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EDITORIAL

Report from Durham

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It is generally very enjoyable and gratifying to be an editor of a journal. I count my blessings to be part of *Prostate Cancer and Prostatic Diseases* in this regard. However, occasionally the job is unpleasant. We recently faced a serious case of plagiarism which borrowed heavily from a 2005 paper published in *Human Reproduction*. Our aim in responding was to be fair and act immediately. We decided to: withdraw the offending article, admonish the authors in a letter, ban the authors from future publication in our journal, and we alerted other editors about this editorial misconduct. Despite what we thought was adequate peer review, this one slipped through the cracks and we apologize to our readership. Our experience is apparently not unique. A recent outstanding editorial by Qais Al-Awqati in *Kidney International* reports a remarkably similar case. Al-Awqati makes the key points that this business is built on trust, that we are not able to fully police this activity and that we are at the mercy of honesty of our authors.

Now for the enjoyable part. This issue starts with four timely and informative review articles. Thrasher and associates present a useful review on the impact of soy phytoestrogens. With all the interest among our patients in complementary and alternative medications (CAMs), this review can help the clinician better understand how to counsel in this regard. Elkord follows with an in-depth review of immunology and immunotherapy in prostate cancer. This is timely in light of the recent US Food and Drug Administration (FDA) issues with the Provenge advanced prostate cancer immunotherapy. Despite an appointed advisory committee FDA-recommending approval, the FDA decided to delay approval owing to survival being a secondary end point and concern that the number of trial patients may be too small for robust reliability. While these are certainly interesting times, I wonder if this would have been tolerated/accepted in breast cancer where the advocacy community is a much more powerful voice? On a less political but similarly controversial note, Johnstone and colleagues give us a nice review on what constitutes 'insignificant' prostate cancer. This is a must read for all clinicians who occasionally recommend 'active surveillance/watchful waiting' to their patients with 'incidental' prostate cancer. Finally, Goldstraw *et al*. provide a very nice review on the robotic-assisted laparoscopic radical prostatectomy (RALP). This debate is raging all over the US, including my university. From the cost to the learning curve to the lack of robust comparative outcomes data with sufficient follow-up, we are asking if one should pick the best surgeon (regardless of his/her preferred technique-open/RALP) or the machine. Time will tell if RALP is truly better or over-hyped like so many new medical technologies.

We have 10 outstanding original articles. Seven of these 10 articles deal with screening/awareness/DRE and PSA issues. Ku *et al.* studied over 900 men and found that screening DRE did not add to PSA screening in younger men (45–59) and in those with low PSA (2.5–3.9). To my knowledge, this is the first such study in a population with a low prevalence of prostate cancer, but whether it is applicable to other more high-risk populations is of considerable interest. Rajbabu and coworkers show that African-Caribbean (Black) men have lower awareness of prostate cancer, but that education methods may be beneficial. Interestingly, this has been shown in US African-American populations as well, and educational efforts seem to have made an impact. Also, related Bogen and associates find that PhIP, a heterocyclic amine associated with heavily cooked meats, is more common in diets of black men and that this might explain higher PSA levels and prostate cancer rates in this population. Karim *et al.* studied a point-of-care PSA analyzer with a good correlation coefficient to standard PSA assays. This may be similar to bench-top/microwave oven-sized PSA analyzers available in the US. Related to prostate ultrasound and biopsy, three separate articles on the use of PSAD and PSA transition zone density; intraluminal crystalloids and hemospermia after prostate biopsy, respectively, shed new light on these topics.

In the treatment category, Yoshimura and coworkers give us a nice study comparing quality of life (QOL) with intensity-modulated radiotherapy (IMRT) to more conventional conformal external-beam therapy. Their findings, which should be confirmed by other investigators and with longer follow-up, suggest that IMRT is safe and not more likely to impact patient's QOL over other forms of prostate radiotherapy. Forootan *et al*. examine ARG2 as a potential new prostate biomarker, and Suzuki *et al*. examine novel relationships between antiandrogens and finasteride. We conclude this issue with a case report on an incidentally diagnosed PSA-negative prostate cancer.

Thanks again for your loyal reading and support.

JW Moul