

In this issue

In this issue, we continue to celebrate the 10th anniversary of the *Journal of Radiotherapy in Practice* and it gives me great pleasure to present a guest editorial on the subject of survivorship, written by Professor Pamela Catton, the Medical Director of the Survivorship Program at Princess Margaret Hospital, Toronto. In this editorial, Professor Catton focuses on the issues raised and the impact on the cancer system of the unprecedented improvement in cancer survival rates, seen in the last decade. Professor Catton and colleagues are trying to build a vision for cancer care starting with a network of community of clinicians, researchers, survivors and community cancer organisations dedicated to revolutionising the cancer experience. You are invited to join this network at www.ellicsr.ca, find out more from the editorial 'Survivorship: Let's reclaim a high-jacked agenda!'

In summary, in this issue, the first three original papers are concerned with the management of prostate cancer. The first is concerned with accurate treatment planning and delivery, the second is about accessibility of palliative radiation for prostate cancer and the third has a focus on radiation treatment toxicity.

Treatment side effects and toxicity remain the main focus of the next two original articles and the final paper, a literature review, focuses on hypofractionation schedules for breast cancer patients.

In the first of the three papers on prostate cancer treatment, Redding and Bragg, from Weston Park Hospital, Sheffield, investigate the dosimetric consequences of rectal distension at the time of the planning computed tomography (CT) scan and any resultant

prostate movement on the planned dose delivery for patients receiving three-dimensional conformal radiotherapy to the prostate. Twenty-five prostate cancer patients whose planning-CT scan demonstrated a full rectum were rescanned after following a laxative protocol. Rectal dimensions on the two scans and 3DCRT treatment plans produced were compared.

In the second paper, Soo *et al.*, from British Columbia, Canada, undertake a retrospective study on accessibility of palliative radiation therapy in the management of prostate cancer in British Columbia. The authors argue that timely administration of palliative therapy is necessary to manage symptoms derived from advanced prostate therapy to help alleviate discomfort and improve the quality of life. This retrospective study describes accessibility to palliative radiation therapy in the management of prostate cancer and the impact of an additional facility on improving access to this treatment.

In the third paper, Tunio *et al.*, from the Sind Institute of Urology and Transplantation, Karachi, Pakistan, present their findings from a study of 50 patients with prostate cancer who were given treatment with 46 Gy external irradiation of whole pelvis and two HDR brachytherapy fractions each of 14 Gy. The authors study the impact of catheters and associated trauma on the dose uncertainties and urethral toxicity.

Treatment side effects continues to be a theme in the next paper in which authors Dempsay, Findlay and MacDonald-Wicks, based in Callaghan, Australia, undertake a study to determine radiation therapists' knowledge on the nutritional management of side effects for

patients receiving treatment to the gastrointestinal tract and genitourinary system. The authors also determine the willingness of radiation therapists' to participate in nutritional training.

Treatment toxicity remains the focus in the last of original articles presented in this issue. Rawat *et al.*, based at the Rajiv Gandhi Cancer Institute and Research Centre, New Delhi, India, present their findings on a study of 45 patients who were selected to take part in a study to correlate six-minute walk test and pulmonary function test with incidence of radiation pneumonitis when treating patients with oesophageal cancer with conformal radiotherapy.

The final paper is presented by Armpilia *et al.*, from the Aretaiteion University Hospital, Athens, Greece, on a review of radiotherapy

hypofractionation schedules for breast cancer patients. The authors present a review of published studies and current ongoing trials, which may provide the evidence for the use of hypofractionated radiotherapy in breast cancer patients. Data from studies and randomised trials seem to support the concept that modest hypofractionation can be used to treat the whole breast after breast-conserving surgery with similar rates of local control and radiation morbidity as seen with conventional fractionation.

To complete this issue, there is a short correspondence on 'Can 'boost' be avoided in pre-invasive and early breast cancer with free surgical margins after breast conservation surgery and irradiation?' by Federico Ampil *et al.*

Professor Angela Duxbury