

### Undergrading and Understaging in Prostate Cancer

The May - June 2010 issue of the International Braz J Urol presents original contributions and editorials from many different countries, such as USA, Germany, France, Greece, Canada, Brazil, Spain, Italy, Korea, Iran, Belgium, England, etc., and as usual, the editor's comment highlights some papers.

Doctor Oliveira and co-workers, from University of Sao Paulo, Brazil, evaluated on page 292 the undergrading and understaging rates in patients with clinically localized insignificant prostate cancer who underwent radical prostatectomy. Ninety-three patients fulfilled their criteria of non-significance: Gleason score < 7, stage T1c, PSA < 10 ng/mL and percentage of affected fragments less than 25%. The pathologic stage and Gleason score were compared to preoperative data to evaluate the rate of understaging and undergrading. The biochemical recurrence free survival of these operated insignificant cancers were also evaluated. They found on surgical specimen analysis that 74.7% of patients had Gleason score of 6 or less and 25.3% had Gleason 7 or greater. Furthermore, 8.3% of cases showed extracapsular extension. After 36 months of follow-up 3.4% had biochemical recurrence, defined by a PSA above 0.4 ng/mL. As conclusion, the authors have found considerable rates of undergrading and understaging in patients with prostate cancer whose current definitions classified them as candidates for active surveillance. Three of the most active urological pathologists in the world provided important editorial comment on this paper.

Doctors Yang and Flaig, from University of Colorado Denver School of Medicine, Colorado, USA, presented on page 273 a nice review on novel targeted agents for the treatment of bladder cancer and discussed the translating laboratory advances into clinical application. The high frequency of recurrence of noninvasive bladder cancer and poor survival rate of invasive bladder cancer emphasizes the need for novel therapeutic approaches. The mechanisms of tumor development and promotion in bladder cancer are strongly associated with several growth factor pathways including the fibroblast, epidermal, and the vascular endothelial growth factor pathways. In this review, efforts to translate the growing body of basic science research of novel treatments into clinical applications were explored.

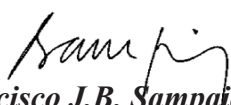
Doctor Kariotis and co-workers, from "Asklepieion" General Hospital, Athens, Greece, determined on page 308 whether the peri-procedural administration of low-dose aspirin increases the risk of bleeding complications for patients undergoing extended prostate biopsies. They studied 530 men undergoing extended needle biopsies divided into two groups: those receiving aspirin and

## **EDITOR'S COMMENT** - *continued*

those not receiving aspirin. The authors found no significant differences between the two groups regarding the mean number of biopsy cores. No major biopsy-related complications were noted. Statistical analysis did not demonstrate significant differences in the rate of hematuria, rectal bleeding or hemospermia. The mean duration of hematuria and rectal bleeding was significantly greater in the aspirin group compared to the control group. A multivariate logistic regression analysis revealed that only younger patients (mean age  $60.1 \pm 5.8$  years) with a lower body mass index ( $< 25$  kg/m<sup>2</sup>) receiving aspirin were at a higher risk for developing hematuria and rectal bleeding after the procedure. It was concluded that the continuing use of low-dose aspirin in patients undergoing extended prostatic biopsy is a relatively safe option since it does not increase the morbidity of the procedure.

Doctor Hosseini and collaborators from Shaheed Beheshti Medical Sciences University, Tehran, Iran, reported on page 317 their experience with Monti's channel urinary diversion on the management of patients with long urethral defect with history of one or more failed urethroplasties. After Monti's procedure, all eight patients studied performed catheterization through the conduit without difficulty and stomal stenosis. There was no dehiscence, necrosis or perforation of the tube. The authors concluded that Monti's procedure seems to be a valuable technique in patients with very long complicated urethral defect who cannot be managed with routine urethroplasty techniques. Dr. Monti, from Federal University of Minas Triangle, Brazil, Dr. Lumen, from Ghent University Hospital, Belgium, Dr. Lazzeri, from Santa Chiara Hospital and Dr. Barbagli from Arezzo, Italy, provided important editorial comments on this article.

Finally, it is my great pleasure to register that our peer-review Video Section, under the leadership of Dr. Philippe Spiess from Moffit Cancer Center, FL, USA, is a great success and is receiving more and more submissions. After submission, the videos are reviewed by members of the specific board or ad-hoc reviewers and if accepted they are placed in the Video Library at the Journal's site. Also, an Abstract of the video with an Editorial Comment provided by one of members of the board is published in the corresponding issue of the Journal.

  
**Francisco J.B. Sampaio, M.D.**  
Editor-in-Chief