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COVID-19

COVID 19 crisis: Maintaining brachytherapy access and strategies for risk mitigation

No one ever imagined how the COVID 19 crisis would completely disrupt our lives in every way. I was recently “exposed” and quarantined at my cabin where I had plenty of time to reflect on what is happening, and how we can better serve our membership, staff, and patients during these unprecedented times. As with complex brachytherapy cases, patients, and life in general, we need to pivot and adapt. So, I asked our team to publish information relevant to our oncology and brachytherapy practice. Our gratitude to Dr Michael Zelefsky and his team at the Journal for rapidly publishing this online, open-access special edition on COVID-19. Dr Brandon Dyer and his team just completed a manuscript in less than 2 weeks, “COVID-19 Impact of Timing of Brachytherapy Treatment and Strategies for Risk Mitigation”, that is being co-published in the ABS Spring Newsletter and in the Journal of Brachytherapy. Special thanks to Dr Brandon Dyer and the co-authors for writing this critical information in record time. In addition, Drs. Mohindra, Beriwal, and Kamrava have written “Proposed Brachytherapy Recommendations (Practical Implementation, Indications and Dose-Fractionation) During COVID-19 Pandemic” that will be also co-published. We are most grateful for their contribution as well. Relevant themes addressed that apply to our current pandemic include selectively delaying brachytherapy for some patients, continuing brachytherapy for those in which treatment delays would compromise cure rates, practical

fractionation guidelines, anesthesia considerations, and maintaining safely for both our patients and staff. Finally, Dr Louis Potters, at Northwell Health in New York City, recently detailed their approach to the COVID crisis in the April ASTROgram/Blog: Leading the Storm: Lessons from the Epicenter, where they have had over 4,000 cases. From Dr Potters, “we have maintained two guiding principles: Do everything to keep the staff well and safe and maintain access to cancer patients needing our services, through five key takeaways: actively manage your staff, decrease treatment volume, implement telehealth, maintain critical multidisciplinary discussions, and keep patient safety as the highest priority” (<https://www.astro.org/Blog/March-2020/Leading-Through-the-Storm-Lessons-from-the-Epicent>).

We are all looking forward to that time when life starts to normalize again. It is important for us as physicians, physicists, and health care providers to maintain critical cancer access, promote patient and staff safety, and to be that presence in your community to help lead these efforts—be well and stay safe...

Daniel G. Petereit

President, American Brachytherapy Society, Department of
Radiation Oncology, Monument Health Cancer Care
Institute, Rapid City, SD

E-mail address: dpetereit@regionalhealth.com