

Purpose: To describe the history of cervical cancer brachytherapy and the transition to volumetric planning. **Results:** The value of brachytherapy for treatment of cervical cancer was already apparent in the early 1900s. Early cures with radium led to a period of intense research and development that coalesced into three major approaches: the Stockholm system (relatively high dose-rate with sources placed close to mucosal surfaces), the Paris system (lower dose-rate with vaginal sources distanced from the surface) and its descendent, the Manchester system (emphasizing individualized treatment, attention to normal tissue tolerance and introducing the concept of Point A). Decades of analysis of factors influencing complications risks and cure led to a de-emphasis of the Stockholm system and to gradual changes in applications of Manchester's techniques. However, despite major advances in external beam treatment, computerized treatment planning and radiation safety, the lessons and traditions of these early systems continue to dominate modern approaches. The advent of fixed ring applicators and high dose-rates suggests a modern renaissance of the Stockholm system. Treatment methods have become more variable while practitioners' experience with this increasingly rare disease has been diluted. In this context the move to image-based planning, with its enhanced understanding of tissue doses and volumes, comes at a critical time. **Conclusion:** While guidelines developed by the ABS and GEC-ESTRO ease us into this new era, it is important to maintain an understanding of the elements of past methods that led to high cure rates and to follow closely the results of new approaches.