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EDITOR'S COMMENT

The May - June 2000 issue of the Brazilian Journal of Urology presents outstanding contributions from USA, Europe, Asia and Brazil.

Dr. Paul F. Schellhammer, Chairman of Urology at Eastern Virginia Medical School, Norfolk, and Dr. Kenneth Pienta, Professor of Clinical Oncology at University of Michigan, Ann Arbor, USA, authored an important and up-to-date article on therapy for advanced and hormone refractory cancer of the prostate (page 256). In this article, the authors present their own experience and also an extensive review of current modalities of therapy. The chemotherapy protocols and other strategies for hormone refractory prostatic cancer are discussed and the guidelines of the National Comprehensive Cancer Network for standard chemotherapy options are presented. A discussion on the state of the art in palliative radiotherapy as an alternative or adjunct to chemotherapy is also provided. New areas of research in advanced prostatic cancer, including vaccines, antibodies, gene therapy, anti-angiogenesis therapy, antisense therapy and blocking signal transduction are also updated.

Drs. Beduschi and Montie from University of Michigan, Ann Arbor, USA, presented the current indications and new possibilities for organ preservation in invasive carcinoma of the bladder (page 234). The currently available bladder preservation strategies are capable of eradicating invasive bladder tumors in some patients, nevertheless, tumor recurrence occurs in approximately 40% to 60% of patients participating in bladder-sparing regimens. While radical cistectomy with neobladders remains the preferred therapy for invasive bladder cancer, research into bladder preservation schemes, possibly using biomarkers to predict the outcome, should improve the results.

Drs. Stapp, Deitch and deVere-White from University of California Davis, Sacramento, USA, presented and discussed in deep the current schemes of intravesical therapy and follow-up of superficial transitional cell carcinoma of the bladder (page 242). The authors divided the intravesical therapy into chemotherapy and immunotherapy. Based on their own experience and on the urological literature, the authors propose the following practice: 1)- for patients at low risk of progression, only resection of the tumor; 2)- for patients at low risk of progression but with high grade tumors that are either at stage Ta or T1, they treat with an immediate single post-transurethral resection dose of 30 mg of thiotepa; 3)- for recurrent, low risk tumors, they treat with a course of thiotepa; 4)- for patients at a high risk for progression (e.g., those with high grade tumors and stage T1), they administer a 6-week course of BCG; 5)- for patients at high risk for progression, where the next tumor recurrence would require a cystectomy, they treat with a 6-week course of BCG followed by maintenance.

Drs. Figueiredo et al. from Coimbra University, Portugal, studied the relationship between the genes GSTM1 and CYP2D6 polymorphisms and exposure to risk factors, with the occurrence of bladder cancer (page 250). The authors found that GSTM1 null genotype seems to be associated with bladder tumor occurrence, particularly superficial tumors (Ta/T1). This association is stronger in individuals with exposure to tobacco smoke. CYP2D6 gene does not seem to play any significant role in bladder tumor development.

EDITOR'S COMMENT *- continued*

Drs. Ozyurt et al. from Ege University, Izmir, Turkey, studied the voiding dysfunction in patients with multiple sclerosis (page 315). They found that urinary symptoms frequently occurred into four years after diagnosis, and urgency was the most common manifestation. Cystometric alterations were present in 84% of the patients, and the most frequent abnormality was hyperactivity. The authors also found a positive relationship between bladder functional score and disease duration.

Drs. Arap and Mitre from State University of São Paulo, Brazil (page 304) contributed with a comprehensive discussion on penoscrotal hypospadia repair and presented their extensive experience with some surgical techniques.

Drs. Hering et al. from Federal University of São Paulo, Brazil, compared the effects of continuous and intermittent hormonal treatment in patients with advanced (stage D2) adenocarcinoma of the prostate (page 276). In the period studied, intermittent treatment was as effective as continuous treatment, but afforded a better quality of life. Also, 96% of the patients were potent during the intervals between the cycles.

Drs. Thorell et al., from Federal School of Medicine, Porto Alegre, Brazil, analyzed the frequency of positive reactions for p53 protein in localized prostate cancer and how they relate to clinical and histopathologic staging parameters. Their findings show that p53 protein was not an independent marker of prostatic cancer in the group studied (page 270).

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Editor-in-Chief