GREETINGS – The first six months of my presidential term have gone by quickly, with much accomplished by our Society along the way. We are privileged to have a very hard working Board of Directors, as well as key volunteers serving in a number of important capacities for the ABS. Our recent Society activities have included work in these important professional and collaborative areas:

Socioeconomics:
We are about to see a historic re-write of the brachytherapy CPT codes. The revised CPT codes for existing HDR codes: 77785, 77786 and 77787 (which will include the basic dosimetry calculation) and two new codes for superficial skin HDR brachytherapy have been approved by the CPT Editorial Panel. Since this past spring, the ABS worked with ASTRO to prepare and submit a proposal to the CPT Editorial Panel. Now that the proposal has been accepted, the hard work begins of developing the specific recommendations to the AMA Relative Value Scale Update Committee (RUC). The ABS now has representatives to participate in several conference calls, and then one of our representatives will be asked to attend (along with the ASTRO representative) the RUC meeting in San Diego in late January 2015.

This past summer, the ABS held discussions regarding the NRC’s Proposed Rule to Revise Sections of Title 10 Code of Federal Regulations Parts 30, 32 and 35 and Related Proposed Draft Guidance. Thank you to Subir Nag and Firas Mourtada for assembling a group of knowledgeable members to discuss this issue in order that a letter be prepared and submitted to the NRC.

The ABS has formally supported ASTRO’s nomination of Najeeb Mohideen to the CMS Advisory Panel on Hospital Outpatient Payment (HOP).

Annual Conference Scientific Chairman Jaroslaw (Jarek) Hepel and his committee have presented the agenda for next year’s Annual Conference – Brachytherapy for the Future: Innovative, Precise, Effective, and Affordable at the Renaissance Orlando, April 9–11. We are extending invitations to key leaders of our fellow international brachytherapy societies to join us in Orlando, which we hope will provide a springboard as the organizational plans begin for the 2016 World Congress of Brachytherapy in San Francisco at the San Francisco Hilton (note the later dates — June 23 – 25). The Chair for the 2016 World Congress will be Peter Orio. The 2015 conference will offer the usual great
CME, offered via debates, panels and paper/poster sessions. The hotel is adjacent to SeaWorld, offering great vacation options for those who may choose to bring their family. Near the hotel is International Drive, offering myriad of diverse dining options. For the 2015 conference, check out the ABS website as we will have a dedicated, comprehensive mini-site on all conference details.

**Simulator Workshop:**
A special ABS subcommittee is organizing a first-time simulator workshop for the 2015 ASTRO meeting, led by Board members Mira Keyes, Steven Frank and Firas Mourtada. More information will follow as plans are finalized.

**Educational Schools:**
The ABS Summer GYN School in Chicago was a first-time collaborative effort between ABS, ASTRO, ASCO and SGO, fostering collaboration between radiation oncologists, gynecologic oncologists, and medical oncologists. Thank you to our co-sponsoring organizations and we’d like to recognize the main organizers from each association:

**ABS** Beth Erickson and Akila Viswanathan  
**ASCO** Paul Haluska and Helen Mackay  
**ASTRO** David Gaffney and Catheryn Yashar  
**SGO** Paul Disilvestro and Robert Mannel

Our **fall 2015 School** (GYN) will be November 9–10 and the fall 2016 School (Breast) will be November 14–15. Both will be in Chicago at the Westin River North. I have recently appointed an Education Task Group to look into our current School offerings, from resources to current demand to future needs to alternative learning experiences to locations to venues to timing to frequency to vendor support and themes. We may be conducting a membership survey to get your input on this, so please participate so that we can accurately meet the changing needs of our membership.

**ABS Physics Committee:**
The ABS Physics Committee announced two new committee leaders, Wayne Butler as Chair and Dorin Todor as Co-Chair. We thank Zoubir Ouhib, the committee’s previous chair, for all of his efforts during his term.

**HDR and LDR Scholarship Programs:**
Brad Prestidge is maintaining the reigns of our scholarship programs, and we would like to thank IsoAid for their recent financial contribution to our LDR program, allowing us to choose candidates for the final quarter of 2014. The 2015 applications should be posted on the ABS website in the near future.

