

EDITORIAL



John Suh, MD, Editor-in-Chief

Brachytherapy for Gynecologic Cancer: Applications and Alternatives

Welcome to the December issue of *ARO*! For this month's focus on gynecologic cancer, we are pleased to present two review articles that explore the evolving role of brachytherapy and non-brachytherapy alternatives in treating gynecologic malignancies.

Debating in the early 2000s, image-guided brachytherapy (IGBT) has gained a stronghold in radiation oncology thanks primarily to its ability to bolster target delineation and optimize treatment planning. In *The role of image-guided brachytherapy in the treatment of gynecologic malignancies*, Sudha R. Amarnath, MD, of the Cleveland Clinic describes IGBT's clinical outcomes, advantages in planning, ongoing challenges, and guidelines for treating cervical cancer. While the benefits of IGBT in other gynecologic malignancies are less clear, Dr. Amarnath delineates how and why it can be a viable option for patients undergoing interstitial brachytherapy or intracavitary treatment with a tandem applicator.

In the accompanying article, *Nonbrachytherapy alternatives in cervical cancer radiotherapy: Why not?* Rutgers' Sarah Kilic, BA, MA, and co-authors review the well-established success of brachytherapy dose distribution before describing shortfalls and alternatives to the costly, complex technologies. The article discusses high-precision radiation therapy techniques, including SBRT and IMRT, which have been explored in selected patients. It also emphasizes requirements needed in order for boost techniques to challenge the long-standing and successful track record of brachytherapy dose distribution in cervical cancer treatment.

Together these articles help clarify when—and when not—to consider brachytherapy for gynecologic malignancies, and we welcome your comments and case reports to help enrich the discussion.

I am also pleased to announce this quarter's Clinical Case Contest winner: *Palliative radiation therapy for metastatic squamous cell carcinoma to the parotid gland*. Written by University of Florida's Shayna E. Rich, MD, PhD, and William M. Mendenhall, MD, the case offers an interesting look at how patients with advanced head and neck cancers can be treated with rapid courses of radiation therapy with little or no toxicity and good palliative effect. Congratulations to our winner!

Three additional case reports on CT changes of the lung following SBRT, recurrent GBM-PNET tumors, and palliative SBRT for head and neck cancer are also featured. The latter two reports involve expensive palliative treatments that may spark controversy and lively discussion surrounding the use of radiation therapy in these palliative settings. Given the focus on value, particularly in cancer care, the judicious use of radiation modalities will continue to be an area of focus for radiation oncologists.

Entries for the next Clinical Case Contest are due Jan. 15; please see guidelines at <http://www.appliedradiationoncology.com/contests/case-contest>.

Lastly, thank you for supporting *ARO* in 2015. We wish you a joyous holiday season, and look forward to serving the radiation oncology community in the New Year!

Dr. Suh is the Editor-in-Chief of *Applied Radiation Oncology*, and Professor and Chairman, Department of Radiation Oncology at the Taussig Cancer Institute, Rose Ella Burkhardt Brain Tumor and Neuro-oncology Center, Cleveland Clinic, Cleveland, OH.