

Editorial

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Since this issue completes the fifth volume of *Prostate Cancer and Prostatic Diseases*, it seems timely and appropriate to examine the core philosophy of the journal. Over the last 5 years we have tried to publish the very best relevant basic science articles, trying to make them readily accessible to the clinicians who constitute our main readership. It has aptly been stated 'we are drowning in a sea of information, but are thirsting for knowledge'—our paper selection has focused on enhancing significant *knowledge* about prostate disease. We have also selected important clinical papers on the prevention, diagnosis and treatment, always remaining aware that many aspects of these common problems are still highly controversial. Launching a new journal is never easy, however we believe that we have achieved some success. We would like to take this opportunity to thank all our contributors, readers and especially the production team who have worked so hard to get each issue of the journal out on time.

For this issue we have specifically selected papers with an emphasis on the clinical management of prostate disease. The first of two review articles examines the thorny problem of positive surgical margins after radical prostatectomy. The paper by Oades *et al* reviews the use of bisphosphonates in advanced disease, a treatment modality that appears to combine a direct antitumoral effect with inhibition of osteoclast mediated bone resorption.

But how accurate are the imaging modalities that clinicians use to make their treatment decisions? Eri *et al* investigate the accuracy of six alternative methods of prostate volume determination and conclude that two planimetry methodology provides the most reproducible and reliable results. Tumours of the transition zone of the prostate are notoriously difficult to detect on transrectal ultrasound. This disease entity was first described by Thomas Stamey a decade ago when he pointed out that these cancers were still potentially curable, despite their considerable tumour volume and high PSA levels. Huland's team from Hamburg confirm this observation and remind us all to be aware of this small but significant sub-group of candidates for radical prostatectomy.

The technique of open radical prostatectomy, with preservation of adjacent neurovascular bundles, was

described by Patrick Walsh in the late 1980s. With the advent of laparoscopic radical prostatectomy (with or without robotic assistance) this approach is being challenged. Salomon *et al* publish data comparing the outcomes and complications of the two techniques and find little difference between the two. One reported advantage of the laparoscopic procedure is the reduced period of catheter drainage. Albani *et al* in their small series challenge this assertion and report that a period of catheter drainage as brief as three days is also feasible after the open operation.

Another competitor to open radical prostatectomy is conformal external beam radiotherapy. It is now accepted that improved cure rates are achieved with dose escalation. Unfortunately higher doses also bring with them increased complication rates. Abdalla *et al* highlight the importance of dose, fraction size and duration of treatment in predicting the risk of significant toxicity. Of course, few if any effective treatments have no side effects and Preston *et al* from Walter Reed report that long term androgen deprivation is associated with an increased rate of bone loss. As more and more men are now receiving this treatment, clearly the risks of osteoporosis and its potential complication such as fracture should be discussed with patients.

The final papers in this issue are nonclinical, but potentially offer the means by which future clinical breakthroughs may be achieved. Bastide *et al* report the use of the Nod (Non obese diabetic) mouse as a new model to study metastatic prostate cancer. Ebara *et al*, from the excellent laboratory of Tim Thompson in Houston, evaluate the toxicological profile of four different adenoviral vectors regulated by different promoters and conclude that promoter selection can significantly influence the toxic effects of the adenovirus gene therapy vector. No one knows what the future holds, but the prospects for a longer and better quality life for the very many sufferers of prostate disease seem rosier now than they did five years ago when this journal was first launched.

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Editors