**ABS Consensus Statements:**
The ABS Endometrial Consensus Statement is near completion and is expected to receive endorsement from the American College of Radiology (ACR) Radiation Oncology Commission. We are also moving forward with the first-ever collaboration amongst the ABS, ASTRO, and the ACR to develop a Skin Cancer document that will provide guidance on the safe and appropriate management of these tumors. The ABS hopes to publish the final documents in the second
From Our President

quarter of 2015 in the ABS journal. Thank you to all involved in these efforts.

International Outreach:
Beth Erickson has coordinated international outreach efforts to other brachytherapy societies – from the ABS website: This committee’s mission is to enhance and facilitate international learning experiences and respond to international needs. The committee will help to organize ABS educational outreach opportunities with international colleagues, including identification of expert speakers for local and international meetings as well as for single institutions. The committee would also like to enhance resident and fellow education by providing an inventory of international brachytherapy rotations. There is also hope to have virtual meetings, webinars, and links to other brachytherapy learning activities on the ABS website. The committee will also encourage collaboration with other international brachytherapy societies. ABS society members will be encouraged to consider applicator and equipment donation through Radiating Hope with a link on the ABS website to this important international organization. There will be an International Corner on the ABS website with helpful information and links as well as updates in the ABS newsletter about the activities of the ABS International Committee including personal reflections about international travel experiences.

Brachytherapy Exposure:
Dan Petereit, Editor of our newsletter and Editor of our BrachyBlast, recently submitted to the Journal of Clinical Oncology an article entitled “Where Have You Gone Brachytherapy?” for their “Comments and Controversies” section. Dan, as usual, did a terrific job and has crafted a very readable and compelling piece. We hope this issue will get broad exposure through publication in JCO such that the entire oncology community will come to a greater appreciation of the role of brachytherapy.

2014 Annual Conference and 2014 ABS Awards
Last, and not least, a collective Thank You to Cate Yashar as Chair of the 2014 ABS Annual Conference in San Diego, held this past spring at the beautiful Manchester Grand Hyatt in San Diego. The conference was great, featuring diverse and timely topics with top notch speakers. Thank you to Elekta and to Varian for providing attendee laptops for our value-added contouring sessions. Thank you to Elekta for also sponsoring the Judith Stitt Awards for the four best abstracts, and for sponsoring the conference mobile app. Thank you

Stay tuned for further updates as we work worldwide for the betterment of both patient care and brachytherapy. The ABS has also provided speakers for the November ICRO/ AROI Brachytherapy meeting in Imphal.

Right: Palace of Kangla is an old palace at Imphal in Manipur
From Our President

continued

to Theragenics for sponsoring our Annual Membership Luncheon, and thank you to GE (Oncura) for sponsoring the Resident’s Luncheon and the Resident Travel Awards.

While in San Diego, we honored Beth Erickson at the conference with the 2014 Urich Henschke Award, the highest award that the ABS bestows upon a practitioner that has positively affected and impacted the field of brachytherapy. We also honored Peter Orio with the ABS President’s Award from then-President Akila Viswanathan, recognizing Peter’s efforts as Membership Committee Chair and Chair of the Socioeconomics Committee as well. Our collective and sincere congratulations to both Beth and Peter. Thank you to Best Medical International for sponsoring the Henschke Award.

Your Society will remain active until we convene again next April in Orlando and as President I encourage all members to become involved. As you can see from the above summary, there are many new and existing areas from which to contribute.

David E. Wazer, MD
ABS President
Decreased Brachytherapy Utilization

by Daniel G. Peterit, MD, FASTRO
ABS Newsletter Editor
Rapid City Regional Cancer Institute

In the last few brachytherapy blasts we highlighted recent articles documenting the reduction in brachytherapy (BT) for both prostate and cervical cancer. We will summarize previous findings and discuss another article chronicling similar trends for cervical cancer.

Using the National Cancer Database, Martin, et al. reported 17% prostate BT use in 2002 that declined to a low of 8% in 2010[1]. The most dramatic decline in BT was from academic centers at 48%, compared to comprehensive community (41%) and community cancer centers (30%).[1] From the SEER database, Mahmood, et al., found that all prostate BT use decreased from 44% in 2004 to 38% in 2009.[2]

The reasons for a decline in prostate BT usage are multifactorial and include:

1) An increase in number of robotic prostatectomies (60% in 2010).[1]
2) Advanced radiation delivery systems such as IMRT, SBRT and protons.
3) Higher reimbursement with IMRT compared to brachytherapy
4) Suboptimal BT volumes procedures for radiation oncology residents that correlates to BT declines in academic centers.[1]

These trends are particularly concerning in the current environment given the cost-effectiveness of BT as a treatment choice. A cost-effectiveness analysis was performed by Hayes, et al. comparing the costs of observation to surgery, IMRT and BT.[3] BT was the most cost-effective initial treatment strategy compared to the other treatment options. IMRT was similar to BT in QALE, but was the most expensive strategy with an average lifetime cost of $48,699. QALE was poorest with surgery, while surgery was $2806 more expensive than BT.

