

FROM OUR  
PRESIDENT }

## VISION 2020



Daniel G. Petereit, MD, FASTRO  
President, ABS


I would like to take this opportunity to lay out my vision for the next 2 years as your current president and next Chairman of the Board. It is with humility and a great honor to serve you as your president. I was more than shocked a few years ago when the Board of Directors asked if I would consider taking on this role. I had to remind everyone again, where I live and ask if this really was their best choice as there were several deserving ABS board members who would be outstanding! So, a message to our young ABS members, be careful what you volunteer for as you may wind up as the next president!

When reaching out to **Dr. Steven Frank** and other past presidents for their input as I was preparing for my presidential year, a common theme was to focus on one thing and do it well. To this end, the **300 in 10 Initiative** is where I will be spending the majority of my time and efforts. While I have mentioned this in a previous communication, it is worth repeating. The goal is to train 30 competent brachytherapists per year over the next 10 years through a multifaceted approach. The inspiration for “300”

comes from the epically violent movie—300—basically, a theme in which your leaders will do everything they can to overcome the “tide of barriers” that prevent patient access to competent brachytherapy services.

Although the initiative is called **300 in 10**, the more specific project title is **6 Phases to Establish Disease Site-specific Brachytherapy competency** through 1) Online Training Modules (brachytherapy curriculum 2) Simulation training workshops with phantoms 3) Short-term focused fellowships at designated ABS certified centers 4) Competency evaluation by a certified ABS expert 5) ABS certification, and 6) ABS maintenance of certification. All of these phases are in development by our 300 in 10 team: Co-principal investigators—**Ann Klopp, Steven Frank and Firas Mourtada**; Co-investigators—**Melissa Joyner, Emma Fields, Lisa Singer, Pranshu Mohindra, Chad Tang, Martin King, Joe Hsu, Dorin Todor, Chris Deufel, Antonio Damato, Daniel Golden**; and myself who will serve as the PI for the next 2 years.

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The ABS has several of these processes in place including our brachytherapy schools and workshops, annual meetings, and a consortium of 6 radiation oncologists/institutions who are currently educating residents including simulation based models—many who are on our team. The Canadian and European models of brachytherapy education have been highly successful. One of our goals is to take the “best of” from the experience of others and implement them into our initiative. I am grateful to have **Dr. Daniel Golden** from the University of Chicago on our team with his known expertise in curriculum development.

In order to accelerate the 300 in 10 program, the ABS Board of Directors committed \$50,000 a year for the next 2 years. Industry support for the ABS GYN schools and prostate workshops has been invaluable to train teams of brachytherapists. After the November prostate workshop in Denver, ABS will have trained over 100 teams and 200 individuals. We are very grateful for industry support as this will be an integral part of the ongoing 300 in 10 initiative. We will be submitting grants for brachytherapy curriculum and simulation development and some salary support for our 10 co-investigators as this will be a very labor-intensive effort. We also envision an ongoing partnership with our industry colleagues to facilitate movement of this entire process and an ongoing sustainable infrastructure with details that are in development and evolving. I have been in communication with several industry partners who are interested in supporting portions of the 300 in 10 initiative.

Theragenics has graciously sponsored **Dr. Awad Ahmed** who is our first 3-month fellow at the Chicago Prostate Center under the direction of **Dr. Brian Moran**. Per my recent conversation with Dr. Ahmed: “The three month fellowship is an excellent initiative and quite timely. With the current movement towards value-based care, utilization of brachytherapy will likely become more prevalent in the United States. This coupled with the fact that


recent literature has shown a decline in both the utilization of brachytherapy, and trainee comfort level with prostate brachytherapy may lead to an increased need for prostate brachytherapist. As with most things, only time will tell. This program is phenomenally structured, as it is not too long as to require a full year of dedication, which can be financially burdensome, and not too short, such that the experience is worthless. The timing is excellent as it is scheduled right after training and exactly before starting practice. It is unique because of the high-volume, and expertise training with minimal resources. Ultrasound is an underutilized diagnostic modality in prostate cancer. In addition to all that, I am learning the non-medical aspects of creating a successful brachytherapy program outside of the academic setting. It is a priceless experience, and Dr. Brian Moran is a great instructor.”

