Keith Lim

11th ESTRO - EAU Teaching Course on Brachytherapy for Prostate Cancer

London, United Kingdom • 26-28 June 2010

Course Director:

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I had the pleasure of attending the 11th ESTRO-EAU Teaching Course on Brachytherapy for Prostate Cancer which was held in London during the height of the 2010 World Cup. Prostate cancer, whilst traditionally thought of as a disease of the western world, is on the rise in Asia and in countries such as Singapore, it is the third most common cancer in men. Prostate brachytherapy is not common in most Asian countries and thus there is a great potential for development within the next few years, both as a form of dose escalation when combined with external beam radiotherapy or as an alternative to surgery when used as monotherapy. Thus there is a particular need for courses such as this ESTRO-EAU teaching course, not only to educate more physicians about the use and techniques of prostate brachytherapy, but to allow the participants an opportunity to interact with the experts in the field and other like-minded practitioners.

The three-day course was held at the historic Royal Society of Medicine building in Wimpole Street and was attended by delegates from Europe, the Middle East and further afield, including Australia and Trinidad. The first day began with lectures on the anatomy and imaging of the prostate, patient selection for both low dose rate brachytherapy (LDR) and HDR and an overview of the insertion techniques for each. Following lunch, lectures on the planning principles for LDR and HDR were conducted. During the day, each lecture was followed by a lively discussion between participants and faculty which often carried over into the breaks. This interaction, made possible by the openness and approachability of the faculty, only served to add to the value of the course. After tea, the first of two interactive contouring sessions was conducted. The session at the end of Day 1, focused on the contouring and planning for LDR and allowed participants to observe as faculty members went about creating an LDR plan from the point of the ultrasound scan to the final plan approval. At each step of the process, delegates and faculty were able to discuss practical issues related to the planning process.

Day 2 began with video demonstrations on the insertion techniques for both LDR and HDR. This was followed by lectures on the clinical results of brachytherapy and post-plan dosimetry and imaging. The final lecture of the day on management of toxicity and complications was delivered during the highly anticipated England versus Germany match and ended amusingly with an update on the latest score. Day 2 ended with an interactive session on HDR planning, similar in format to the previous LDR session on the previous day. That night an informal dinner was held, allowing faculty and delegates to get to know each other better.

The final day focused on quality assurance for brachytherapy, radiation protection issues, focal and future therapies. After some final questions, the course ended with a round of applause to thank the faculty for their time and effort.

Having performed HDR on a regular basis, but with minimal experience with LDR, I found the course exceptionally useful and would highly recommend it to both experienced users of prostate brachytherapy as well as novices in the field. For those just starting out with brachytherapy, the well organised and structured nature of the course, coupled with the practical tips offered provided most users with a head start in the implementation of a prostate brachytherapy programme in their hospital. For those more experienced, the chance to share their knowledge and to interact with experts in their field is an invaluable experience which can only be gleaned by attending a course such as this. On behalf of my fellow delegates, I would like to thank the Faculty and our course co-ordinator Guy François for organising an excellent event. ■

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