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**Management of the Spectrum of Hormone Refractory Prostate Cancer** 428

*N.W. Clarke*

[Editorial Comments by G. Thalmann and by P. Karakiewicz]

HRPC presents a spectrum of problems and needs a team approach. Docetaxel should be reserved for rapidly advancing disease with active or impending symptoms. It is not suitable for all patients. Bone directed therapies reduce skeletal related events but may be targeted better. Local radiotherapy provides effective palliation. Outflow symptoms, anaemia and obstructive uropathy are common. The patient should be fully involved in decisions to treat in end stage disease.

**The Placebo Effect in the Pharmacologic Treatment of Patients with Lower Urinary Tract Symptoms** 440

*J.H. Schagen van Leeuwen, R. Castro, M. Busse, B.L.H. Bemelmans*

[Editorial Comment by J. Irani]

The placebo effect in lower urinary tract symptoms is high, but probably has a behavioural component as patients become aware of their voiding habits. It also appears to be influenced by treatment naivety and choice of outcome measures.

**Serotonin and Premature Ejaculation: From Physiology to Patient Management** 454

*F. Giuliano, P. Clément*

Evidence has emerged indicating that PE can be treated effectively by SSRIs even on demand. Their mechanism of action deserves more research. Additional end points for clinical research are needed to evidence that prolongation in intravaginal ejaculatory latency time translates into a clinically significant benefit.

## Surgery in Motion

**Bulbar Urethroplasty with Dorsal Onlay Buccal Mucosal Graft and Fibrin Glue**

467

*G. Barbagli, S. De Stefani, M.C. Sighinolfi, F. Annino, S. Micali, G. Bianchi*

Buccal mucosa grafts are widely used for treating bulbar urethral strictures. Dorsal onlay graft bulbar urethroplasty using buccal mucosa and fibrin glue is quick and safe, reproducible by any surgeon and based on sound anatomic principles and adequate surgical instruments.

## Prostate Cancer

**Management and Survival of Screen-Detected Prostate Cancer Patients who Might Have Been Suitable for Active Surveillance**

475

*S. Roemeling, M.J. Roobol, R. Postma, C. Gosselaar, T.H. van der Kwast, C.H. Bangma, F.H. Schröder*

With the increasing incidence of prostate cancer, active surveillance is likely to become a more important treatment option. This study compares the favourable natural course of selected prostate cancers with the pathologic criteria of men operated on; both groups fulfilled the same eligibility criteria.

**Duration of Testosterone Suppression after a 9.45 mg Implant of the GnRH-Analogue Buserelin in Patients with Localised Carcinoma of the Prostate. A 12-Month Follow-up Study**

483

*B. Pettersson, E. Varenhorst, A. Petas, J. Sandow*

A single injection of 3-month buserelin implant 9.45 mg suppresses serum testosterone below the castration limit for at least 6 months. Testosterone secretion recovers by 8–12 months. Hypogonadal symptoms decrease with the restoration of serum testosterone secretion. These data are clinically relevant regarding the dose schedule for buserelin and the patient information provided.

**Evaluation of Color Doppler in Guiding Prostate Biopsy after HIFU Ablation**

490

*O. Rouvière, F. Mège-Lechevallier, J.-Y. Chapelon, A. Gelet, R. Bouvier, F. Boutitie, D. Lyonnet*

Because of the low sensitivity of color Doppler (CD), normal CD findings should not preclude random control biopsy. However, in patients with no history of hormone therapy, biopsy taken in CD-positive sites were 4.4 times more likely to contain cancer.

**High Incidence of Prostate Cancer Detected by Saturation Biopsy after Previous Negative Biopsy Series**

498

*J. Walz, M. Graefen, F.K.-H. Chun, A. Erbersdobler, A. Haese, T. Steuber, T. Schlomm, H. Huland, P.I. Karakiewicz*

Saturation biopsy is a useful diagnostic procedure in men with a persisting suspicion of prostate cancer, as nearly 1 in 2 will have prostate cancer. Our nomogram can assist with the selection of individuals at highest risk.

## Bladder Cancer

**Molecular and Immunohistochemical Analysis of the Prognostic Value of Cell-Cycle Regulators in Urothelial Neoplasms of the Bladder**

506

*A.O. Yurakh, D. Ramos, S. Calabuig-Fariñas, J.A. López-Guerrero, J. Rubio, E. Solsona, A.M. Romanenko, A.F. Vozianov, A. Pellin, A. Llombart-Bosch**[Editorial Comment by A. Lopez-Beltran]*

Only the homozygous deletion of genes located in 9p21 locus is an independent prognostic factor for the recurrence of bladder urothelial neoplasms. The tumour stage combined with cyclin D1 or Ki67 expression is thus the main predictor for progression and overall survival.

**Should Bladder Biopsies be Performed Routinely after Bacillus Calmette-Guérin Treatment for High-Risk Superficial Transitional Cell Cancer of the Bladder?**

EU\*ACME

516

*L. Guy, L. Savareux, V. Molinié, H. Botto, J.-P. Boiteux, T. Leuret**[Editorial Comment by A. van der Meijden]*

After BCG therapy, the association of negative flexible cystoscopy findings and normal urine cytology made it possible to avoid routine biopsies. Patients therefore could avoid the morbidity of a biopsy.

