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Advancing Radiation Oncology Through Peer Review and Continuous Learning

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Progress in radiation oncology has always depended on our willingness to evaluate, question, and refine our practice. As new technologies emerge and treatment techniques become more sophisticated, peer review remains one of the most effective mechanisms for identifying opportunities to refine treatment plans, reducing variability in care and ensuring the quality and safety of radiation therapy.

The articles in this issue of *Applied Radiation Oncology* demonstrate how thoughtful review, multidisciplinary collaboration, careful evaluation of evidence, and innovative educational approaches continue to advance our specialty.

Our featured review, *Peer Review in Radiation Oncology: Present and Future Directions*, examines one of the foundations of quality assurance in radiation oncology. The authors summarize evidence demonstrating that multidisciplinary peer review leads to clinically meaningful treatment plan modifications, particularly for complex disease sites and advanced treatment techniques. Just as importantly, they highlight the considerable variability in how peer review is implemented across institutions, emphasizing the need for more standardized frameworks that promote consistency while preserving flexibility.

The review *Stereotactic Radiosurgery and Immunotherapy for Melanoma and NSCLC Brain Metastases: Practical Integration, Timing, and Toxicity* also emphasizes the necessity of multidisciplinary collaboration and continual refinement of treatment protocols, but in the context of patients with brain metastases—particularly those with melanoma and non-small cell lung cancer. Barve points to emerging evidence that combining stereotactic radiosurgery with immunotherapy may improve outcomes, but optimal integration requires multidisciplinary decision-making that considers treatment timing, dosimetry, and patient-specific factors.

In the research article, *Outcomes of Stereotactic Versus Conventional Radiation Therapy in Unresectable Pancreatic Cancer: A Real-World Retrospective Analysis*, Tesolin and colleagues illustrate that better outcomes in the management of unresectable pancreatic cancer are linked as much to careful patient selection as to modern radiation techniques such as stereotactic body radiation therapy, MR-guided adaptive radiotherapy, and dose-escalated approaches.

This month's case report, *Multiple Cranial Nerve Palsies After Reirradiation With Proton Therapy in Nasopharyngeal Carcinoma*, illustrates the educational value of carefully documenting uncommon but clinically significant complications. Although proton therapy has expanded treatment options for recurrent disease, this report reminds us that even our most advanced technologies require ongoing scrutiny to better define dose constraints, optimize patient selection, and improve long-term survivorship care.

In Resident Voice, *Closing the Global Brachytherapy Training Gap With Virtual Reality*, Peterson explores how immersive simulation may help address persistent disparities in procedural education. By leveraging virtual reality to expand access to high-quality brachytherapy training, the International Atomic Energy Agency demonstrates how innovation can strengthen technical proficiency and broaden educational opportunities for radiation oncologists around the world.

Collectively, these articles remind us that progress in radiation oncology depends on more than technological innovation alone. It requires a willingness to examine our decisions, learn from colleagues, evaluate emerging evidence, and continually refine our practice.

On behalf of the advisory board and publisher, we sincerely appreciate your continued support of *Applied Radiation Oncology*. Enjoy your summer!