At the 2014 ABS prostate school this summer, Frank, et al. performed a value analysis using Time-Driven Activity Based Costing (TDABC) and outcome data for brachytherapy, IMRT, and proton therapy for intermediate risk prostate cancer patients. Brachytherapy was associated with the best value using combinations of outcomes for the following domains: sexual function, urinary incontinence, urinary bother, bowel function, biochemical relapse-free survival, and cost. The authors concluded that “there is no greater value for the treatment of localized prostate cancer than brachytherapy”.

CERVICAL CANCER

From the NCDB and SEER databases, two studies recently documented the reduction in GYN brachytherapy for cervical cancer, which is even more concerning as both studies confirmed what we all know: compromised survival if BT is not utilized.

From the SEER database, Han, et al. reported a 25% reduction in BT utilization (83% to 58%) with a subsequent 13% loss in the cause specific survival (64.3% to 51.5) over a 20 year period. [4] Just recently, Gill, et al. demonstrated a similar reduction in BT usage from 96.7% to 86.1% using the National Cancer Data Base; whereas, IMRT and SBRT increased from 3.3% to 13.9% from 2004 to 2011 (P<.01). As expected, the median survival was compromised for those undergoing an IMRT or SBRT boost at 47 months vs 71 months for those patients undergoing a BT boost. [5]
Decreased Brachytherapy Utilization  
continued

We as brachytherapists are keenly aware of several critical, evidence-based treatment factors for treating cervical cancer including use of BT, adequate radiation doses and volumes, attention to the overall treatment time, use of concurrent chemotherapy, and adequate training and ongoing experience. The widespread implementation of these factors will save the lives of more women with cervical cancer, compared to the small gains achieved through expensive biological and technical research strategies such as IMRT or SBRT, and at a lower cost.

Similar explanations for a reduction in BT utilization for prostate cancers parallel those for cervical cancer including preferential use of IMRT and SBRT, financial incentives as reimbursement is higher for these non-invasive systems, inadequate volume of intracavitary cases for many radiation oncology residents, inadequate maintenance of brachytherapy skills in low volume cancer centers, as well as even some academic centers contributing to this practice change.[5]

As research continues to potentially identify a better agent than cisplatinum to combine with radiation, it is estimated the overall cure rate for cervical cancer would improve by as much as 10%, or greater, if quality brachytherapy is performed for all cervical patients in whom it is feasible and appropriate. This was evident from the impressive local control rates reported by Potter using image guided adaptive brachytherapy (IGABT) and MRI-based contours and treatment: 100% for stage IB, 96% for stage IIB and 86% for stage IIIB patients.[6–8]

The public expects radiation oncologists to perform competent brachytherapy. As discussed one year ago in the fall ABS newsletter, the American Board of Radiology has implemented Focused Practice Certification in Brachytherapy, which we strongly encourage all of you to participate as you are the experts in brachytherapy, and we need to solidify our position in the public domain. The annual process for renewal continues to be refined so as to minimize the time commitment for all of us. This will require your feedback to Dr. Paul Wallner so they are aware of issues that emerge.

In this era of comparative effectiveness research prostate BT should absolutely be a treatment option for properly selected low and intermediate risk prostate cancer patients. Brachytherapy for cervical cancer remains the standard of care with a proven survival benefit over external beam modalities alone. Advocating for continued brachytherapy utilization amongst cervical cancer patients is imperative to the health and survival of women around the world. The ABS leadership is considering a national campaign to increase public awareness of the critical importance of brachytherapy.

I was fortunate to attend the 2014 ABS prostate and GYN schools that were held this summer. Congratulations to the meetings organizers and all of those who spent countless hours in preparation. It was a phenomenal 4 day course and an invaluable educational experience. The opportunity to interact with fellow brachytherapists, as well as physicians from other medical disciplines, was a tremendous and unique opportunity.