Currently, we are “targeting” the following radiation oncologists: senior residents, residents out of training, and radiation oncologists with previous brachytherapy experience who are interested in “reactivating” their brachytherapy programs. Training teams will include medical physicists as they are a critical part of the team. For prostate brachytherapy, we will continue to invite our urology colleagues to the team. We have identified several high-volume academic and community centers who are willing to host a fellow.

ASTRO is well aware of the brachytherapy crisis and has been phenomenally supportive including dedicating their spring ASTRO newsletter to the “brachytherapy issue”. Members from the ABS board met with ASTRO leaders last week during the annual meeting and had a very productive conversation how we are going to accelerate the 300 in 10 initiative—further details will be forthcoming.

Increasing membership participation is critical to the success and viability of ABS. We are currently in the process of inviting new members for the ABS committees as well as participation in ABS guidelines.

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**Dr. Ann Klopp**, the ABS Vice President, is leading this effort for the consensus guideline process management, and **Dr. Firas Mourtada**, our president elect, is overseeing the progress of our ABS committees. The process for submitting a consensus guideline topic has been formalized and is now detailed on our website. We currently have a list of individuals who indicated interest to serve the ABS and will be updating our committees members soon. So, please reach out to them if you are interested. If possible, we would highly value past presidents to serve as a senior person on these committees with their wealth of experience.

### **Patient Story:**

As mentioned in previous editorials, I lead a cancer disparity program on the reservations of South Dakota called ***Walking Forward***. The primary goal of the program is to lower cancer death rates for American Indians as they have one of the highest cancer mortality rates in the United States. Much of our efforts have been in the community helping with navigation, cancer prevention and access to cancer screening. A recent patient of mine who has “favorable intermediate” risk prostate cancer, lives in a remote part of the reservation, has no vehicle and is 3 hours from our cancer center. He, like many of our patients, cannot undergo external beam radiation due to the inconvenience of travel and limited resources. Therefore, brachytherapy was an ideal option for him. He came to Rapid City this week for his implant, but could not find lodging the night before. A nice couple drove him to the homeless shelter and dropped him off at the hospital early the next morning. Fortunately, his procedure went well and he was ready for discharge 2 hours later which allowed him to return home on the last “reservation” van for the day. He was extremely appreciative for the brachytherapy option and has a likelihood of being cured. Access to brachytherapy for him was critical.

### **Summer Reading:**

#### ***“We Make a Life by What We Give”:***

Richard Gunderman, MD

As physicians how do we maximize our time and efforts to deliver optimal patient care, conduct meaningful research, remain up to date on current events, and lead a balanced life for our friends and families. I was resistant to enter the social media world as it is an ongoing struggle to stay current with medical journals and everything else. To quote Dr. Richard Gunderman, “the information age has left many of us overfed but undernourished, longing for some way of making sense of the world that enables us to distinguish between the incidental and the genuinely significant”.

Who is **Dr. Richard Gunderman**? He is the Chancellor’s Professor of Radiology, Pediatrics, Medical Education, Philosophy, Liberal Arts, Philanthropy, and Medical Humanities and Health Studies at Indiana University, where he is also John A. Campbell Professor of Radiology. He is the author of over 630 articles and has published ten books.

Dr. Gunderman visited Rapid City, SD, twice in the last two years in which he delivered visionary talks on health care, the purpose of medicine and genuine motivations for anyone taking care of patients — whether as a provider or administrator. I also had the privilege of being a visiting professor this year for Dr. Gunderman at Indiana University. He has become a friend, colleague and mentor.

