EDITORIAL

Report from Durham

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Welcome to the issue of *Prostate Cancer and Prostatic Diseases*, which is 'choked full' of great reviews and original contributions! First, we are delighted to announce that our impact factor has risen to 2.024. Special thanks to our Executive Editor at Nature Publishing Group, Ms Joyce-Rachel John, who has now been working with Roger Kirby and our staff for five years. She has been a great help in keeping us on solid footing and helping to take us to a higher level of excellence. We hope to continue to bring you, our readership, the results of cutting-edge work in the field and to do it with the highest level of editorial expertise, ethics and balance.

To lead off this issue, we feature three outstanding and timely reviews. Evans and colleagues provide an in-depth review of biomarkers beyond PSA for screening and risk assessment. Karan *et al.* expertly review genes, environmental immunity and immunotherapy. The concepts outlined in both of these papers were brought closer to home for me at this year's American Urological Association meeting in Orlando, FL. On the exhibit floor, deCODE genetics was unveiling their new genetic test for prostate cancer risk assessment and was offering the test free for meeting attendees. I decided to take the cheek-swab DNA test myself and received the results on June 19th in the mail. As a healthy 51-year-old man with a low PSA (0.6 ng ml^{-1}) and no family history, I was a bit surprised to learn that based on a genetic polymorphism 8 gene assay, I had a 11.36% lifetime risk of prostate cancer. After ripping open the envelope and viewing this percentage without thought, I was kind of freaked out to see this 'high' percent lifetime risk. However, on further review of the report, this lifetime risk is about 5 points less than the supposed 16% lifetime risk for a 51-year-old white guy like me. However, if I was a bit unnerved by this statistic as a urologist, and arguably 'prostate cancer expert', how will many of our patients react when these genetic tests become more commonly used? Will this increase or decrease the prostate biopsy rate, and will primary care physicians use these tests in the future? Will this increase the use of current chemoprevention with finasteride, dutasteride, nutraceuticals or other complimentary and alternative medicines (CAM's)? While my 11.36% lifetime risk is certainly lower than what was seen in the Prostate Cancer Prevention Trial placebo arm after seven years, it still shows what a 'Pandora's box' we have with screening, early detection and differentiating what is 'important' from 'autopsy' prostate cancer. We are certainly embarking on an exciting time in this field!

This issue is also ripe with other original contributions related to biomarkers and genetics. Nam and colleagues present a very large study of genetic polymorphisms associated with prostate cancer finding regions on chromosome 1q25 and 7p21 to link to sporadic and inherited disease. While controversy still exists regarding which group of polymorphisms confers the most robust risk assessment, it is further evidence, that this is a hot area that has already led to a commercially available test. Other biomarker studies of note in this issue include a study of serum isoflavones (Fujimoto *et al.*), hepatocyte growth factor and serum IL-6 (Nishimura *et al.*) and HbA1c, C-peptide, leptin and adiponectin (Fowke *et al.*). Other genetics investigations include genetic profiles comparing pT2 and pT3 (Ichikawa *et al.*), population-based circadian gene profiling (Chu *et al.*), NAT2 and NER genetic variations (Kittles *et al.*) and deletions of chromosome arms 6q16–22 and 10q22.3–23.1 (Lu *et al.*).

Regarding clinical investigations, a number of very interesting papers appear in this issue. Leading is a very nice up-to-date review on prostate brachytherapy by Voulgaris and colleagues. With regard to brachytherapy in the United States, while the long-term data on efficacy is getting more mature and scientifically accepted, the actual rate of treatment seems to be flat or declining. Although not completely clear, it may be due to the rapidly growing popularity of robotic prostatectomy in this country and the perception that this localized disease treatment is almost as 'minimally invasive' as brachytherapy while still removing the organ and lessening long-term secondary cancer risk. Other timely contributions include 16-gauge needles in prostate biopsy (Oztekin *et al.*), recruitment strategies in prostate cancer studies (Mandal *et al.*), impact of insurance status and treatment (Sadetsky *et al.*), clinician decision making in prostate cancer (Wilson *et al.*) and bladder neck invasion after radical prostatectomy (Larre *et al.*). Two clinical papers deserve special mention. Namiki and colleagues compare sexual function after radical prostatectomy finding ethnic differences in pattern of recovery. The ethnic status of patients in measuring outcomes after prostate cancer treatment deserves further study. Colli and colleagues show that prostate cancer mortality rates vary inversely with the density of urologists in surveying the United States. Although provocative, this data would seem to support screening and early active treatment.

We conclude this issue with an original investigation by Diss *et al.* that examines sodium channels in prostate cancer cells.

Thank you for your continued support to the journal.

JW Moul
Co-Editor