Correspondence

Response to “Comment on ‘Medical use of all high activity sources should be eliminated for security concerns’ ” [Med. Phys. 42, 6773–6775 (2015)]

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It was not my intention to call for immediate elimination of brachytherapy. However, considering the risks associated with radiation sources defined as Category 1 or 2 safety concerns by the IAEA¹ as I described in my point/counterpoint contribution,² I wanted to encourage development and proper implementation of alternative methods, such as electronic brachytherapy,³ that do not employ high activity radioactive sources. Of course, the due process of their introduction to the clinic should be applied. I believe in progress. I expect that, with enough effort, high activity sources will be eliminated from clinical practice.⁴

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¹IAEA Safety Guide No. RS-G-1.9.

²J. Capala and S. J. Goetsch, “Medical use of all high activity sources should be eliminated for security concerns,” *Med. Phys.* **42**, 6773–6775 (2015).

³P. N. Mobit, A. Nguyen, S. Packlanathan, R. He, and C. C. Yang, “Dosimetric comparison of brachytherapy sources for high-dose-rate treatment of endometrial cancer: ¹⁹²Ir, ⁶⁰Co and an electronic brachytherapy source,” *Br. J. Radiol.* **89**, 20150449 (2016).

⁴J. D. Pennington, S. J. Park, P. P. Lee, and D. J. Demanes, “Comment on ‘Medical use of all high activity sources should be eliminated for security concerns,’ ” *Med. Phys.* **43**, 4459–4460 (2016).

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