

EDITORIAL

Report from London

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As I write this editorial to piece together the final issue of volume 12 of *Prostate Cancer and Prostatic Diseases*, I cannot help but feel a certain nostalgia for the journey the journal has taken, from an idea beside the fireside to a fully fledged peer-reviewed publication that now attracts increasingly prestigious articles from many of the world's top research institutes.

Getting to where we are now has not always been easy. There are many pitfalls in the highly competitive arena of medical and scientific publishing that I, and my co-editor, Judd Moul, have had to skirt past. Simply getting sufficient high-quality papers for the journal in its early years was a major challenge, helped tremendously by the early inclusion of the journal on MedLine and PubMed, a feature that prospective authors really appreciate. Our early online publication policy also made publication of reviews and original articles attractive.

The field itself has certainly changed over the past 12 years. Within the last several months, two large randomized studies on prostate cancer screening from Europe and the United States have been published in the *New England Journal of Medicine*. Resulting from the trials' publication, there was a spate of negative publicity about PSA testing, prostate biopsy and the risks of over-diagnosis and overtreatment of localized prostate cancer. The publication in September, therefore, of four articles on the genetic basis of prostate cancer in *Nature Genetics* is especially timely. The findings bring the number of genetic variants firmly linked to prostate cancer to more than 20, and potentially increase the accuracy with which it is possible to predict disease risk. The results of these ground-breaking studies from four separate teams, including those of Rosalind Eeles from the Institute of Cancer Research in London and Meredith Yeager of the US National Institutes of Health, make a national screening program based on genetic tests a possibility. Theoretically, patients found to be at low risk would not be screened, whereas those at high risk could be closely monitored by both PSA and PCA3 testing and by the judicious use of prostate biopsy.

In this issue, we start with some outstanding review articles. These are themed around treatment options for patients suffering from either benign or malignant prostatic disease. First, the value of phosphodiesterase type 5 inhibitors is evaluated for the management of lower urinary tract symptoms. Thereafter, the benefit or not of the frequently used supplement lycopene, derived from the skin of tomatoes, is the subject of detailed analysis. For men with *de novo* or recurrent localized cancer, cryoablation is now a valid option and some very helpful technical recommendations are offered. The mainstay of treatment of metastatic disease is androgen deprivation therapy. However, as Freedland *et al.* point out in their review, although being extremely effective in terms of inducing remission, this treatment is certainly not free of side effects and these deserve more attention than they have previously been given.

A number of similarly hot topics are presented among the original papers. An international survey suggests that public awareness of prostate cancer seems to be on the rise, although it still lags a long way behind breast cancer. And what are the costs associated with the treatment of men having this highly prevalent disease? Roehrborn and colleagues analyze this pressing issue.

From the viewpoint of clinicians and patients alike, the risks of disease recurrence after treatment and the chances of significant side effects are major considerations. Krahn *et al.* evaluate the quality of life and side effects of radiation therapy and surgery on men with localized disease. The final two papers return to the management of BPH with a combination of the α -blocker tamsulosin and the 5 α -reductase inhibitor dutasteride and analyze the effect of estrogen receptor modulators on normal prostate cells. In the future, it seems possible that estrogen receptor blockers could exert a significant effect in the prevention and treatment of benign prostate disease.

It only remains for me to thank our outstanding editorial team, valued contributors and all our readers for their much appreciated support, and to wish each and every one of you a happy and productive New Year.

R Kirby
Co-Editor