

International Braz J Urol

EDITOR'S COMMENT

The May - June 2005 issue of the International Braz J Urol presents important contributions from different countries, and as usual the Editor's Comment highlights some important papers.

Doctors Santucci & Barber, from Wayne State University School of Medicine; Detroit, Michigan, USA, presented a thorough review on resorbable acellular extracellular matrices (ECMs) for the practicing urologist on page 192. The authors performed a Medline search of related terms such as "SIS, small intestinal submucosa, ECM, extracellular matrix, acellular matrix and urologic reconstruction". A full review of potential clinical uses of resorbable extracellular matrices in urologic reconstruction was presented. They concluded that currently, the "state of the art" in tissue engineering solutions for urologic reconstruction means resorbable acellular xenograft matrices. The distant future of ECMs in urology will most likely include cell-seeded grafts with the eventual hope of producing "off the shelf" replacement materials. Until that day, ECMs only fulfill some of the requirements for reconstructive urologist.

Doctor Cheng and co-workers, from the Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong, China, presented a 17-year follow-up of a randomized prospective controlled trial of adjuvant intravesical doxorubicin in the treatment of superficial bladder cancer on page 204. Patients with superficial bladder cancers (Ta or T1) with one or more of these criteria (stage > a, grade > 1, size > 1 cm, multiple or recurrent tumors) were randomized to receive either 50 mg doxorubicin or no adjuvant therapy. Of the 82 patients included, 46 were randomized to the doxorubicin group and 36 to the control group. The 10-year Kaplan-Meier estimates for recurrence free, progression free and disease specific survival were 67%, 84% and 92%, respectively for the doxorubicin group, and were 50%, 89% and 97%, respectively for the control group. The authors concluded that adjuvant intravesical doxorubicin did not improve recurrence, progression and survival of superficial bladder cancer, compared to control on long-term follow-up. Doctor Mark S. Soloway, from the University of Miami School of Medicine, Miami, Florida, USA, provided an excellent editorial comment on this paper.

Doctor Dall'Oglio and colleagues, from the Federal University of São Paulo, Brazil, analyzed the survival of patients with prostate cancer and normal PSA levels treated by radical prostatectomy on page 222. The authors selected 440 individuals whose pathological diagnosis revealed a Gleason score of 2-6 in prostate biopsy and who subsequently underwent retropubic radical prostatectomy due to localized prostate cancer. Following radical prostatectomy, the pathological stage was confirmed as pT2a: 137 (31.1%); T2b: 118 (26.8%); T2c: 85 (19.3%); T3a: 67 (15.2%); T3b: 6 (1.4%); T3c: 22 (5%). The biochemical recurrence-free survival, according to PSA values between

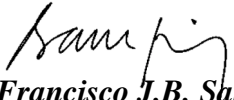
EDITOR'S COMMENT - *continued*

0-4; 4.1-10; 10.1-20 and > 20 ng/mL, was 86.6%, 62.7%, 39.8% and 24.8% respectively. The authors concluded that better chances for curing low-grade prostate cancer occur in individuals with normal PSA for whom a biopsy is not usually recommended.

Doctor Tobias-Machado and colleagues, from the ABC Medical School, São Paulo, Brazil, reported a preliminary experience with extraperitoneal endoscopic radical prostatectomy through duplication of the open technique on page 228. After analyzing 28 patients diagnosed with localized prostate cancer which undergone extraperitoneal laparoscopic radical prostatectomy in a 36-month period, the authors concluded that although laparoscopic radical prostatectomy is a laborious and difficult procedure, with a long learning curve, the extraperitoneal access is feasible, and it is possible to practically duplicate the principles of open surgery.

Doctor Hassun and collaborators, from the Federal University of Sao Paulo, Brazil, analyzed the possible correlations between coding single region nucleotide polymorphisms (cSNPs) in the HSP90 gene in patients with varicocele associated with infertility on page 236. Also, the polymorphisms in these exons were characterized through DNA sequencing. After studying 18 infertile patients with varicocele, 11 patients with idiopathic infertility and 12 fertile men, the authors concluded that mutations in the HSP90 gene do not appear to be a common cause of male factor infertility. The low incidence of gene variation, or SNPs, in infertile men demonstrates that this gene is highly conserved and thus confirms its key role in spermatogenesis and response to heat stress. Doctor Harris M. Nagler, from Albert Einstein College of Medicine, New York, New York, USA, a world-recognized expert in the field, provided a comprehensive editorial comment on this manuscript.

It is my pleasure to verify that the International Braz J Urol is continuing growing in acceptance and circulation. The number of articles submitted is increasing each month, from important clinical and research departments all over the world. Typically, each article is reviewed by three experts, at least by two. The rejection index is around 35% and the quality of the papers published is clearly high. Now, in addition to the 6,000 copies of the printed version, the electronic version has been receiving more than 28,000 visits on-line every month, from more than 115 different countries, and these figures include the International Braz J Urol among the most read urological journals. Of course, the success of the Journal is thanks to the effort and support of our Editorial Board, Reviewers and Collaborators. The Editor personally conveys his gratitude to the experts, from many countries, who dedicated a considerable fraction of their time to our Journal, continuously contributing to the "peer-review" process and to the Urological Survey Section. I would like to express my sincere recognition for it.


Dr. Francisco J.B. Sampaio
Editor-in-Chief