
The prospects for improved therapy for prostate cancer have never been so encouraging. The poor prognosis for men with prostate cancer will probably be substantially improved by the findings that emerge from ongoing clinical research.


Sipuleucel-T prolonged overall survival among men with metastatic castration-resistant prostate cancer. No effect on time to disease progression was observed.


One course of adjuvant bleomycin, etoposide, and cisplatin (BEP) for vascular tumor invasion (VASC)-positive clinical stage I (CS1) reduces the total burden of chemotherapy compared with surveillance or two courses of BEP. The Swedish and Norwegian Testicular Cancer Project (SWENOTECA) currently recommends one course of BEP as standard treatment of VASC+ CS1 nonseminomatous germ-cell testicular cancer (NSGCT), whereas both surveillance and one course of BEP are options for VASC- CS1 NSGCT.


Preoperative treatment with sunitinib is safe. Sunitinib decreased the size of primary renal cell carcinoma in 17 of 20 patients. Future trials can be considered to evaluate neoadjuvant sunitinib to maximize nephron-sparing and decrease the recurrence of high-risk, localized renal cell carcinoma.


The authors identified seven preoperative variables that permitted them to identify patients unlikely to benefit from cytoreductive nephrectomy.


Recent genetics and genomics studies have helped to clarify the genetic basis of prostate cancer. Genomewide studies have detected numerous variants associated with disease as well as common gene fusions and expression “signatures” in prostate tumors. Thus, some advocate gene-based individualized screening for prostate cancer, although such testing might be worthwhile only to distinguish disease aggressiveness.


This study has been extended to evaluate promising associations in a second stage in which this group genotyped 43,671 single nucleotide polymorphisms in 3,650 prostate cancer cases and 3,940 controls and in a third stage involving an additional 16,229 cases and 14,821 controls from 21 studies. In addition to replicating previous associations, the authors identified seven new prostate cancer susceptibility loci on chromosomes 2, 4, 8, 11, and 22 (with \(P = 1.6 \times 10^{-8}\) to \(P = 2.7 \times 10^{-33}\)).


The neoadjuvant regimen of paclitaxel, ifosfamide, and cisplatin induced clinically meaningful responses in patients with bulky regional lymph node metastases from penile cancer.


Neoadjuvant chemotherapy and radical cystectomy with negative surgical margins for bladder cancer followed by pathologic P0 and lymph node disease were found to correlate with improved overall survival. A combination of baseline clinical stage and post-radical cystectomy pathologic stage may better predict overall survival.


After 7 to 10 years of follow-up, the rate of death from prostate cancer was low and did not differ significantly between the two study groups.