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EDITORIAL

Report from London

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The winds of change seem to be blowing through the world of prostate academia as never before. Prostate cancer awareness week in the UK looks set to draw much more attention to the subject and this seems certain to generate more funds, some of which will hopefully find their way into much needed prostate research. Even though the public is more aware of prostate cancer, the level of funding is still less than one eighth of the support that breast cancer attracts. This probably reflects the fact that women are much more proactive than men, not only in lobbying the government for funding, but also in actively raising funds for the disease that touches so many families. The result is that the evidence base that supports breast cancer treatment is much more complete than the equivalent for prostate cancer, and this makes management decisions far less controversial.

Unfortunately, just at the time when the prospects for funding research in the UK seem to be improving, changes in the training of junior doctors, the so-called Modernizing Medical Careers (MMC) project, has made spending time in research much less attractive for the majority of trainees. The revamped training program makes taking time out to do a research project a negative rather than a positive, and as a result, we are already seeing a reduced demand for grants from young would-be researchers. The net result seems likely that meaningful prostate research in England in the future will be concentrated in fewer, larger centres, and in those with well-established basic science laboratories. It remains to be seen whether these changes will eventually translate into meaningful advances in clinical care.

Currently, the surgical management of both benign prostatic hyperplasia (BPH) and localised prostate cancer is undergoing a sea change. For symptomatic BPH, the time-honoured transurethral resection (TURP) is being challenged by GreenLight laser vaporisation and Holmium laser enucleation. In localised prostate cancer, traditional open radical retropubic prostatectomy now has to compete with laparoscopic and robotically assisted radical prostatectomy, not to mention brachytherapy and high intensity focused ultrasound (HIFU). The resulting debate about the pros and cons of competing approaches needs to inform by properly conducted published studies, hopefully published in the pages of this and other journals, rather than reflect the clinical prejudice of individual proponents.

Change is also the focus of a number of articles in this latest issue. For example, the important issue of the androgen receptor and prostate cancer is discussed in a review article by Richter and colleagues. Adjuvant and salvage treatment options for patients with high-risk prostate cancer treated with radical prostatectomy are reviewed by Kibel and Nelson. The association between body size, prostate volume and prostate-specific antigen is the subject of an original article by Fowke *et al*., and this has special relevance in view of the dire predictions of increasing body mass in developed and developing societies. A brace of articles on BPH therapy include a study on the effect of dutasteride on intraprostatic dihydrotestosterone concentrations in men with BPH by Wurzel *et al*. and a paper on the rapid onset of action with alfuzosin 10 mg once daily in patients with BPH; a randomized, placebo-controlled trial by Resnick and Roehrborn evaluates the effectiveness of alpha blocker therapy in this highly prevalent condition.

A new treatment strategy for localised prostate cancer is evaluated in the paper on targeted induction of apoptosis via TRAIL and cryoablation by Clarke *et al*. The lack of survival benefit of post-operative radiation therapy in prostate cancer patients with positive lymph nodes is reported by Johnstone *et al*. An analysis of therapy side effects is the subject of an analysis of erectile function after intensity-modulated radiation therapy for localized prostate carcinoma by Brown *et al*.

It has aptly been said that in today's busy world the only constant is change. Fortunately for those with an interest in prostate care, many of these changes seem to be for the good, but so much more needs to be done to improve the outlook and the quality of life of the very many sufferers. The readers of this journal are well placed to put their shoulders to the wheel.

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