In his book, ***“We Make a Life by What We Give”***, he gives a succinct answer to our purpose in health care. It is also an excellent read for everyone else. I am strongly encouraging my medical students to read this book. Per one of my recent medical students, *“I could not put down this book as it is saturated with wisdom”*. So, in this ***current sea*** of “distinguishing between the incidental and the genuinely significant”, this book is a must read for anyone in health care and provides an essential moral compass.

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While I am eager and somewhat anxious to implement the 300 in 10 initiative, I realize this is an evolving process and will take time. I want all of you to know that I am 100% committed to this effort and am very appreciative for all of your support and guidance.

In closing, the title for my editorial is inspired from my daughter Sarah who will graduate from optometry school in the spring of 2020. My hope is that my vision

will remain 20/20 as we as a Society implement these initiatives to keep brachytherapy a viable option for our patients. *Thank you for giving me this opportunity.* ●

Thank you,

**Daniel G. Petereit, MD, FASTRO**

President, ABS



***“Knowledge is Power: Generating Awareness for Patients and Practitioners”***, was embraced enthusiastically by presenters and attendees as the theme of the 2019 American Brachytherapy Society (ABS) Annual Meeting, which was held in Miami from June 13-15. Educational sessions highlighted the scientific data on the efficacy of brachytherapy for all disease sites so that practitioners can more effectively communicate the essential role of brachytherapy in modern oncology practice to patients and colleagues.

One of the highlights from this year’s meeting was the keynote address was given by **Ed Newman**, a former All-Pro offensive guard for the Miami Dolphins and a current Miami judge. He spoke passionately and eloquently of his experience battling

thyroid cancer early in his football career, and of the positive impact his oncologists had on helping him navigate through the diagnosis and treatment of his cancer so that he could continue successfully in his career.

The 2019 American Brachytherapy Society Annual Meeting had several novel sessions, including a session examining the optimal use of anesthesia and pain management in modern brachytherapy practice, a physics session providing a critical review of technology with the focus of improving safety, accuracy and flexibility in the clinic/brachytherapy arena, a session dedicated to providing tips and techniques for brachytherapy education and training, and a session on how to integrate social media into your practice.

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Using attendee and membership feedback from prior annual meetings, this year's practical sessions were expanded and updated, and emphasized hands-on experience with various brachytherapy applicators, custom mold making and 3D printing, contouring and treatment plan analysis, and phantom and mannequin use. These sessions were designed to discuss challenging issues and provide practical technical tips to enhance the successful delivery of brachytherapy from both the clinician's and physicist's standpoint.

Embracing the theme of **"Knowledge is Power"**, the 2019 ABS Meeting had a record 11 SA-CME sessions, enabling attendees to enhance their knowledge across all aspects and types of brachytherapy. Highlights from these SA-CME sessions included presentations on: the advances in diagnostics and patient selection for prostate cancer; learning more about why to use, how to start, and when to incorporate the new gynecologic hybrid intracavitary/interstitial applicators into their practice; and an overview of partial breast irradiation 2019 with a focus on data, guidelines, and novel approaches. In addition, an important SA-CME entitled, "Are You Up to Date with the NRC Requirements for Medical Event Reporting

(10 CFR Part 35.3045)? Review and Test Cases", was designed to focus on and support the culture of safety in radiation oncology and specifically in brachytherapy.

This meeting would not have been possible without the generous support of our brachytherapy industry collaborators who sponsored education breakfast symposiums, provided the needed applicators and technical support for successful practical workshops, and supported the ABS members' lunch and annual business meeting. Their sponsorship enabled ABS to award a record 10 resident travel grants to this year's meeting.

Thank you for your participation in the 2019 American Brachytherapy Society Annual Meeting! We hope that you enjoyed the conference and that you will provide feedback on the education program and individual sessions, as members' input is invaluable in designing and improving future annual meetings. ●

**Brett Cox, MD**

2019 Scientific Program Chair

**Kristin Bradley, MD**

2019 Scientific Program Vice Chair

## #ABSBRACHY19—A Social Media Success



In the build up and during the ABS Annual Meeting, Twitter was abuzz with mentions of #ABSBRACHY19. Whether it was discussing sessions to come and highlighting speakers to real-time posts of key takeaways from meetings, this year's Annual Meeting was well represented on social media. Beyond the meeting itself, attendees used social media to present their view on key takeaways and to connect with colleagues both at the meeting and abroad.

