

EDITORIAL



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Lawyers, stunts and money: Critical truths about false claims in radiation oncology

It's hard not to forget the headlines last year when radiation oncologists were listed in an OIG report for consistently receiving large Medicare payments for their services. Not surprisingly, the field has come under greater scrutiny for potential fraud and abuse,¹ prompting lawsuits against radiation oncology providers by the Department of Justice and plaintiff attorneys.

This month's article, *Target tumors, not yourself: A review of False Claims Act allegations against radiation oncologists*, addresses this issue, summarizing specific legal actions against providers, as well as the act's key points. Authored by radiation oncologist and former prosecuting attorney Anthony Mastroianni JD, MBA, MD, and John F. McCaffrey, JD, prosecutor and former FBI agent, the article helps radiation oncologists establish appropriate clinical practices, and examines actionable misconduct as well as common sense practices to avoid, especially when it comes to cost-containment strategies. We are pleased to present this in-depth review on what remains an important topic in our field.

This month's issue also features *Pediatric Radiosurgery: A Review*, in which Edward W. Jung, MD, and colleagues delve into the evolving treatment of pediatric CNS malignancies using stereotactic radiosurgery. The article explores benign CNS diseases, brain metastasis, malignant primary CNS diseases, and special considerations in pediatric radiosurgery (immobilization and localization, anesthesia, radiation necrosis and follow-up imaging).

In addition, *Technology Trends* provides insightful news on IMRT and VMAT for head and neck cancer, and a case study by Luis Moreno Sánchez, MD, describes linac-based SRS for a 70-year-old man with trigeminal neuralgia who suffered from facial pain for more than a decade.

Lastly, congratulations to our quarterly Clinical Case Contest winner, Camille Berriochoa, MD, and colleagues for their case on the use of adjuvant radiosurgery after resection of a brain metastasis. The authors discuss a patient with stage IV prostate adenocarcinoma with a solitary intracranial metastasis, who is doing well following resection and SRS.

Please visit <http://appliedradiationoncology.com/contests/case-contest> for information on how to submit your own interesting case report and have the opportunity to be our next quarterly Clinical Case Contest winner. While online, we invite you to sign up for our Facebook and Twitter feeds for regular news and updates regarding radiation oncology.

Enjoy the issue, and thank you for your continued support of ARO!

REFERENCE

1. Weaver C, McGinty T, Radnofsky L. Small slice of doctors account for big chunk of Medicare costs. *The Wall Street Journal*. April 9, 2014.