

BrachyBytes



Less Toxicity. More Patients.
Now *That's* SAVI.



ABS President Shares Insight on Brachytherapy



Catheryn Yashar, MD, FACRO, FACR

*Chief of Gynecologic and Breast Radiation Services, Professor of Radiation Medicine and Applied Sciences
University of California San Diego*

During the 2018 American Brachytherapy Society (ABS) Annual Meeting, “Celebrate Brachytherapy: Educate, Innovate and Motivate”, June 7-9, Catheryn M. Yashar, MD, President, American Brachytherapy Society, gave her President’s address on the state of brachytherapy. She shares with us some of the highlights of that talk.

You talked about Simon Sinek’s book “Start with Why” in relation to brachytherapy, can you elaborate on that?

In his book Mr. Sinek says what is most important to both you personally and to your practice is your “Why”. Keep your “Why” front and center and you will be successful. As you know success has different definitions and as a cancer doctor our “Why”, is to treat and serve our patients. To do this we use our skills and technology to eradicate the cancer, while doing the least harm. I think brachytherapy does exactly that and is better for localized cancer than any other radiation modalities. Brachytherapy is a tool to achieve our “Why”.

Why do you think brachytherapy is underutilized?

APBI takes time and attention. Time to place the implant and time to contour and immediately review the plan. It also requires physician presence during the radiation delivery and it is invasive and not all radiation oncologists are comfortable doing procedures. Residents seem to feel less comfortable with the modality, and this may be due to fewer educational opportunities. It is proposed that these are some of the factors leading to the underutilization of brachytherapy.

“We need to educate the American Board of Radiology (ABR) and the American College of Graduate Medical Education (ACGME) on the benefits of brachytherapy” –Dr. Yashar

You call for the need to #educate—can you elaborate on this?

We need to educate the American Board of Radiology (ABR) and the American College of Graduate Medical Education (ACGME) on the benefits of brachytherapy. Residency requirements from these organizations are vague enough that residents can graduate with very little variety in their experience. Some graduate without seeing breast, curative cervical or prostate brachytherapy. It is also important that we consider who we hiring as our future radiation oncologists. As I suggested in my talk as we look to hire new physicians we need to consider those candidates who are comfortable with procedures and surgery or help train them to reach the necessary comfort level.

We need to educate other physicians, both primary care and specialists who treat cancer, so they can educate patients on all available options, including reviewing the benefits of brachytherapy. Why radiate normal tissues and risk side effects when it’s not necessary?

Lastly educate the public that brachytherapy delivers localized curative therapy. It is more localized than any external technique, indispensable in cervical cancer,

superior in prostate cancer and more efficient with less radiation to normal tissues in breast cancer.

You commented on radiate wisely can you share with us those key points?

Don't treat tissues that don't need radiation—this seems obvious doesn't it? Complete treatment as soon as possible allowing cancer patients to return to his/her life more quickly. This is truly back to our Why Choose the least toxic treatment. Again back to our Why Choose brachytherapy when it is beneficial as it accomplishes all of the above.

What do you see as the new paradigms for brachytherapy?

Exercising our ability to learn quickly, adapt, innovate and educate would present a competitive advantage to deliver improved quality of care to our patients. We need

to study those areas that make radiation oncologists uncomfortable and target them for innovation. Perhaps it is execution of the procedure itself, or treatment planning, or perhaps it is the time commitment. Whatever the barrier is to brachytherapy we need to work to remove those barriers.

I believe we can do this through innovative solutions such as using simulation to augment training (as we are starting to do in the brachytherapy schools) or sharing responsibilities by teaming up with interventional radiologist who are comfortable placing the catheters in areas that radiation oncologists are not trained to do. It is going to require out-of-the box thinking but I believe the end result will be better for our patients. Back the Why... providing the best quality of care for our patients, our whys, by expertly eliminating the cancer with the least harm.

Robert Kuske, MD Receives the 2018 Ulrich Henschke Award



Dr. Robert Kuske was recently honored by the American Brachytherapy Society as the 2018 recipient of the Ulrich Henschke Award. In receiving this award, Dr. Kuske was recognized for his contributions to the field of brachytherapy, the radiation therapy community, and to the ABS. Among his numerous areas of influence, Dr. Kuske has supported the advancement of APBI and SAVI Brachytherapy for excellence in breast conserving therapy. In 1991, he treated the first woman from Venezuela with modern brachytherapy, ushering in 27 years of research into a shorter, more

convenient treatment option for select early stage breast cancer that avoids significant radiation exposure to the lung, heart, and normal tissues.

The award's namesake, Dr. Henschke, is considered the father of modern-day brachytherapy, and the award embodies the highest honor the American Brachytherapy Society can bestow on a practitioner of brachytherapy. Dr. Kuske is the 32nd Henschke Award recipient.



Cianna Medical, Inc., 6 Journey, Suite 125, Aliso Viejo, California 92656
866.920.9444 • 949.360.0059 • Fax 949.297.4527
www.ciannamedical.com



Sign up for our BrachyBytes e-newsletter to read about the latest APBI news!

©2018 Cianna Medical, Inc. All rights reserved. These products covered by U.S. Patents 7,497,819, 7,497,820, 7,601,113, 7,662,082, 7,736,292, 7,862,496, 7,862,498, 8,398,534, 9,072,893, 9,623,260. Other patents pending. BrachyBytes, BEST Forum, SAVI, SAVI Sisters, and Cianna Medical are registered in U.S. Patent and Trademark Office to Cianna Medical, Inc.

