

## **From Our President**

As newly-elected President of the American Brachytherapy Society, I am pleased to take this opportunity to bring our members up to date on the affairs of the Society.

First and foremost, let me introduce and congratulate the Members of the Board for 2011-2012.

*Vice President:* Dr Brad Prestidge

*Secretary:* Dr Mark Rivard

*Treasurer:* Dr Mark Buyyounouski

*Directors-at-Large:* Dr Thom Shanahan

Dr Akila Viswanathan

Dr David Wazar

Dr Josh Yamada

*Chairman of the Board:* Dr Rakesh Patel

*Past Chairman of the Board:* Dr Eric Horwitz

The Annual Meeting in San Diego April 14-16, 2011 was an outstanding success with 356 attendees and 521 participants from 35 states and 22 countries. We are truly an international society! Dr Robert Lee was honoured with the Henschke Award and Dr Robert Kuske received the President's Award. For the first time the early morning Refresher Courses in Breast, Prostate, and Gynecologic Brachytherapy will be made available on-line through ASTRO as Self-Assessment Modules for Maintenance of Certification credits.

Next year will be time for another World Congress, to be held in conjunction with GEC-ESTRO. The meeting, originally scheduled for Athens, will be held in Barcelona, Spain, from May 10-12, 2011. I hope you will all join us for this stimulating international program (see Dr Brian Davis' summary) in this stunning cultural gem of European cities.

### ***Brachytherapy and Clinical Trials***

We all know that brachytherapy is the best means of conformal dose escalation but many of our colleagues remain to be convinced. For evidence, look at the increasing numbers of prostate cancer patients being treated with IMRT. I would like to plead with you to make every effort to increase the numbers of brachytherapy patients being included in multi-center randomized trials. For instance, in RTOG trial 0815 (intermediate risk, dose escalation, +/- 6 months androgen deprivation) the investigator can choose the method of boost: IMRT, LDR or HDR, and results will be stratified by the type of boost. The vast majority of patients entered to date are being treated with IMRT. If we don't participate, we will never have the evidence we need! For higher risk disease, RTOG 0924 (androgen deprivation, dose escalation +/- whole pelvis RT) is set up the same way with the boost modality being the investigator's choice. If we feel that brachytherapy is the better way to dose escalate, let's put our cards on the table. Don't let this opportunity slip by.

***Website***

Finally, I would like to announce the long-awaited update of our website. We will go live August 19 with new content and a more user-friendly lay-out. There will be a patient-specific stream on the home page so that you can direct patients to educational content. The site-specific brachytherapy guidelines to be published this Fall in Brachytherapy will be available on the website for handy reference for members. We plan in the near future to also include educational videos from experts in the field.

I am very much looking forward to a productive year working with the new Board.

Sincerely

Juanita Crook MD FRCPC