Overall, growth was seen for the society's Twitter following. The official ABS Twitter handle (@AmericanBrachy) began in August 2017. During June 2018, when the Annual Meeting was held last year, the profile had over 5,000 impressions. This year, over 20,000

impressions occurred during the Annual Meeting month along with 648 profile visits and 94 mentions. This speaks to the growing role of social media in promoting the annual meeting and society.

Social media will continue to be a focus of the ABS to allow our community to connect with not only physicians but patients, advocates, and support groups to highlight the benefits of brachytherapy and the options available. We look forward to continued growth for the rest of 2019 and at the World Congress in 2020. ●

**Chirag Shah, MD**

## Revisiting Two of the Primary Relative Contraindications for Prostate Brachytherapy

*Historically, prostate size was considered a **relative contraindication to brachytherapy** due to concerns for the ability to **achieve a geometrically favorable implant.***

There are several relative contraindications to prostate brachytherapy. These include large gland (>50-60

cc), elevated IPSS score (>15-20), TURP defect, and significant calcifications. The degree of consensus among experts regarding these factors varies. Many of these are based more on dogma or theory than data driven conclusions. Recent trends suggest an increasing transition from LDR brachytherapy to HDR, where some of these relative contraindications may be overcome. The transition to value-based (or capitated) alternative payment models may further incentivize prostate brachytherapy but appropriate patient selection will remain paramount. In this month's *Brachyblast*, I will explore two of the more common relative contraindications to brachytherapy: **prostate size and pre-existing urinary symptomatology.**

Historically, prostate size was considered a relative contraindication to brachytherapy due to concerns for the ability to achieve a geometrically favorable implant. ABS Guidelines consider a large prostate to be above 50-60 cc, with the LDR guidelines listing size above 60 cc as a relative contraindication<sup>[1-2]</sup>. As prostate size increases, so does the likelihood of pubic arch interference and subsequent potential under dosing of the anterolateral prostate. Several techniques have been employed to help address this concern. Downsizing of the prostate gland by 25-33% can be achieved with a short course of androgen deprivation therapy<sup>[3-4]</sup>. Patient and template position can be optimized including lifting the legs into a more exaggerated dorsal

lithotomy position or angling the template slightly anteriorly<sup>[5]</sup>. When HDR is employed a greater modulation of

dose through appropriately close, though perhaps less than ideally positioned, needles is possible<sup>[6]</sup>. Lastly, free hand needles can be used to supplement regions not easily covered by template based needles. Yamoah and colleagues from Thomas Jefferson University reported on 72 patients with gland size above 50 cc (range 52-77 cc) treated with LDR brachytherapy. Comparable biochemical control and GU toxicity was found when these men were compared to those with small to intermediate sized glands<sup>[7]</sup>. Monroe et al., describe similar outcomes data for HDR. They reported on 54 patients with prostate size ranging from 50-97 cc and describe an 11% rate of catheter requirement acutely and grade 2 late GI toxicity in one patient and grade 3 late urinary toxicity in another<sup>[6]</sup>.

Pre-existing urinary symptomatology (as evidenced by elevated IPSS score) has been shown to correlate with post brachytherapy toxicity and urinary toxicity. The data supporting this primarily comes from the LDR experience<sup>[8-11]</sup>. ABS guidelines for HDR brachytherapy acknowledge significant pre-existing symptomatology as a relative contraindications but do not discuss any outcomes data specific to those with an elevated IPSS score and rather simply state that, for most men, urinary symptoms typically return to baseline after HDR brachytherapy. This may be due to the general perception that urethral dose can be

