



Editorial

The issue of cancer is at last moving up the political agenda in Europe and the USA as the realisation dawns that one in three of us are destined to develop some form of the disease during our lifetime. Recently, for example, the British Prime Minister Tony Blair hosted a meeting of cancer experts in number 10 Downing Street where the toll taken by prostate cancer was highlighted.

Those who propose more governmental support for prostate cancer initiatives have to answer two criticisms: (1) prostate cancer results in a lower number of life expected life years lost (average 9 y) than say breast tumours (average 19 y) or lung cancer (average 13 y); and (2) the evidence base for the efficacy of early detection and intervention for prostate cancer is currently lacking.

In response to the first criticism it should be pointed out that although the number of expected life years lost from prostate cancer is less than that for other tumours, because the disease is so common, the cumulative total of life years lost is very substantial. Moreover those last 9 y sacrificed to the disease are often those precious retirement years that men affected have been looking forward to all their working lives. With regard to the second criticism, more work is certainly required in the form of randomised controlled trials to collect the evidence needed regarding the efficacy of the various competing modalities for the diagnosis and treatment of prostate cancer. In this issue of *Prostate Cancer and Prostatic Diseases* Newling reviews the interpretations and misinterpretations of recent clinical trials and points the way forward in this respect.

Evidence alone however will not be enough for the many sufferers of the disease and what are needed are genuine breakthroughs in therapy, especially for patients with hormone-escaped prostate cancer. In the review by Costa-Pereira *et al* the current status of our knowledge concerning the molecular mechanisms underlying prostate cancer are set out and the suggestion is made that apoptosis pathways may provide the way forward for new avenues of therapy.

The links between improvements in understanding of molecular mechanisms and the enhancement of therapy are underlined in the review article on alpha blockade by Lowe. Alpha blockers are now accepted as first line therapy for most men with benign prostatic hyperplasia (BPH), but which compound should be used? The issues are reviewed in commendably lucid form in Lowe's paper. Other evolving therapies for BPH include interstitial laser coagulation (ILC), Martenson *et al* report their encouraging results using this new technology.

Prostate specific antigen (PSA) is the most important tumour marker in all oncology, but criticism persists over its supposed 'inaccuracy'. In terms of test-retest reliability PSA testing performs well. However, not surprisingly, the test cannot reliably distinguish those with prostate cancer from others suffering from BPH or other benign prostatic pathologies. This is where measurement of the free to total PSA ratio may be helpful. Bjartell *et al* report an investigation of the localisation of the complexation of PSA to antichymotrypsin (ACT) that throws new light on this phenomenon. Estimation of the percentage complexed PSA can enable the clinician identify with greater precision those patients in whom ultrasound guided biopsies are indicated.

The further utility of this serum marker is emphasised by the paper by Ziade *et al* who used PSA as a surrogate to assess the outcome of therapy for localised prostate cancer. In their series external beam radiotherapy seemed to perform as well as radical prostatectomy, however caution is needed in the interpretation of such cohort based studies because of the biases introduced by varying patient selection characteristics.

Another controversial area is the optimal treatment of the many sufferers of prostatitis. In this issue of *Prostate Cancer and Prostatic Diseases* an outcome analysis by Shoskes *et al* confirms that a combination of antibiotics and prostatic massage can result in improvement in the majority of cases.

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