

and high HER2:EGFR ratio were associated with prostate-specific antigen (PSA) progression ($P < 0.001$, $P = 0.003$, and $P < 0.001$, respectively). Multivariate Cox analyses adjusted for standard postoperative predictors showed that preoperative plasma EGFR levels and HER2:EGFR ratio were associated with PSA progression ($P = 0.025$, and $P = 0.007$, respectively). By contrast, no association was found between HER2 levels and PSA progression ($P = 0.176$). Patients with aggressive disease progression had higher preoperative HER2 levels and lower EGFR levels than did patients with nonaggressive disease progression ($P = 0.023$, and $P = 0.04$, respectively).

The authors conclude that preoperative plasma HER2 and EGFR levels provide prognostic information in patients with prostate cancer who have undergone radical prostatectomy.

Original article Shariat SF *et al.* (2007) Preoperative plasma HER2 and epidermal growth factor receptor for staging and prognostication in patients with clinically localized prostate cancer. *Clin Cancer Res* **13**: 5377–5384

Radiofrequency ablation increases survival in colorectal cancer with liver metastases

About a quarter of patients with colorectal cancer develop liver metastases within 5 years of diagnosis. Of these, only 8–27% are suitable for surgical resection. Without treatment, most patients have a dismal prognosis, with median survival ranging from 6 to 12 months; survival can be extended to 20 months with optimum chemotherapy regimens, and to 21 months with multimodality therapy. Siperstein *et al.* prospectively evaluated the long-term therapeutic impact of laparoscopic radiofrequency ablation (RFA) in 234 patients with metastatic colorectal adenocarcinoma who underwent RFA during the period 1997–2006. The median time from diagnosis of metastatic disease to RFA was 8 months, during which period disease management with chemotherapy was attempted in most patients.

Patients had an average of 2.8 lesions with an average diameter of 3.9 cm. Survival at 3 and 5 years was 20.2% and 18.4%, respectively. Having fewer than three lesions that were 3 cm or less in size and a low chorioembryonic antigen level (< 200 ng/ml) before treatment were factors strongly predictive of survival. The presence

of extrahepatic disease before RFA had no effect on survival. The type of preoperative or postoperative chemotherapy did not influence median survival, although a significant survival advantage was noted in patients who received postoperative chemotherapy ($P = 0.02$).

The authors conclude that RFA confers a clear survival benefit to patients with colorectal cancer whose liver metastases are judged to be inoperable, do not respond to systemic chemotherapy, or both. As the use of RFA increases and the technology improves, they predict that more patients will benefit from this approach.

Original article Siperstein AE *et al.* (2007) Survival after radiofrequency ablation of colorectal liver metastases: 10-year experience. *Ann Surg* **246**: 559–567

Prostatectomy confers the best chance of long-term prostate-cancer-specific survival

The best method for managing localized prostate cancer is currently unclear, as randomized trials are yet to determine which strategy produces the best long-term outcome. In the absence of convincing data from randomized trials, Merglen *et al.* have demonstrated that surgery confers the best chance of long-term prostate-cancer-specific survival in a population-based cohort study that was carefully controlled for confounding factors.

All 844 patients diagnosed with localized prostate cancer between 1 January 1989 and 31 December 1998 in Geneva, Switzerland, were enrolled in this study; 47 patients were later lost to follow-up. In total, 158 patients underwent prostatectomy, 205 underwent radiotherapy, 378 were managed using a strategy of watchful waiting, 72 received hormone therapy, and 31 were managed using other treatment regimens. The mean duration of follow-up was 6.7 years. Cox proportional hazards analysis adjusted for age, sector of care, period of diagnosis, method of detection, lymph-node status, clinical tumor stage, tumor differentiation, and prostate-specific-antigen value revealed that management strategy influenced 5-year prostate-cancer-specific mortality only slightly. By contrast, long-term prostate-cancer-specific mortality was strongly influenced by treatment option. In comparison with patients who underwent