

Editorial

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Welcome to another issue of *Prostate Cancer and Prostatic Diseases*! This one is jam-packed with great review articles on timely topics and some very novel original articles. Let me start with the reviews.

Chris Parker provides an overview of the hot topic of 'active surveillance' or watchful waiting for early stage prostate cancer. Multiple recent articles in the PSA Era, including data from the Department of Defense Center for Prostate Disease Research, (Carter *et al*, *J Clin Oncol*, 2003; 21: 4001–4008 and Wu *et al*, *J Urol*, 2004; 171: 1111–1116) reveal that about one half of contemporary men 'fail' watchful waiting by five years. In other words, they move on to active treatment. This can be looked at as either failure or simply a way for patients to avoid a more morbid active therapy for a period of time. In my opinion, we need to conduct prospective trials of surveillance treatment to learn better how to do this therapy in a more standardized way. Furthermore, as we move further into the PSA Era with more men diagnosed with a lower burden of disease, we will need to embrace watchful waiting so as not to overtreat a growing subset of men.

Fouad K Habib examines the herbal supplement *Serenoa repens*, or Saw Palmetto, and finds that there is tremendous variation in brands. This is a growing problem with supplements. It is a frustrating reality for us clinicians 'in the trenches' when we are bombarded with questions about supplements and not knowing exactly how to respond. We are reluctant to dismiss these agents out of hand, yet we know that the quality assurance is suboptimal. There is a need for suppliers who provide high-quality products that can be relied upon by the medical profession—especially in the area of prostate disease.

Two separate reviews by Simon Bott and David Kirk on management of recurrence after radical prostatectomy and timing and choice of androgen deprivation, respectfully, are related. This is an area that is 'near-and-dear' to my heart! It seems I commonly have the 'Murphy's Law' with my patients: The younger man who underwent a nerve-sparing radical prostatectomy with good return of potency and continence who develops a rising PSA. Now we are faced with the prospects of postoperative radiation or androgen deprivation that may very well impact his urinary control or sexual function! I was part of a recent paper (Moul *et al*, *J Urol*; 2004; 171: 1141–1147), which examined early *vs* delayed traditional hormonal therapy for PSA only recurrence after radical prostatectomy. On one hand, early hormonal therapy was an independent predictor for delayed clinical metastases for me with high-risk disease (Gleason >7 or PSA-DT <12 months); however, in the lower-risk man with biochemical recurrence, we could not demonstrate an impact of early hormones on clinical disease-free survival. This paper and these reviews support the concept of taking a 'risk-stratified' approach to recurrence and the use of androgen deprivation.

This issue also features nine original articles. While there is not enough space to detail all the articles here, I urge you to read through the entire issue. Some highlights are: Pins *et al* look at Clusterin as a biomarker for biochemical recurrence after radical prostatectomy. I do not intend to be negative, but we have seen so many papers over the last decade of various molecular biomarkers being used to help predict PSA recurrence after surgery. In fact, my group has done a lot of this work with biomarkers such as p53, bcl-2, c-erb/HER-2, etc. But none of these studies, including our own, have helped us take care of our patients! We still have no prospectively validated prostate tissue biomarkers that are FDA-approved. While part of the

problem is the heterogeneity and multifocality of the prostate cancer itself, it also is the responsibility of the general prostate research community for not embarking on a concerted effort in this area.

In another paper, Randenborgh and colleagues studied 1013 radical prostatectomy patients showing improved continence with the contemporary preservation of a greater segment of prostatic urethra. In this era of lower stage and volume disease, there are more men who are candidates for these urethral and bladder neck-sparing approaches since there is less need for wide extirpative approaches. It has been our practice to spare more urethral and bladder neck tissue and we have generally noted better continence earlier. It was nice to see this confirmed by the authors.

And, recognition must go to Peter Johnstone's article on the '100-day PSA' looking at the clinical value of an early follow-up PSA level to predict success or failure of external beam radiotherapy for localized prostate cancer. This is nice work. I also want to thank Peter for his contributions to our DoD-CPDR program over the last decade.

All of these interesting papers are a testament to the fact that *Prostate Cancer and Prostatic Diseases* continues to grow and attract quality papers. We have seen tremendous expansion over the years but especially over the last 12 months. To ensure a more rapid review of papers, electronic submission of papers has been 'turned on'. You can now submit new and revised papers online at: www.mts-pcan.nature.com. Papers will be reviewed online by referees and PDFs will be sent to authors for electronic proof correction. Once papers are approved and finalized, they will be uploaded to our website (www.nature.com/pcan) and can be reviewed immediately in the Advance Online Publication (AOP) section well before the article goes into print. The combination of electronic peer review, Nature Publishing Group's digital workflow and AOP will significantly reduce the time from acceptance to publication—serving authors and readers alike. We are thrilled about this change!

On a personal note, as I write this editorial, I am wrapping up 26 years in the US Army. I have had a blessed career in the Army Medical Department, most of which was spent at Walter Reed Army Medical Center and the Uniformed Services University in Washington, DC. Over the last 12 years, I have had the opportunity to lead the Center for Prostate Disease Research. Some of my CPDR colleagues have contributed greatly to the success of this journal and our editorial office in Rockville. Most notably, Ms Justine Cowan has been my loyal editorial assistant with the journal since I was appointed—she has done a fantastic job. Also, my close colleagues Drs Shiv Srivastava and John Rhim have always been there to help me with the basic science manuscripts. I want to thank them very much.

I am now embarking on a new career as the Professor and Chief of the Division of Urologic Surgery at Duke University in Durham, NC. I am very excited about this wonderful opportunity and look forward to serving the journal from my new post.

Thank you for your continued support,
Until next time, I remain
Sincerely,

JW Moul
Co-Editor