

***Radiation Therapist* Editorial Review Board**  
**2024-2025 Report**  
**Benjamin Morris, M.S.Ed., R.T.(R)(T)(CT), FASRT, Chair**

The *Radiation Therapist* Editorial Review Board promotes and supports scholarly inquiry and dissemination of knowledge that contributes to the body of knowledge in the radiologic sciences.

**Board Composition**

The *Radiation Therapist* ERB is composed of a chair, a vice chair and 14 members. Committee members are:

Chair:	Benjamin Morris, M.S.Ed., R.T.(R)(T)(CT), FASRT
Vice Chair:	Timmerie Cohen, Ph.D., R.T.(R)(T), CMD
Members:	Denise Allen, R.T.(T)
	Camren Carmichael, D.H.Sc., R.T.(T)
	Tanya Custer, Ph.D., R.T.(R)(T)
	Laura D'Alimonte, M.H.Sc., MRT(T)
	Maria Dimopoulos, Ph.D., R.T.(T)
	Kathleen Drotar, Ph.D., R.T.(R)(N)(T)
	Jana Evanoff, M.P.H., R.T.(R)(T)
	Amy Hancock, Ph.D., Therapeutic Radiographer
	Brandon Hirsch, M.S., R.T.(R)(T)(CT), CMD
	Brandon Lausser, M.S., R.T.(T), FACHE, PMP
	Jody Nutt, M.S., R.T.(R)(T)
	Kristi Tanning, Ph.D., R.T.(T)
	Cheryl S. Turner, Ed.D., R.T.(R)(T)
	Nora Uricchio, M.Ed., R.T.(R)(T)

***Radiation Therapist* Manuscript Statistics**

The *Radiation Therapist* ERB reviews column submissions and research articles. For calendar year 2024 the ERB assessed 22 manuscripts, which is a decrease of nine from the year before. Of those, 21 were accepted (95% acceptance rate) and 1 was rejected (5% rejection rate).

**ASRT Staff and ERB Chair and Vice Chair Meetings**

ASRT Director of Communications Julie Hinds, ERB Chair Benjamin Morris and ERB Vice Chair Timmerie Cohen met monthly to discuss peer-review submissions, scientific editing best practices and author recruitment initiatives.

**Harold Silverman Distinguished Author Award**

The ERB named the winners of the Harold Silverman Distinguished Author Award, honoring the best peer-reviewed article published in *Radiation Therapist* during the past year.

Alex Ashley, B.P.S., R.T.(R)(T), Mark Roytman, B.S., R.T.(T), Vishruta Dumane, Ph.D., DABR, Keith Edwards, A.A.S., R.T.(T), Karyn Goodman, M.D., and Samantha Skubish, M.S., R.T.(R)(T), are the winners of the Silverman award for their article, "High-Dose Gating Protocol for Deaf Patients in Radiation Oncology," which was published in the fall 2024 issue of *Radiation Therapist*.

Alex Ashley, B.P.S., R.T.(R)(T), is quality improvement coordinator for the department of radiation oncology at Mount Sinai Hospital and serves as vice president of the Radiation Therapy Association of New York State.

Mark Roytman, B.S., R.T.(T), is lead radiation therapist for the department of radiation oncology at Mount Sinai Hospital.

Vishruta Dumane, Ph.D., DABR, is medical physicist and associate professor of radiation oncology at Icahn School of Medicine at Mount Sinai and clinical associate professor for the School of Health Professions at Stony Brook University in New York.

Keith Edwards, A.A.S., R.T.(T), served as assistant chief radiation therapist at Mount Sinai Hospital and currently is radiation oncology administrator at New York-Presbyterian Brooklyn Methodist Hospital.

Karyn Goodman, M.D., is professor and vice chair for research in the department of radiation oncology at the Icahn School of Medicine at Mount Sinai. She also is associate director for clinical research for The Tisch Cancer Institute and coleader of the Center of Excellence in Pancreatic Cancer at Mount Sinai.

Samantha Skubish, M.S., R.T.(R)(T), is chief technical director for the department of radiation oncology at Mount Sinai Health System. She serves as vice chair of the ASRT Practice Standards Council, chair of the Radiation Therapy Association of New York State and leads the national advanced practice radiation therapy working group.

This case study discusses a 37-year-old man who presented with stage IV (cT3N1M1a) sigmoid colon cancer that had metastasized to the liver. The patient underwent stereotactic body radiation therapy using real-time, fiducial-based, triggered-imaging guidance and amplitude-based respiratory gating at exhalation. In addition to the cancer diagnosis, the patient was deaf and had a substantial medical and surgical history for other comorbidities. The multidisciplinary team must work to ensure that deaf patients are not excluded from gating treatment protocols typically achieved through verbal coaching. With appropriate visual setup, sign language interpretation and coaching through translation, culturally competent care can be provided successfully and seamlessly.