

EDITORIAL

Report from Durham

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As we go to press, we are still in a global economic downturn and in the midst of a major health-care reform debate in the United States, and prostate cancer is once again in the news! In March, the initial results of the Prostate, Lung, Colorectal and Ovarian (PLCO) and European Randomized Study of Screening for Prostate Cancer (ERSPC) randomized prostate cancer screening trials were published in the *New England Journal of Medicine*. The press seemed to pick up on the fact that the PLCO was a ‘negative trial’ with no survival benefit observed at median 7-year follow-up. They also focused on the ‘overdetection’ of prostate cancer in the ERSPC trial while downplaying the 20% survival benefit in the screened arm. Unfortunately, the press undercovered the fact that 52% of the PLCO ‘control’ arm also had at least one PSA screening and that the follow-up is still too short to allow a definitive conclusion on this trial. To add insult to injury, a recent high-profile article in the *New York Times* used prostate cancer as an example for the need for better detection and treatment guidelines and implied that ‘pseudo diseases’, such as early-stage prostate cancer, are driving up health-care costs unnecessarily and that health-care reform may include future rationing of care. Clearly there is more work to be done and that is why we plan to continue publishing ground-breaking work on this topic.

We begin this issue with four top-tier review articles. Gupta *et al.* provide a very comprehensive review of vitamin D and prostate cancer risk. This summary is very timely in light of the recent selenium and vitamin E clinical trial (SELECT) trial showing no value for vitamin E and selenium in the prevention of prostate cancer. Ideally, the National Cancer Institute would move from SELECT to a large population-based study of vitamin D in prostate cancer prevention. However, with the global economic situation, there does not seem to be a large phase III follow-up to the Prostate Cancer Preventive Trial and SELECT on the short-term horizon. The next review is a hot clinical topic in localized prostate cancer—the robotically assisted laparoscopic prostatectomy (RALP) and its role in pelvic lymphadenectomy. Although the RALP has gained popularity, the ‘luster’ of the ‘machine itself’ seems to have worn off as more hospitals gain the technology. And now, we are getting back to a more rational look at the surgeons’ outcomes, volumes and the overall prostate cancer expertise. Furthermore, at many high-volume centers, the open surgeons have developed additional minimally invasive techniques and skills to compete more effectively with the RALP. Longer-term follow-up with large and robust series will be needed to determine the trifecta difference between these two approaches.

The third review covers the side effects of hormonal therapy and suggests that exercise may modulate the development of metabolic side effects. Certainly, in practice we now take a more risk-stratified approach to the use of hormonal therapy and are more sensitive to treatment side effects. Combining better exercise education with other maneuvers, such as intermittent hormonal therapy or peripheral androgen blockade, may enable us to balance risk and benefit better than the ‘shotgun’ approach of the past. Finally, we present a review on castrate-resistant prostate cancer in light of the emerging pipeline of novel agents in development.

In this issue we feature 11 varied contributions spanning early prostate cancer, BPH and prostatitis. The first study discusses isoflavone supplementation in healthy Japanese men showing effects on sex steroid production and suggesting a future role in chemoprevention. Like the paper, noted above, on vitamin D, this study is important as we move beyond SELECT. Switching topics, Litwin *et al.* examined health-related quality of life in 425 low-income, uninsured men. Bañez *et al.* present data from the Duke Prostate Center database to further implicate obesity in more aggressive prostate cancer. In the United States, the obesity epidemic is still raging and sometimes has an impact on treatment recommendation when patients become too large for preferred therapy. In another paper originating from Duke University, Freedland *et al.* use the SEARCH database to examine estimated blood loss (EBL) in more than 1150 open radical prostatectomy patients. Body mass index and prostate size were related to EBL. Although this paper did not directly address the issue of ‘acceptable’ EBL for radical prostatectomy, one thorny issue is when excessive blood loss becomes a reportable complication. Arbitrarily, one might consider that a surgeon, who routinely exceeds the 75th percentile and has more than the rare case with more than the 95th percentile bleeding, may be considered for retraining and review.

Moving from surgery to radiotherapy, Berg *et al.* examine the effect of hormones and external radiotherapy on long-term quality of life finding impact in the sexual and physical function domains. As more and more men receive 6 months to 3 years of hormones in association with external radiotherapy, long-term studies such as this are critically important, especially for young men at the start of treatment.

In the area of benign prostate disease, this issue features two original articles. Leonardi presents a novel preliminary report of a 980-nm side-firing laser showing good safety and short-term efficacy. Takenaka *et al.* report a multicenter trial of the Holmium laser enucleation of the prostate (HoLEP) laser enucleative prostatectomy showing that moderate size glands between 20 and 40 cc are best suited for this technology.

We also feature two original contributions related to prostatitis research. Clemons *et al.* examined the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) tool and found that it was generally not superior to a standard scoring algorithm. McNaughton-Collins *et al.* report on a very insightful survey of primary care physicians showing that their knowledge of prostatitis is extremely lacking. As with other areas of urology, this drives the point that most of our medical students are getting much too little exposure to urological and prostatic disease training. Although my own medical school is outstanding in many regards, we do not have a required urology rotation, which I find disturbing, but so far I have had limited success in facilitating change.

We close this issue with two basic/translational contributions. Martin *et al.* studied the genetic

polymorphism, PTGS2-899G>C, in a very large case/control population. Combined with a meta-analysis, they found no evidence that this polymorphism is linked to prostate cancer risk. Thompson *et al.* report on a novel concept that may have future treatment potential in localized residual disease after surgery. Their report on Floseal gene therapy construct looks promising in bench studies. It would be extremely good if this would develop into a local adjuvant after radical prostatectomy and we anxiously await clinical trials.

Thanks again for your continued support.

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