## Kidney Cancer

**Tumor Size Improves the Accuracy of TNM Predictions in Patients with Renal Cancer**

521

*P.I. Karakiewicz, D.J. Lewinshtein, F.K.-H. Chun, A. Briganti, F. Guille, P. Perrotte, B. Lobel, V. Ficarra, W. Artibani, L. Cindolo, J. Tostain, C.-C. Abbou, D. Chopin, A. De La Taille, J.-J. Patard**[Editorial Comment by M. Kattan]*

Tumor size represents an independent predictor of stage and cancer-specific survival in renal cancer. It also adds to the ability to predict stage and prognosis. Thus, it may warrant consideration in future TNM revisions.

	<b>Association of Mast Cells with Microvessel Density in Renal Cell Carcinomas</b>	530
	<i>B. Tuna, K. Yorukoglu, M. Unlu, M.U. Mungan, Z. Kirkali</i>	
	Mast cell infiltration may contribute to tumor angiogenesis and acceleration of tumor growth, whereas stereologic assessment of angiogenesis does not help to predict biologic behavior in renal cell carcinoma. Further research is required to confirm these observations.	
Laparoscopy	<b>Ureteral Complications in the Renal Transplant Recipient after Laparoscopic Living Donor Nephrectomy</b>	535
	<i>T.F. Fuller, S. Deger, A. Büchler, J. Roigas, B. Schönberger, D. Schnorr, M. Tüllmann, S.A. Loening, M. Giessing</i> (Editorial Comment by A. Bachmann)	
	Laparoscopic living donor nephrectomy provides excellent graft outcomes and does not increase the risk of ureteral complications in the recipient.	
	<b>Early Experience of a Living Donor Kidney Transplant Program</b>	542
	<i>A. Alcaraz, A. Rosales, L. Guirado, J.M. Díaz, M. Musquera, H. Villavicencio</i> (Editorial Comments by G. Nicita and by A. Bachmann)	
	An adequate surgical management of donor nephrectomy prevents life-threatening complications and allows a rapid recovery of post-transplant renal function.	
Benign Prostatic Hyperplasia	<b>Intake of Selected Micronutrients and the Risk of Surgically Treated Benign Prostatic Hyperplasia: A Case-Control Study from Italy</b>	 549
	<i>A. Tavani, E. Longoni, C. Bosetti, L. Dal Maso, J. Polesel, M. Montella, V. Ramazzotti, E. Negri, S. Franceschi, C. La Vecchia</i>	
	Our data demonstrate that high surgical volume for radical prostatectomy is related to lower charges. Redistribution of radical prostatectomies from low- to high-volume users could result in significant savings of health dollars.	
	<b>Characteristics of Patients Presenting with LUTS/BPH in Six European Countries</b>	555
	<i>A. Hutchison, R. Farmer, C. Chapple, R. Berges, L. Pientka, P. Teillac, A. Borkowski, P. Dobronski</i> (Editorial Comment by E. Akkus)	
	There are national differences in the management of LUTS/BPH patients that are not explained by differences in patient characteristics. Factors including national health care traditions, funding policies and infrastructure undoubtedly influence patient management.	
Benign Prostatic Obstruction	<b>Holmium Laser Enucleation of the Prostate Versus Open Prostatectomy for Prostates &gt;70 g: 24-Month Follow-up</b>	563
	<i>R. Naspro, N. Suardi, A. Salonia, V. Scattoni, G. Guazzoni, R. Colombo, A. Cestari, A. Briganti, B. Mazzoccoli, P. Rigatti, F. Montorsi</i>	
	Holmium laser enucleation of the prostate (HoLEP) offers functional results comparable to open prostatectomy (OP) 2 yr postoperatively. HoLEP has reduced perioperative morbidity and shorter catheterisation and hospital stay and is an endourologic alternative to OP for large prostates.	
	<b>A Randomised Trial Comparing Holmium Laser Enucleation Versus Transurethral Resection in the Treatment of Prostates Larger Than 40 Grams: Results at 2 Years</b>	 569
	<i>L.C. Wilson, P.J. Gilling, A. Williams, K.M. Kennett, C.M. Frampton, A.M. Westenberg, M.R. Fraundorfer</i>	
	This paper provides medium-term results of a randomised trial that compares HoLEP to TURP. HoLEP appears to be durable compared to TURP and provides significantly better patient outcomes.	
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	<i>S.L. Knight, J. Susser, T. Greenwell, A.R. Mundy, M.D. Craggs</i>	
	The clinical results of a new artificial urinary sphincter with conditional occlusion have shown significantly reduced post-prostatectomy stress incontinence leakage. Regulated pressure in the device can be altered in situ without the need for revision surgery.	
Voiding Dysfunction	<b>The Association Between Vascular Risk Factors and Lower Urinary Tract Symptoms in Both Sexes</b>	581
	<i>A. Ponholzer, C. Temml, C. Wehrberger, M. Marszalek, S. Madersbacher</i>	
	The combination of the four major vascular risk factors (diabetes mellitus, hypertension, hyperlipidemia, and nicotine abuse) plays an age-independent significant role in the genesis of lower urinary tract symptoms in both sexes.	

Reconstructive Urology		<p><b>Magnetic Resonance Urethrography in Comparison to Retrograde Urethrography in Diagnosis of Male Urethral Strictures: Is It Clinically Relevant?</b> 587</p> <p><i>Y. Osman, M.A. El-Ghar, O. Mansour, H. Refaie, T. El-Diasty</i> [Editorial Comment by L. Cormio]</p> <p>Magnetic resonance urethrography is a promising tool for defining male urethral strictures. The technique accurately measures stricture length, judges spongiofibrosis, and diagnoses associated pathologies. Moreover, it can provide additional guidance for treatment planning that cannot be obtained with retrograde urethrography.</p>
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