This issue of Cancer Control highlights several exciting new developments in genitourinary cancers. There are controversies in screening and early detection, treatment options are being expanded, patient outcomes are becoming better defined, and research of these diseases is ongoing. Prostate cancer, currently the most common cancer and the second most common cause of cancer mortality in men, poses innumerable challenges in diagnosis and treatment. The controversy surrounding screening for prostate cancer will continue until sound evidence shows that early detection will result in a decrease in mortality from the disease. There is concern that potentially harmful and unnecessary interventions will expose those patients with indolent cancers to the risks and complications of treatment with impairment of their quality and quantity of life. We need to be able to better identify and define those patients with very indolent disease from those who will benefit from interventions.

The optimal management choice for localized prostate cancer is controversial, even though the presence of cancer beyond the confines of the prostate is considered to be an incurable situation. Hormone therapy may affect this situation. Drs Ravat Panvichian and Kenneth Pienta review the principles and effects of hormonal manipulation and discuss the recent advances of combining it with chemotherapy for prostate cancer.

Outcomes of patients with invasive and metastatic bladder cancer were expected to improve with the advent of effective platinum-based combination chemotherapy in the 1980s. However, data accumulated over 15 years on the M-VAC regimen (methotrexate, vinblastine, doxorubicin, and cisplatin) have shown that this combination does not improve long term survival. Drs Milind Javle and Derek Raghavan put into perspective the issues regarding systemic chemotherapy for metastatic bladder cancer and the use of these agents in both neoadjuvant and adjuvant settings. They conclude with a plea for designing and conducting well structured, randomized clinical trials incorporating the best systemic chemotherapy into multimodality treatment programs.

Our group reports on the surgical management of the urinary tract after radical cystectomy for bladder cancer. Continuing advances in surgical technique have decreased morbidity and mortality and have improved the quality of life for patients with this disease who need cystectomy.

Testicular cancer is medical oncology's success story. With the availability of highly effective chemotherapeutic agents, current research efforts are aimed at refining the chemotherapy treatment schemes and redefining the role of surgery in this disease. Dr Randall G. Rowland describes the evolution of retroperitoneal lymph node dissection in staging and salvage therapy, as well as the improvements in surgical techniques that have caused significant decrease in the morbidity and mortality previously associated with the procedure.

Clinical practice guidelines have been developed at our center to address the challenges in the diagnosis, staging, and treatment of prostate cancer. Clinical practice guidelines are not viewed as "cookbook" medicine -- rather, they reflect the effort to define the current state of knowledge for a particular clinical problem. These guidelines combine the best available evidence in the literature with multidisciplinary group consensus opinion to improve the quality and consistency of care, to decrease costs, and to identify and prioritize questions for future basic and clinical research.

Extensive research is currently focusing on biologic response modifiers for carcinoma of the kidney. Drs Gabriel P. Haas and Gilda G. Hillman present the state of the art in immunotherapy for the management of this difficult disease. With a better understanding of immunotherapy and other investigational interventions, it may be possible in the future to combine this approach with chemotherapy, radiation therapy, surgery, and gene therapy to improve the outcomes from treatment of kidney cancer.

Rounding out the scientific articles in the "Pathology Update" feature, Dr Jose Diaz describes the pathobiology of preinvasive urothelial neoplasia -- a rather poorly understood entity.

An update on urologic oncology is incomplete without recognizing the importance of support groups. Patients are empowering themselves in national, regional, and local groups to increase their knowledge about their disease and the available treatment options. These groups not only provide strong support among themselves, but also are forging a leadership role in developing important new funding sources for research and care. In our particular region, Bob Samuels, a man with prostate cancer, provides a "face" to this disease and has been instrumental in developing a highly active and effective organization with these ends in mind. We congratulate him and many others who are taking on these new challenges and responsibilities.

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