



Editorial

Even after the shocking and devastating events of September 11th and its aftermath, prostate diseases, and especially prostate cancer, continue to feature on government agendas worldwide. Recently in the UK the Department of Health has conceded that men asking for a PSA test should be granted their request, but only after they have received information about the risks and benefits of the test and its possible sequelae. Moreover, an all-party working group headed by Dr Howard Stoate MP has focussed on benign prostatic hyperplasia and prostatitis as diseases that are currently under-recognised but worthy of scrutiny.

This issue of *Prostate Cancer and Prostatic Diseases* contains articles that should stimulate and provoke our readers. Kaisary *et al* review the place of antiandrogen therapy in metastatic prostate cancer. They conclude that in patients with PSA values < 400 ng/ml, antiandrogen therapy may be as effective as LHRH therapy, but with less impairment of sexual function. De la Taille reviews the cell pathways that lead to the development of hormone refractory prostate cancer. Treatment of prostate disorders inevitably incurs costs and two papers in this issue look specifically at the health economic aspects of prostate cancer. As healthcare budgets are increasingly pressed it will become more and more necessary to focus on financial issues such as these.

The underlying causes of prostate cancer remain enigmatic but Oliver *et al* attempt to explain why circumcision and sexual function may impact on the pathogenesis of this disease. Other risk factors need to be

identified, especially as we move into an era when chemo-preventative agents may be employed. Lehrer *et al* identify triiodothyronine (t3) levels as a significant risk factor.

New treatment strategies for prostate cancer include immunotherapeutic approaches. The observation by Pirtskhalaishvili *et al* therefore that tumour necrosis factor- α -induced maturation of dendritic cells increases their resistance to prostate cancer induced apoptosis may be important. In spite of all the progress in the science of therapy for prostate disease, patients continue to purchase alternative over-the-counter preparations. In a useful survey, Cheetham *et al* found evidence that the general public are increasingly aware of alternative medicines, probably as a result of the increasingly aggressive marketing of these products. As patients seldom volunteer this information, urologists and oncologists need to be aware of these issues and specifically enquire of their patients whether or not they are taking these supplementary medicines.

Finally, Perk *et al* report on the results of a small randomised study of traditional TURP versus 'the sandwich technique', ie sequential transurethral electrovaporisation – transurethral electroresection – transurethral electrovaporisation, and conclude that this new technology may offer significant advantages in terms of blood loss and length of catheterisation.

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