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# EDITORIAL

# Report from London

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As we put together the final issue of the ninth volume, it occurs to me that this is an appropriate time to look back and survey what was achieved with the journal, and more broadly in this disease area, over the last decade. Launching a new journal into a very competitive market and surviving for 10 years is no mean achievement. Many publications that launched during this time have closed. We are proud that our dedicated editorial team has consistently managed to produce high quality issues, full of excellent reviews and original papers, and always in a timely fashion. Our mission for the next 10 years is to serve our readers and contributors even more efficiently, as scientific publications become digitally oriented in this increasingly electronic age. We are also constantly striving to reduce our time to decision, while maintaining a fair and impartial peer review process.

So what has changed in the prostate world since we launched? Prostate cancer has become an increasingly important public health problem throughout the developed world. Already the leading cause of internal cancer in men, the number of cases is expected to rise substantially over the next 10 years. The age-specific incidence is rising and screening, while still controversial, is increasing. Some epidemiologists have predicted an increase in incidence by almost 50% by 2020. The number of sufferers of BPH and prostatitis seems likely to rise in parallel.

For the last 10 years, nearly every aspect of prostate cancer has generated controversy within the medical profession and consternation among patients and their families and supporters. While the intake of unsaturated dietary fat has been associated with prostate cancer risk, there is no convincing evidence that modification of the diet or the ingestion of various supplements can prevent the development of the disease. Chemoprevention may be possible with a 5 alpha-reductase inhibitor, but the only trial reported to date also revealed a worrying increase in the risk of higher-grade cancers.

Diagnosis and staging are no less controversial. While annual screening with PSA and digital rectal examination will almost always detect a cancer before it becomes metastastic, the benefits of screening large populations are still unproven. While PSA testing has drastically reduced the stage of presentation in the US, where the age-adjusted mortality for prostate cancer has fallen by more than 25%, many commentators have criticized PSA for its lack of specificity and there are increasing anxieties about the risks of over-diagnosis and over-treatment.

Treatment options for localized prostate cancer have burgeoned over the past decade, but surgical removal by radical prostatectomy remains the option favoured by many urologists. This prejudice has been reinforced by the data from a Scandinavian group which has confirmed in prospective randomized trial that surgery reduced the risk of metastases and death from prostate cancer and prolonged overall survival compared with watchful waiting. Definitive treatment with either surgery or radiotherapy controls most early-stage cancers and many high-grade or locally advanced lesions; however, the risk of side effects, especially erectile dysfunction remains considerable. Advances in laparoscopic radical prostatectomy and more recently robotically assisted radical prostatectomy seem to provide lower morbidity and hold out the promise of better preservation of sexual function because of the improved ability to spare the neurovascular bundles. Watchful waiting has few advocates now but 'active surveillance', deferring therapy until there is evidence of progression, has gained popularity. Brachytherapy has also flourished over the past 10 years, especially in the US. High-intensity focused ultrasound and cryotherapy are emerging options, but both should probably still be considered experimental.

For patients with metastatic prostate cancer there have been two significant advances over the last decade. First, the observation that bisphosphonate zoledronic acid delays the onset of so-called skeletal-related events by almost 6 months. And, the report that taxane-based chemotherapy prolongs survival in hormone-relapsed disease by a small but statistically significant degree. More and more patients with advanced disease are now being considered for treatment with docetaxol.

In BPH, most of the major developments have been in the area of pharmacotherapy. The Medical Treatment of Prostate Symptoms (MTOPS) trial has provided landmark data relating to the prevention of disease progression with 5 alpha-reductase inhibitors and alpha blockers, which has influenced clinical practice. The number of transurethral prostatectomies (TURPs) has continued to fall, not only because of medical therapy, but also because of the advent of more effective minimally invasive laser-based procedures.

Of the three major diseases that afflict the prostate, prostatitis has had the least advances. Many sufferers are frustrated by the lack of an effective cure for their symptoms, or even a clear explanation of their cause. This highlights the need for more research.

The struggle to prevent prostate cancer and prostatic diseases from ruining so many lives has advanced since the journal was launched, but so much remains to be done. We are committed to continue the fight, bringing to you the latest about the causes, diagnosis and treatments that afflict so many worldwide.

RS Kirby