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better controlled with HDR brachytherapy. Indeed, several prospective trials which do not appear to have restricted enrollment based on IPSS score report very modest rates of urinary toxicity without discuss of pre-existing symptomatology as a predictive factor for toxicity<sup>[12-13]</sup>. Conversely, others suggest that even with HDR technique, pre-treatment IPSS score correlates with urinary retention<sup>[14]</sup>. Furthermore a SEER-Medicare analysis determined there was no significant long-term difference in toxicity between LDR and HDR brachytherapy,

but it is unclear as to whether the degree of pre-existing symptoms were balanced<sup>[15]</sup>. Therefore, for these men, the degree to which HDR brachytherapy can abate the concerns for increased toxicity remains a question. We look forward to the LDR vs HDR randomized study which is ongoing in Canada and does not have any exclusion based on urinary symptomatology<sup>[16]</sup>. ●

### Scott Glaser, MD

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## 3 Month Low Dose Rate Prostate Brachytherapy Fellow



Dr. Ahmed and Dr. Moran

As part of the effort to increase utilization of prostate brachytherapy, the American Brachytherapy Society has embarked on an initiative to train newly minted radiation oncologists in the use of brachytherapy. This initiative is timely and very much needed in our field with the arrival of alternative payment models that reward value based care<sup>(1)</sup>, the significant reduction in the use of prostate brachytherapy by radiation oncologists and particularly academic radiation oncologists<sup>(2)</sup>, and, subsequently, the decline in the training of residents in the use of brachytherapy for the treatment of prostate cancer<sup>(3,4)</sup>. Notably, this decline in use is in spite of the advantages for brachytherapy in terms of urinary and sexual side-effects as well as patient satisfaction<sup>(5)</sup>. Too often we are seeing patients inquire about unproven<sup>(6)</sup>, or exaggerated<sup>(7)</sup> treatment modalities and outcomes often marketed as superior, while being poorly informed about established, proven and universally recognized treatments. This program represents a small step and appeal to keep brachytherapy thriving as a skill and tool we can continue to impart to radiation oncologists and their patients in generations to come.

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The success of this program will depend on its timing vis-à-vis residency training and professional practice, its practicality, and the resources utilized. My experience so far has been excellent. The timing of the program is convenient as it begins right after residency training but before independent practice has begun. It is also not meant to delay independent practice as with many year-long academic fellowships as the length of time of the fellowship still allows one to begin practicing with their graduating class peers. **Dr. Moran** has been extremely practical in his teaching, thus making it extremely valuable for a person going into private practice with limited resources. The week consists of a mixture of volume studies, sterilization techniques, seed preparation, contouring, planning, implants, plan review and patient evaluation. **Helmut Hermann Hofer** is a mathematics professor who at various times during the course of his teaching, would claim-in a thick German accent-that calculus *“is not a spectator sport.”* The same is true for brachytherapy as it is impossible to master without being immersed in all aspects of the treatment. I recommend this fellowship to anyone interested in efficiently furthering their skills in radiation oncology. ●

**Awad Ahmed, MD**

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## Welcome to the Chairman's Corner of the American Brachytherapy Society's *BrachyBlast*

Many members of the organization have been going above and beyond the call of duty in the name of brachytherapy over the past few months as we manage the many facets of the changing healthcare system, and this month I would like to highlight a few big initiatives members have been working on.

*ASTRO and ABS remain committed to working together towards a future where brachytherapy is an equally offered modality for eligible patients to consider for the treatment of their cancer and we look forward to working with them in the future.*

As you know, CMS released a proposal for the new Radiation Oncology (RO Model) in July 2019. Following many collaborative discussions with our sister societies and months of diligent work by members of the ABS Socioeconomic Committee, on September 16th ABS submitted a comment letter to CMS, totaling an astounding 31-pages, providing them with our independent analysis and responses to their proposed alternative payment model. In the Socioeconomics Corner of the BrachyBlast this month Dr. Nikhil Thaker details for us the proposed rule as well as the society's submitted response, which I encourage you to review. I am very proud to call myself a Brachytherapist, and to have been a part of the team that has worked tirelessly for months to dissect every detail of CMS' proposal and provide them a thoughtful response, which we hope, will mean a bright future for brachytherapy as a treatment option for our patients. Stay tuned, we will continue to update you as information becomes available, and at this time we anticipate the Final Rule to be released sometime in November 2019.

