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Reconsidering, Revisiting, Refining, and Rethinking Radiation

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Spring serves as a timely and welcomed reminder of a season marked by renewal and growth. As the temperature rises and once dormant plants and animals appear, this season serves as a metaphor to reconsider, revisit, refine, and rethink our current thoughts so we improve outcomes, explore novel approaches, and provide a better framework to train the next generation of radiation oncologists.

The articles in this issue of *Applied Radiation Oncology* mirror this seasonal shift by reminding us that unexpected outcomes can occur, rare diseases can be managed with radiation therapy (RT), functional radiation medicine is effective, rectal dose reduction can be achieved, and case numbers may not be the best measure of competency.

In the case report, "Unexpected Complete Response to Palliative Radiation Therapy in Non–Small Cell Lung Cancer," a patient with stage 3B non–small cell lung cancer (NSCLC) experiences an unexpected, complete response after receiving a short course of palliative RT intended primarily for symptom relief. While a single case cannot redefine standards, it invites us to reconsider assumptions about dose–response relationships and the biologic impact of hypofractionation in NSCLC.

Another case report, "Successful Re-Irradiation of Multiply Recurrent Lymphocytic Hypophysitis," highlights the successful use of reirradiation in a patient with multiply recurrent lymphocytic hypophysitis, a rare autoimmune condition with limited evidence to guide management. The findings suggest reirradiation may be a safe and effective short-term option in select refractory cases, though longer follow-up is needed to assess durability.

The review article, "Radiation Therapy for Dupuytren Disease: A Systematic Review of Clinical Outcomes and Adverse Effects," synthesizes the outcomes from 20 studies evaluating the use of RT in the management of this benign but functionally significant condition. With nearly three-quarters of patients experiencing symptom regression or stabilization, the data suggest that, when used in the early stages, RT may offer a well-tolerated, noninvasive option to slow progression in Dupuytren disease. The review is an example of the promise of functional radiation medicine, which expands the use of RT to include non-oncologic conditions such as Dupuytren.

The research feature, "Rectal Dosimetry of Different Rectal Displacement Devices for Prostate External Beam Radiation Therapy: A Multi-Institutional Retrospective Cohort Study," explores toxicity mitigation in prostate cancer treatment. In a multi-institutional cohort of 283 patients, Harkness and colleagues compare rectal dose reduction achieved with polyethylene glycol gel and inflatable balloon displacement devices. Both approaches were effective, with the inflatable balloon demonstrating greater dose-sparing across measured parameters.

In this month's Resident Voice editorial, Fara Dayani challenges us to look beyond standard measures—specifically, procedural minimums—as an assessment of residents' skill in performing brachytherapy procedures. Structured, competency-based training frameworks, she asserts, are essential for assessing readiness and building confidence in radiation oncology.

May these articles inspire new ways of seeing what may already be within reach—whether reconsidering fractionation in NSCLC, revisiting radiation for benign disease, refining dose-sparing techniques, or rethinking how we train the next generation of radiation oncologists.

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https://doi.org/10.37549/ARO-D-26-0003