Editorial

Of all the controversies that prostate diseases generate, the one that provokes the most animated debate is the case for and against screening for prostate cancer. While it is true to say that there is no conclusive proof that screening for this disease in fact reduces cancer specific mortality, evidence is slowly accumulating which suggests that it may be beneficial. Several papers in this 3rd issue of volume 4 of *Prostate Cancer and Prostatic Diseases* address this problem. In our 'What's hot in the prostate' section Arie Belldgrun reviews the latest information on the subject from this year's American Urological Association Congress. In an innovative study Benoit *et al* report a quantitative analysis of the costs and benefits of prostate cancer screening and conclude that it may be a cost-effective intervention.

If screening is to be performed, what tools do we have at our disposal? Prostate specific antigen (PSA) is clearly our most practical and effective first line approach, but can the use of transrectal ultrasound prostate volume measurements to calculate the PSA density enhance its sensitivity and specificity? Lujan *et al* in a study from Spain conclude that it cannot, at least in their series.

When prostate cancer is detected early the clinician and patient are faced with a difficult decision over which treatment option to select. A clearer view of the future behaviour of a given cancer would be helpful and the paper from Tozawa *et al* suggests that the tumour metastasis suppressor gene KAI1 may be effective in this

respect. That considerable variations occur in the treatment actually selected is clear from the population-based study on prostate cancer management from France. This paper highlights the very great need for better evidence of outcomes of both surgery and radiotherapy from randomised controlled trials; only these will allow us to advise our patients better.

In addition to potentially curative therapies many patients with prostate cancer are treated for prolonged periods with androgen ablation. Peters *et al* report that bone turnover is greater in patients treated with LHRH analogues and highlight the potential risk of osteoporotic fractures. Potentially prophylactic measures against such an occurrence might be helpful.

This issue also contains three original papers offering us new insights into benign prostatic hyperplasia (BPH). Sriprasad *et al* examine the value of free/total PSA in men with acute urinary retention. Eri and Tveter report the differential effects of an LHRH and antiandrogen on PSA in men with BPH. Bowden and Foley provide us with the useful insight that in men who have undergone previous TURP haematuria is most commonly due to bleeding from the prostate.

Finally we are pleased to publish the abstracts from the spring meeting of the British Prostate Group.

R Kirby, J Moul & M Brawer