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Editorial

In many ways men's attitudes to prostatic diseases typify their approach to the broader issue of men's health. In the West men live on average to the age of 73.5 years; by contrast, women live to a mean age of 79.3 years. This difference has been termed the 'gender gap'. For years it has been assumed that the earlier death of men is the result of some inherent susceptibility to fatal diseases. Recently, however, it has been suggested that in fact the gender gap stems from a general reluctance of men to take responsibility for their own health. For example, men visit their doctor about half as often as women and are much slower to respond to specific symptoms which may be a harbinger of malignancy. A change of attitude is required among men. Instead of the 'if it isn't broken don't fix it' approach, they need to be educated that 'if you look after it, it doesn't break'.

In this issue of *Prostate Cancer and Prostatic Diseases* the question of a public education programme, targeted towards the highest risk group, namely African-American men, is addressed. The molecular basis of prostate cancer, specifically the allelic losses that characterise the disease, is also covered, together with a view of the role of prostate specific membrane antigen (FOLMI) as a putative prostate cancer gene.

The staging of prostate cancer remains an area of controversy. In this issue, Dearnaley *et al* address the question of lymph node staging in clinically localised disease. Seminal vesicle disease also pertains to staging and is the subject of a paper by Panneck *et al*. From the patient's viewpoint the most important issue in prostate cancer is which therapy offers him the best chance of survival. Goktas *et al* argue the case for combined androgen blockade, at least for those with low metastatic volume and good performance status.

Quality of life is another important area for prostate research. The antiandrogen bicalutamide has recently been approved as monotherapy in patients with advanced prostate cancer in the UK. Because serum testosterone levels rise with antiandrogen therapy, with consequent aromatisation to oestrogen, gynaecomastia is often seen in patients managed in this way, but sexual interest is maintained. Tyrrell elegantly discusses the scientific background and implications of this phenomenon. Finally Ljunberg and Tomic evaluate the long term effects of oestrogen therapy.

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