Prostate Cancer and Prostatic Diseases (2000) 3, 61
 1365–7852/00 $15.00
www.nature.com/pcan

Editorial

What are the challenges that face us in prostate cancer diagnosis and management in the twenty first century? Controversies surrounding screening, difficulties in offering an accurate prognosis to individual patients, selection of optimum treatment for clinically localised tumours and management of androgen insensitive disease are currently the major issues. This second issue of volume 3 of *Prostate Cancer and Prostatic Diseases* contains articles germane to all these important areas. In our *Hot News* section the results of the Tyrol observational study of PSA based screening are reviewed. Although this is not a randomised, controlled trial, it does suggest that PSA screening and early intervention by radical prostatectomy is capable of reducing the mortality from prostate cancer.

Before screening is introduced widely it will be important to be able to offer patients diagnosed with clinically localised disease a more accurate estimation of their prognosis in order to avoid over-treatment of potentially non-life threatening lesions. In a succint review, Lipovic *et al* critically evaluate the biomolecular markers that are currently available and look forward to the future. Maintaining the molecular theme, Kim and Jensen, using microdissection techniques and comparative genomic hybridization, report a regional gain on chromosome 8, near 8q21, which they ascribe to the presence of a putative oncogene at this location.

Accurate staging of localised prostate cancer remains an Achilles heel for clinicians and unfortunately both magnetic resonance imaging (MRI) and computerised tomography (CT) scanning lack sensitivity and specificity for the identification of extraprostatic extension of cancer. In a paper by Wymenga *et al* the value of ultrasound-guided seminal vesicle biopsies is highlighted. These should certainly be considered in those patients considered at risk (ie those with a high Gleason score or a PSA value >10 ng/ml).

But how should our patients be managed? Watchful waiting is certainly a valid option, especially in older patients, and one sometimes preferred by the patients themselves. In an intriguing study from the USA, Merill reports that more Black patients (46%) opt to forgo aggressive therapy than White individuals (40%). The reasons for this are probably complex and certainly deserve, as the authors suggest, further study.

And so to the thorny problem of androgen insensitive disease — what causes it and what can we do about it? Two papers in this issue examine the first question and appear to implicate the MRP1 gene, but exonerate the previously incriminated apolipoprotein E genotype. With regard to therapy, Dorai *et al* report that cucumin, the powered rhizome of *Curcuma longa*, a substance traditionally used as a flavouring and colouring additive in Indian and south-east Asian cuisine, appears capable of inducing apoptosis in both androgen dependent and androgen independent prostate cancer cell lines. The authors propose that this entity may constitute a novel and non-toxic means of treating patients with advanced prostate cancer, a possibility that will doubtless excite the many sufferers of this disease who are desperate for something that will reduce their inexorably rising PSA.

In the last section of the journal we are pleased to publish the abstracts of the British Prostate Group Spring meeting. These cover contemporary topics in prostate disease from chemoprevention to the prostate in cyberspace. Finally, we thank all our readers and contributors and as always we encourage you all to send to us your reviews and papers for peer review and publication.

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