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Editorial

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Why are alternative therapies for prostatic disease so in vogue at present? Perhaps it is because both the medical profession and the pharmaceutical industry are perceived as proceeding too laboriously. Maybe it reflects a societal change that regards the natural products and holistic approach of alternative medicine as preferable to high-tech and sometimes impersonal conventional medicine. Whatever the explanation, it behoves all of us who are interested in the prostate to know something about the herbal compounds utilised and their natural sources. Many of the patients who come to see us will already be taking some of these products, and they expect us to be educated in this respect.

In this issue therefore we include interesting reviews of two popular and widely utilised products: lycopene and PC SPES. We follow those with an interesting paper on the impact on prostatic epithelium of dietary isoflavones from red clover. If what we eat influences prostate cancer risk, our genetic make-up probably has an even greater impact. Two papers in this issue examine the molecular basis of prostate cancer risk and come to some interesting conclusions. In addition, Sonderdahl *et al* evaluate the impact of prostate cancer screening 10 years after the introduction of PSA.

New treatments are urgently needed for the very many sufferers of prostate cancer. Li *et al* report the innovative use of targeted alpha therapy (TAT) to inhibit prostate cancer cell growth. Employing a different approach, Potters *et al* report on the value of the role of external beam radiotherapy with permanent prostate brachytherapy. Unfortunately, whichever therapy is employed, a proportion of patients are destined to fail eventually and Cherullo *et al* present a highly apposite paper on the variable definitions that are used when reporting biochemical failure rates.

Once biochemical failure has occurred, many patients will go on to develop bone metastases. Bryden *et al* report on the expression of parathyroid hormone-related peptide in skeletal deposits. In addition, as a reminder that not only the disease but also the clinician can cause morbidity in patients with prostate problems, we include a case report of an acute periprostatic haematoma complicating a transrectal ultrasound guided biopsy. There but for the grace of God go all of us!

We would like to thank the British Prostate Group who chose to publish the abstracts of their autumn meeting with us, as well as all our readers and contributors who help to make this journal a continuing success.

Finally, the adjudication process for the AstraZeneca prize for the best paper published in 2000–2001 is still in progress and we will be making that announcement in the next issue.

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