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Decreased Brachytherapy Utilization

continued

5. Gill, B.S., et al.


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It is with condolences to his family and a personal sadness to report that my former associate, Rodney R. Rodriquez PhD, MD passed away after a long battle with cancer. His two daughters Natalie, age 20, and Tara-Lynn, age 17, and his former wife, Stacy Rodriguez, gave him comfort and support throughout his illness. Rodney was the model of a caring father and he doted upon his two daughters. He loved to joke, do impressions, and he laughed heartily and often. He appreciated a quality wine and enjoyed fine dining. And importantly he had a talent for sharing his good times with everyone around him.

He was born in El Paso Texas March 22, 1951 and departed this earth July 20th, 2014, age 63. His father told me he was a happy child, and for any who knew him, he was an engaging personality. He graduated Cum Laude in 1974 from the University of Texas El Paso. He went on in 1981 to attain his PhD in cell and tumor biology at the University of California, Berkeley and was a teaching assistant from 1976-1983. He received his MD in 1985 from the University of California San Francisco and did his internship and Radiation Oncology residency at St. Mary’s Medical Center in San Francisco. He completed a fellowship in brachytherapy at California Endocurietherapy (CET) in Oakland in1991 and spent the next 17 years there practicing brachytherapy with passion.

He was on the medical staff at many hospitals in the San Francisco Bay Area from 1989-2007 where he practiced and embraced brachytherapy. He was recruited in 2004 to be the Medical Director of the multidisciplinary Regional Cancer Center in San Pablo California that included radiation and medical oncology, a breast center, and a tumor registry. He instituted new and advanced technologies in external beam and brachytherapy and directed participation studies in RTOG studies in radioprotectors and partial breast irradiation.

Rodney was a longstanding and loyal member of the American Brachytherapy Society since 1993. He was also a member of the American Society for Therapeutic Radiology & Oncology (1989), American College of Radiation Oncology (1990), and the American Medical Association 1990). He was a significant figure Radiation Oncology and known for his expertise in Brachytherapy.

He practiced in private hospitals, but maintained academic interests throughout his career. He helped to develop a cutting edge interstitial brachytherapy program at CET with its high standards and national recognition. He taught the Stanford Radiation Oncology residents as a voluntary Clinical Instructor during their rotation at CET from 1992-2004 and held a similar post at Touro University School of Medicine Mare Island California from 2005-2007. He was actively involved in brachytherapy applicator development and worked closely with manufactures to advance the techniques and clinical applications in brachytherapy. He participated in the CET brachytherapy registry and outcomes and took part in clinical research in prostate, gynecological, and breast cancer, and in endovascular brachytherapy. He authored abstracts, peer review journals, and review articles and thereby advanced the science as well as the clinical practice of brachytherapy.

In June 2007 he moved to Redding California to enjoy practicing Radiation Oncology in beautiful setting within sight of Mount Shasta in Northern California. Few may have known it, but Rodney was a cancer survivor. In 1990 he was diagnosed with a spinal ependymoma. It was partially resected and then he underwent what proved to be curative radiation therapy. Throughout it all he was model patient who willed himself to a full recovery. It was a shock, then, for us to learn, that nearly 20 years later in 2010, that he had developed incurable metastatic colon cancer.

He lived and worked during the last 4 years of his life with dignity and the same enthusiasm for life as always. He was a fighter to the end and despite his illness he continued be an innovative and caring brachytherapy physician. He was a delightful personality, an eternal optimist, and a jolly good fellow. Rodney will be missed and his good humored spirit will live on.

D. Jeffrey Demanes MD
ABS Activities and Operations

By Rick Guggolz, Executive Director

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2015 Membership Renewals
The membership renewal process for 2014 has been underway since last fall, please renew now to ensure that your membership stays current. Please Contact a National Office Staff Member if you need assistance, including how to renew on-line via credit card (see staff listing on below).

January and February Board of Director Meetings
The ABS Board met via conference call in August, with the next meeting to be held in December.

Membership Recruitment
For colleagues that may wish to join, refer them to the website to print out an application (www.americanbrachytherapy.org). Resident memberships are complimentary, as is attendance at our ABS educational meetings. What a deal!

Membership Committee Participation
The ABS Membership Committee is looking for volunteers for regional membership recruitment efforts — if you are interested please contact committee chair Peter Orio (porio@lroc.harvard.edu).

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