Many members of the ABS Board of Directors participated in a fruitful discussion with the ASTRO Board of Directors at the 2019 ASTRO Annual

Meeting in Chicago. Our meeting focused mainly on support for future brachytherapy training programs, because if done right and CMS is willing to listen, we have an opportunity to level the playing field for brachytherapy with the proposed RO Model and we will see an uptick in the utilization of brachy-

therapy soon. The group also discussed a more collaborative consensus statement process as well as the CMS proposed alternative payment model. ASTRO and ABS remain committed to working together towards a future where brachytherapy is an equally offered modality for eligible patients to consider for the treatment of their cancer and we look forward to working with them in the future.

As many of you know, we have been working tirelessly over the past 18 months to increase awareness of brachytherapy as a treatment option for many cancers, and we are simultaneously working hard to provide practitioners the opportunity to strengthen their brachytherapy skillsets. As part of this initiative, the [2019 HDR/LDR Prostate Scholarship Workshop](#) will be held November 1-2 in Denver, Colorado. The planning committee has been working to design a school which will allow for 30 teams of practicing Radiation Oncologists/Physicists/Dosimetrists/Urologists to learn in a hands-on setting from international experts in HDR and LDR prostate brachytherapy in a small group. *We hope you are registered, and we see you there!* ●

Thank you,

**Peter F. Orio III, DO, MS**

Chairman of the Board

## FROM OUR CHAIRMAN }



Peter F. Orio, III, DO, MS  
Chairman, ABS

*Thank you for the **honor and privilege** of serving as your President from June 2018 – June 2019.*

*We were able to **accomplish so much** because we came together as a unified society.*

### LOOKING BACK

In 2019 we achieved new records for the American Brachytherapy Society. We had record membership accrual, as well as record attendance at the 2019 Annual Meeting. The ABS now has more followers on social media than ever before, and as such we are reaching an unprecedented number of practitioners, patients and families with our message.

We kicked off our **Know Your Options** campaign, the slogan on which my presidency was based. Last year during prostate cancer awareness month, and since then, many of us have worked diligently with our partners across industry and academics to take part in awareness campaigns that build the demand for brachytherapy as an equally offered treatment option by practitioners and an equally demanded treatment option requested directly by our patients. In doing our part, **Dr. Daniel Petereit**, **Dr. Brian Moran** and myself teamed up with **On Demand**, hosted by **Rob Lowe** to shoot an informational piece on prostate brachytherapy. The segment was picked up by Fox Business Network and reached 51.6 million households, airing during primetime, and the piece will continue to be available to all our patients via [web link](#) on our website.

Our campaign to bring awareness on brachytherapy's efficacy for all disease sites through Press Releases directly to the media have also been very successful. Our first release in September, **Know Your Options**, was picked up by 196 outlets

nationwide. Our second release for Breast Cancer Awareness Month was picked up by 183 outlets nationwide and our third release of 2018, **Cure is Possible if Patients Receive Brachytherapy** for cervical cancer was picked up by 192 outlets nationwide. Our most recent press release, **Skin Cancer Diagnosis—Do You Really Know “All” Your Treatment Options?**, was released in conjunction with the Annual Meeting and Skin Cancer Awareness month in June, and was picked up by 131 outlets nationwide.

Building on our **Knowledge is Power** campaign, under the direction of current President Dr. Dan Petereit, the ABS has worked for the last year to implement a 10-year strategy called **300 in 10 Initiative**. The goal is to ensure the training of 30 competent brachytherapists every year for the next 10 years through a multi-faceted approach that includes increasing public awareness, brachytherapy mini-fellowships, updating residency training guidelines, simulator/didactic training and proctorship opportunities. In the spring of 2019 we selected our first fellow to be trained under the direction of Dr. Brian Moran and industry colleagues continue to support our mini-fellowship opportunities, providing ample opportunities for more success into the future.

