



BRACHYTHERAPY

Reflections on my years as chair of the GEC-ESTRO brachytherapy committee

Interview with Bradley Pieters

On 4 April I stepped down as chair of Group Européen de Curiethérapie-European Society for Radiotherapy and Oncology (GEC-ESTRO) and handed the baton over to Ina Jürgenliemk-Schulz, radiation oncologist at Univeristy Medical Center Utrecht, Utrecht, The Netherlands. This change of leadership should have taken place at the GEC-ESTRO General Assembly during the World Congress Brachytherapy 2020. Unfortunately, the World Congress is postponed to 31 July-2 August due to the COVID-19 pandemic. This pandemic has disrupted our normal lives and prevented travel to Vienna during April for our four-yearly world meeting. Worse than this, many people have died or are fighting to survive; others are getting into financial problems or have lost their jobs. The world is facing a big disaster and is united in combatting a disease that affects so many people. Different measures have been taken and there is collaboration to overcome this disease and its spread. Clearly in such conditions the World Congress Brachytherapy 2020 cannot take place.

Nevertheless, we need also to realise that patients are still becoming sick from cancer and that brachytherapy remains an essential treatment. At GEC-ESTRO we will continue with the work needed to develop brachytherapy and we will continue with planned activities.

In the two years of my chairmanship we saw many collaborative activities to raise brachytherapy to a higher level. I shall mention a few to which GEC-ESTRO has contributed.

A Memorandum of Understanding was signed in 2019 with the American Brachytherapy Society (ABS) for the organisation of the World Congress of Brachytherapy. This MoU contained much emphasis on collaboration with brachytherapy societies from all continents. We succeeded thereafter in preparing a congress with involvement of seven societies (ABS, GEC-ESTRO, the Australasian Brachytherapy Group (ABG), the Ibero-Latin American Association of Radiation Oncology (ALATRO), Canadian Brachytherapy Group (CBG), the Federation of Asian Organizations for Radiation Oncology (FARO) and the Indian Brachytherapy Society (IBS)) in the scientific programme committee.

There are new initiatives for collaboration with the Intraoperative Radiotherapy (IORT)-ESTRO group. This collaboration was formed because of the similarity of dose distribution between brachytherapy and IORT. It is expected that collaboration between the two groups will give an impulse to new developments.

Collaboration is developing with ABS and the Canadian Association of Radiation Oncology (CARO) on a target concept for vaginal cancer recurrences. This initiative will guarantee the acceptance in a large community of a mutual concept for a rare illness, and will facilitate future studies.

For many years the Brachytherapy Physics Quality Assurance System (BRAPHYQS) working group has worked with the American Association of Physicists in Medicine (AAPM) and these groups together publish important and conceptual papers for the brachytherapy community.

GEC-ESTRO is also active in promoting brachytherapy through courses with other societies. Within the framework of the ESTRO School, GEC-ESTRO for many years has organised four courses in the field of brachytherapy, and through collaboration with other societies, education is also provided to professionals not directly involved in daily brachytherapy care. With the Association of Radiation Oncologists of India (ARO), already several courses on cervix brachytherapy have been organised in India. A multidisciplinary ESTRO course on skin cancer is run with input from GEC-ESTRO. The same is also happening with a joint course with the European Society of Gynaecological Oncology (ESGO) on multidisciplinary management of cervical cancer. The same philosophy was also used for the premeeting course at ESTRO 38, which covered the topic of treatment for high-risk prostate cancer. At this meeting for the first time GEC-ESTRO organised a contouring workshop at an ESTRO congress on vaginal cancer within the Fellowship in Anatomical Delineation and Contouring (FALCON) platform. By offering a contouring workshop at an ESTRO meeting we intended to reach out to disciplines other than brachytherapy.

A main element of the yearly GEC-ESTRO workshop is to provide practical or instructive information. At this event professionals from all over the world with interests in brachytherapy gather together. It is a perfect opportunity to share ideas and start new collaborations. Important in this regard is collaboration with industry, which has supported the workshops since the first event and actively participated in the programme last year. Essential for the development of brachytherapy is not only working together within a small group, but also reaching out to other disciplines and even embracing the industry to gather all fantastic ideas together for a larger group.

GEC-ESTRO is determined to support and initiate projects and activities for the development of brachytherapy. The way to bring the outcome of all these projects and activities to large groups of patients is through collaboration with others, by joint efforts with other disciplines, and by dissemination of the know-how. In that sense GEC-ESTRO will remain an important pillar of the ESTRO family.

For decades, brachytherapy, if well performed, has been shown to be a very conformal treatment with extremely high doses within the implant. Four to five decades ago, external beam radiotherapy was far from being a conformal treatment. Thanks to new developments, nowadays highly conformal treatments can also be achieved with external beam radiotherapy and acceptance of heterogeneous dose distribution within the clinical target volume (CTV). Even conventional fractionation can be modified to hypofractionation and treatment duration can be shortened for several indications. These new developments have regrettably changed the way in which brachytherapy is recognised by some professionals. There is this wrong idea that brachytherapy can be exchanged for a modern external beam radiotherapy technique. It would be better to embrace all techniques available in radiation oncology and decide with the patient's consent on the optimal therapy. The potentials of brachytherapy should be obvious not only to our peers, but also to heads of departments, hospital directors, policy makers, insurance companies, patients, etc. This awareness of brachytherapy should be carried by the brachytherapy community to other stakeholders. The only way to achieve this is to get in touch with these other stakeholders, and together decide on what the optimal treatment and policy should be. There is a prominent role for GEC-ESTRO as a standing committee within ESTRO to define the role for brachytherapy, and with other partners to bring brachytherapy to the patients that need it. Ignorance is worse than lack of knowledge. Collaboration and exchange of ideas is the basis for development.

I would like to thank the GEC-ESTRO committee for its support and for the work we have accomplished. A special thanks goes to Evelyn Chibeka Chimfwembe for arranging everything that is needed for the committee and being a great source of information. Last but not least I would like to thank all of you who are interested in brachytherapy and who attend GEC-ESTRO events.

I wish the new chair and chair-elect, Ina Jürgenliemk-Schulz and Vratislav Strnad of the Department of Radiation Therapy, University Hospital Erlangen, Germany, good luck with the leadership of GEC-ESTRO.



Bradley Pieters
Past chair, GEC-ESTRO committee

