



BRACHYTHERAPY

2022 GEC-ESTRO Workshop

“Improving Brachytherapy Together”

1-2 December 2022 | Nice, France

Report on the urology group meeting

The annual workshop of the Groupe Européen de Curiethérapie (GEC) and the European Society for Radiotherapy and Oncology (ESTRO) was finally held onsite after one cancelled (2020) and one virtual (2021) event. The theme of the workshop was ‘Improving brachytherapy together’.

And together it was. Hands were shaken, results were shared and plans were made. There was great enthusiasm among those present and it was clear that we had not been idle during the lockdown. Here is a short overview of what was discussed and announced at the urology (UROGEC) working group meeting that was held alongside the congress.

The group launched a comprehensive new website: www.urogec.com. The content of this site can also be found on the ESTRO website. Some improvements are still to be made, but the website already contains convenient information for professionals.

Dr Roberto Alonzi warned about the creation of fistulae in salvage re-irradiation patients when a peri-rectal spacer is used. This treatment combination had been started in Dr Alonzi’s clinic but the clinicians have stopped its use because of this complication. The clinicians hypothesise that the first use of radiotherapy causes the prostate and rectum to adhere to each other and therefore the use of the spacer results in peeling or tearing rather than gentle separation of the two organs.

Dr Peter Hoskin was a speaker during the first plenary session regarding hot topics of contemporary brachytherapy. He discussed the question ‘where is brachytherapy going in prostate cancer?’ and in particular, whether focal brachytherapy of the prostate was a future option. He stated that brachytherapy in prostate cancer was a standard of care for several subgroups but was losing ground mainly to the new kid on the block, stereotactic body radiotherapy (SBRT). Trials, funding and training are required if brachytherapy is to remain the standard of care and a worthy treatment.

One of those trials and possible treatments was discussed by Dr Alfonso Gomez de Iturriaga: the combination of high-dose-rate (HDR) prostate brachytherapy boost with prostate SBRT (the brachytherapy plus stereotactic ablative prostate radiotherapy study, or BRACHYSABR). The first results are expected in July.

Another subject under consideration is how prostate relapse should be treated. There are many options and many retrospective studies but all use different strategies: HDR vs. low dose rate, whole gland vs. focal treatment, androgen deprivation therapy (ADT) vs. no ADT, and different fractionation schedules. The main conclusion of this presentation and the workshop was that groups must join forces to work together because we can only improve brachytherapy together.

As a young researcher, I highly recommend attendance at a workshop. You meet not only experts in brachytherapy but also very enthusiastic people who are more than willing to share their knowledge and work together.



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