The 2019 ABS Annual Meeting held in Miami from June 13-15th was one for the record books! This is tangible proof that we are winning the battle to keep brachytherapy in the hearts and minds of patients and practitioners. This meeting was truly unprecedented.

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We saw new and innovative techniques, embraced new technologies and banded together as a society to show the world how serious we are in our fight. Our Scientific Program Chairs, **Brett Cox** and **Kristin Bradley**, will recap for you in this edition of the *BrachyNews* all the successes of our meeting. You can see all the highlights on #ABSBRACHY19 thanks to all of you who showcased the meeting on social media!

## LOOKING FORWARD

As I discussed during my Presidential Address at the Annual Meeting *“Live by the Pixel, Die by the Pixel: Brachytherapy Joins the Battle”* I am focused on the future of brachytherapy. Artificial intelligence will be a major influencer on our lives as physicians and these disruptive technologies will change the way healthcare is delivered. If we do not adapt to how medicine is delivered as practitioners and as a specialty we run the danger of losing our specialty to those who do. As brachytherapists, we can provide full spectrum cancer care, navigate in-patient hospital wards and operating rooms while using our hands to effect cure. We may be the blueprint and key to saving the specialty as we have skills that will not soon be replaced by AI, especially if we maintain our empathy as we guide patients through their course of cancer care.

Remember united we stand, divided we fall. This applies to the entire specialty of radiation oncology, as well as to brachytherapy. Together we must be vigilant to keep brachytherapy at the forefront of radiation oncology. Through combined efforts and unified messages, we can fend off attacks

that are not scientifically grounded but are simply sound bites and half-truths that can easily be put on non-peer reviewed social media platforms by provocateurs. We must all take the time to counter these mis-truths with the whole truth as we bring knowledge and power to our patients and practitioners. Other specialties are encroaching on what is rightfully ours, and worse, we are causing confusion internally within the specialty as we forget that having more tools in the radiation oncology toolbox is a good thing as we strive to personalize medicine for our patients. To remove any effective, efficient and well-established treatment is foolish simply because it may not reimburse as much or might require more time to provide. To survive, we must stop the in-fighting.

Now and into the future, we must band together, and adapt together... because if we do not, we may find ourselves in a place we did not intend.

## THANK YOU

I want to thank each and every one of you that has provided service to the organization during my tenure as president. Because of each of you we have made great strides forward in 2018 and the first half of 2019. I look forward to continuing to advocate unapologetically for all things brachytherapy, and working with all of you. *To continue our success, I encourage you to stay vigilant and do your part!* ●

Thank you,

**Peter F. Orio III, DO, MS**

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*As a Member of ABS, what can YOU do to Support Your Association?*

- Recruit new members both locally and at national meetings that you attend during the year
- Contact the national office with the names of potential corporate members, potential exhibitors and sponsors, based on the various vendors that you come into contact with on an annual basis
- Participate on an ABS committee
- Submit an article for publication in *Brachytherapy*, the official journal of the Society, or for *BrachyBlast*, or for the *BrachyNews*
- Renew your membership each year in a timely fashion
- Submit topics and speaker suggestions for the next Annual Meeting, or for a future ABS School

### Membership Recruitment

For colleagues that may wish to join, refer them to the website to print out an application. Resident memberships are complimentary.

**To Join Visit:** [www.americanbrachytherapy.org](http://www.americanbrachytherapy.org)

### Membership Committee Participation

The ABS Membership Committee is looking for volunteers for regional membership recruitment efforts.

If you are interested please contact:

**Jarek Hepel, MD** | ABS Membership Committee Chair  
jhepel@lifespan.org

### ABS Staff

Should you need assistance from the National Office staff, you may contact:

**Melissa Pomerene** | Executive Director  
mpomerene@virtualinc.com | 703.234.4078 | ext 4085

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