Letter to the Editor

Comments on: "Clinical implementation of a new electronic brachytherapy system for skin brachytherapy"

Antonio Pontoriero, MD, Giuseppe Iatì, MD, Stefano Pergolizzi, MD

Department of Biomedical Sciences and Morphological and Functional Images, University of Messina, Italy

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To the Editor:

We have read with an interest the article of Olga Pons-Llanas *et al*. [1] published in the Journal about the use of electronic brachytherapy (EBT) in non-melanoma skin cancer (NMSC). However, we noticed the exclusion criteria for the following tumors: lesions with a diameter greater than 20 mm, invasion of more than 4 mm, irregular anatomic areas. Besides, there are limits linked to the use of circular collimators and the daily set-up position. NMSC often have irregular shapes and diameter longer than 2 cm; besides, in most cases, NMSC are recurrent and located in periorbital area (i.e. inner canthus). In these instances, both EBT and brachytherapy are difficult and/or inadequate to treat safely most of patients. Among the new technologies, stereotactic ablative radiation therapy could be a valid therapeutic option treating "difficult NMSC".

In a recent paper [2], we reported our experience with Stereotactic Body Radiation Therapy (SBRT) in a patient with recurrent and complicated NMSC using Cyberknife System (CKS). In fact, the CKS is a possible alternative to surgery and brachytherapy in patients with recurrent NMSC located in irregular anatomical areas close to critical organs (i.e. eyes). The SBRT with image guided exceeds the limits of the set-up for relocation; the inverse planning allows to cover irregular volumes greater than 20 mm. The use of the photons X-6 MV permits to treat the lesions with invasion more than 4 mm.

Do Olga Pons-Llanas *et al*. have experience and/or data on the use of brachytherapy in "difficult areas"? In fact, in daily clinical practice many patients have "irregular and difficult" NMSC and it is important that Radiation Oncologists have more therapeutic options in these instances. We think that it is important for the authors to comment on these issues and perhaps reply within the context of this journal.

References

1. Pons-Llanas O, Ballester-Sánchez R, Celada-Álvarez FJ et al. Clinical implementation of a new electronic brachytherapy system for skin brachytherapy. *J Contemp Brachytherapy* 2015; 6: 417-423.
2. Pontoriero A, Iatì G, Conti A et al. Treatment of periocular basal cell carcinoma using an advanced stereotactic device. *Anticancer Res* 2014; 34: 873-875.

Address for correspondence: Antonio Pontoriero, MD, Department of Biomedical Sciences and Morphological and Functional Images, University of Messina, Italy, A.O.U. "G. Martino" Via Consolare Valeria 98100 Messina, Italy, phone: +39 902217173, fax: +39 902213192, e-mail: apontoriero@unime.it

In reply to the Letter to the Editor titled:

"Comments on: Clinical implementation of a new electronic brachytherapy system for skin brachytherapy"

Olga Pons-Llanas, MD[1], Rosa Ballester-Sánchez, MD[2], Francisco Javier Celada-Álvarez, MD[1], Cristian Candela-Juan, MSc[1], Teresa García-Martínez, MsD[3], Margarita Llavador-Ros, MD[4], Rafael Botella-Estrada, MD, PhD[2], Christopher A. Barker, MD[5], Antonio Ballesta, MD[6], Alejandro Tormo-Micó, MD[1], Silvia Rodríguez, MD, PhD[7], Jose Perez-Calatayud, PhD[1,7]

[1]Radiotherapy Department, La Fe University and Polytechnic Hospital, Valencia, Spain, [2]Dermatology Department, La Fe University and Polytechnic Hospital, Valencia, Spain, [3]Radiation Physics Department, La Ribera University Hospital, Valencia, Spain, [4]Pathology Department, La Fe University and Polytechnic Hospital, Valencia, Spain, [5]Department of Radiation Oncology, Memorial Sloan-Kettering Cancer Center, New York, USA, [6]Radiology Department, La Fe University and Polytechnic Hospital, Valencia, Spain, [7]Radiotherapy Department, Benidorm Hospital, Alicante, Spain

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To the Editor:

We have read with an interest the letter to the Editor titled "New technologies for non-melanoma skin cancer". In this letter, the authors comment on our article [1] about the clinical implementation of a new system for skin brachytherapy (Esteya® electronic brachytherapy by Elekta, Stockholm, Sweden) and they asked for a reply to their letter. We would like to thank the authors for their interest in our publication and would like to respond to their letter.

First of all we need to clarify that in our study we chose to exclude irregularly shaped lesions, lesions with a diameter > 2 cm, and lesions with a depth larger than 4 mm because of the design of the radiation therapy system that was used. Lesions included in our work using