

Editorial

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Patients sometimes complain that the medical issues that affect them most are not always those addressed by researchers. Prostatitis, of all prostatic diseases, is probably the most neglected by far in terms of research focus. The condition has a high prevalence and affects mainly men of working age. The urinary symptoms and associated pelvic and perineal discomfort often result in a significant deterioration in quality of life. Patients and their clinicians alike find the lack of basic understanding of the disease processes and the limited and often short-lived response to therapy frustrating and deeply unsatisfactory.

In order to address these issues the US National Institute of Diabetes and Digestive and Kidney Diseases recently held a consensus conference to review all aspects of prostatitis. The findings and conclusions of this significant meeting form the basis of the review article by Gurunadha *et al.* In their paper they summarize contemporary knowledge on the subject, including the rather controversial use of heat-based therapies and prostatic massage as treatment modalities.

If we were able to understand the pathophysiology of prostatitis more clearly, we would be in a better position to improve the efficacy of therapy for its many sufferers. A number of investigators have postulated that intraprostatic reflux of urine might be the key trigger and perpetuating factor in the abacterial variant of the disease. In this issue of *Prostate Cancer and Prostatic Diseases* Vega suggests that a distal (submeatal) urethral web might provide the explanation for the intraprostatic reflux and provides evidence that in a small group of patients surgical resection of the abnormality results in a significant reduction in symptom severity. Unfortunately a placebo effect cannot be ruled out, but the idea is intriguing and warrants further investigation.

Benign prostatic hyperplasia (BPH) provides another example of a highly prevalent, but relatively understudied disease entity. Although significant advances have been made in pharmacotherapy over the past decade, traditional transurethral resection of the prostate (TURP) still constitutes the mainstay of surgical treatment. A report by Plante *et al.* describes the use of needle ablation, which appears safe but suffers the drawback of a high re-treatment rate. More than one third of patients (8 out of 23) treated were regarded as non-responders. They also

report a small series of men treated with intraprostatic ethanol injection which appeared safe and resulted in a 30% prostate volume reduction, but a disappointing improvement in maximum urinary flow rate. The results of an on-going multi-centre study of this treatment will be of interest.

The remaining papers that make up this issue focus on prostate cancer, the disease that dominates prostate research. Those affected by this condition often ask what could have caused it in them. Kote-Jarai *et al.* tested the hypothesis that glutathione peroxidase I (GPX I) repeat polymorphism might correlate with young onset prostate cancer risk and found no association. In contrast, Dennis *et al.* found a small positive association between previous vasectomy and prostate cancer. Since vasectomy still constitutes an important method of birth control internationally, this finding clearly warrants further investigation.

Another issue of importance to patients is the discomfort experienced during transrectal prostate biopsy. In an elegant study involving 100 subjects Stirling *et al.* confirm that periprostatic instillation of 1% lidocaine can significantly reduce the discomfort associated with this procedure and this manoeuvre should now constitute standard of care.

The issue in prostate cancer that affects patients most is which treatment is likely to be ultimately the most successful. Coblenz *et al.* report favourable early results of multimodality radiotherapy and androgen ablation in high-risk individuals. Heidenreich *et al.* add to the increasing burden of evidence that bisphosphonates can be effective in the management of painful osseous metastases from prostate cancer. In the final paper in this issue Rothermund *et al.* examine the expression of *Bcl-2*, the important apoptosis regulator gene in LNCaP cells and found the level of bcl-2 protein to be reduced in androgen unresponsive cells. They suggest that this might account for the resistance of androgen independent prostate cancer to conventional chemotherapy. They report an apoptotic response to paclitaxel which confirms other recent evidence that this and other similar agents may have a useful role in the treatment of this most difficult of conditions. More studies are needed to confirm this.

R Kirby, J Moul and M Brawer