachytherapy needs more recognition among patients and specialists. It is one of the most significant challenges for the upcoming years. While the Polish brachytherapy community has suffered from the loss of Janusz, I know his trainees, and I know many others who want to raise brachytherapy to the highest level possible.

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References

1. NIK. Dostępność i efekty leczenia nowotworów. Warszawa 2018.
2. Holschneider CH, Peterreit DG, Chu C et al. Brachytherapy: A critical component of primary radiation therapy for cervical cancer: From the Society of Gynecologic Oncology (SGO) and the American Brachytherapy Society (ABS). *Gynecol Oncol* 2019; 152: 540-547.
3. Lukens JN, Gamez M, Hu K et al. Modern brachytherapy. *Semin Oncol* 2014; 41: 831-847.
4. Morgan TM, Press RH, Cutrell PK et al. Brachytherapy for localized prostate cancer in the modern era: a comparison of patient-reported quality of life outcomes among different techniques. *J Contemp Brachytherapy* 2018; 10: 495-502.
5. Spratt DE, Soni PD, McLaughlin PW et al. American Brachytherapy Society Task Group Report: Combination of brachytherapy and external beam radiation for high-risk prostate cancer. *Brachytherapy* 2017; 16: 1-12.
6. Wang C, Kishan AU, Kamrava M et al. External beam radiation therapy with a brachytherapy boost versus radical prostatectomy in Gleason pattern 5 prostate cancer: a population-based cohort study. *Int J Radiat Oncol Biol Phys* 2017; 98: 1045-1052.
7. Yoshioka Y, Yoshida K, Yamazaki H et al. The emerging role of high-dose-rate (HDR) brachytherapy as monotherapy for prostate cancer. *J Radiat Res* 2013; 54: 781-788.
8. Mahantshetty U, Gudi S, Singh R et al. Indian Brachytherapy Society Guidelines for radiotherapeutic management of cervical cancer with special emphasis on high-dose-rate brachytherapy. *J Contemp Brachytherapy* 2019; 11: 293-306.