

## In this Issue

In this issue there are six original articles covering a range of themes and topics including two papers on managing patient anxiety and distress, a study on the role of plasma coagulation in radiation induced bowel toxicity, followed by two papers concerned with treatment accuracy and finally a paper on an unexpected outcome of radiotherapy planning in implant based breast reconstruction.

In addition, there is a case report on recidivant central neurocytoma treated with radiosurgery and a short communication on the subject of palliative radiotherapy for superior vena caval obstruction by lung cancer.

To complete this issue, Pete Bridge writes a book review of: *Treatment Planning in Radiation Oncology*: 3rd edition by F.M. Khan and B. J. Gerbi published by Lippincott Williams and Wilkins.

In the first article, Sharon Oultram et al., presents their study on a comparison between patient self-report and radiation therapists' ability to identify anxiety and distress in head and neck cancer patients requiring immobilisation for radiation therapy. The purpose of this study is to identify the incidence of anxiety and distress among patients requiring immobilisation during radiation therapy to the head and neck region; then to compare this with radiation therapists' ability to identify anxiety the same group of patients. This study suggests that there is scope for further investigation into the identification and management of anxiety and distress in head and neck cancer patients requiring immobilisation.

The theme of patient anxiety continues in the second article, by Peter Mackereth et al.,

on the topic of calming panic states in the mould room and beyond: A pilot complementary therapy head and neck cancer service. In this article the authors piloted the service in response to requests for assistance with patients experiencing severe anxiety undergoing head and neck radiotherapy. This paper describes the aims of the service, interventions provided and the recorded responses of patients to the support given. The authors found a paucity of information about the extent of the distress triggered by radiotherapy procedures and what interventions could be offered in practice. Further work is required to include an economic assessment and longer term effects on patient compliance with treatment and smoking cessation. Training needs for complementary therapists and radiotherapy staff at this centre were also identified; these are being addressed.

In the third article, Samy Algizawy et al., present their findings on a study to identify predictors and treatment outcome of late bowel toxicity after three dimensional pelvic radiotherapy for genitourinary malignancies, and also to describe our experience with Argon Plasma Coagulation (APC) in this toxicity. Between March 2004 and March 2010, all patients who had completed a course of pelvic radiotherapy for genitourinary malignancies, at their Institute were enrolled in this study, in total 136 patients. Every patient with lower GI symptoms underwent sigmoidoscopy and accordingly, some patients were subjected to intervention by APC. The authors found that three dimensional pelvic radiotherapy using two-phase technique is associated with a low level of grade 3 late lower gastrointestinal toxicities.

In the next article, Cinthia Pereira-Loch et al., study the effects of radiation and thermal

effects on polymeric immobilization devices used in patients submitted to radiotherapy.

Immobilization devices in radiotherapy are made of a soft plastic easy to mould when immersed in hot water, at the authors Centre, the same item is usually used for 6 patients, but they have been showing some deformation during the re-utilization process. The latter is the reason for this research where devices were treated with 6 thermal conditions, 6 irradiation procedures and the joint effect of both treatments.

In the fifth article, Ahamed Yoosuf et al., present their research to evaluate the delivery efficiency of intensity modulated radiation therapy (IMRT) with a non-zero collimator rotation approach compared to conventional planning IMRT in the management of prostate carcinoma. Inverse plans, created using conventional collimator angle  $0^\circ$  (CA0) for eight prostate patients, were compared to plans using collimator angle  $70^\circ$  (CA70) for all fields and also with plans utilizing an automatic collimator angle optimization tool (CAopt) for each field. The authors conclude that peripheral dose should be analysed when assessing monitor unit differences in IMRT plans.

In the final article, Sepehripour, Ridha and Malata present their unexpected findings on radiotherapy planning in implant-based breast reconstruction. The authors describe two cases of cellulitis occurring around ink sites, follow-

ing tattooing for adjuvant radiotherapy in two patients who had undergone latissimus dorsi-with-implant breast reconstructions. One patient was successfully treated with intravenous antibiotics. The second patient developed a peri-implant infection requiring implant removal. Patients with implant-based breast reconstructions should be warned of the potential infection risk of radiotherapy tattooing.

Santiago Vilar-González et al., present a case study on recidivant central neurocytoma treated with radiosurgery. Central neurocytoma is a rare intraventricular brain tumour that affects young people and presents with increased intracranial pressure secondary to obstructive hydrocephalus. Typically, it has a favourable prognosis after complete resection. In some cases the clinical course could be more aggressive. In this report, they describe a case of recurrent central neurocytoma treated with radiosurgery after two consecutive relapses. An asymptomatic radionecrosis developed after that. The authors discuss the role of postoperative irradiation in the treatment of this rare tumour.

To complete this issue, there is a short communication on the subject of palliative radiotherapy for superior vena caval obstruction by lung cancer outlining a major issue about timing and minor issue about efficacy by Ampil and Previghiano.

*Professor Angela Duxbury*