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**Minimising Postoperative Incontinence Following Radical Prostatectomy: Considerations and Evidence** 903

*A.J. Cambio, C.P. Evans*

[Editorial Comment by J. Chun]

Despite improvements in radical prostatectomy, incontinence persists as an adverse outcome. We evaluated the evidence for predictors of incontinence and results suggest that urologists may not find evidence-based rationalisation. Consideration of trial design can improve the resulting level of evidence.

**Prostate Cancer Nomograms: An Update** 914

*F.K.-H. Chun, P.I. Karakiewicz, A. Briganti, A. Gallina, M.W. Kattan, F. Montorsi, H. Huland, M. Graefen*

[Editorial Comment by M. Fröhner]

In this update, we provide an overview, theoretical and critical considerations, and limitations of current nomograms for prostate cancer.

**Current Status of HIFU and Cryotherapy in Prostate Cancer – A Review** 927

*G. Aus*

[Editorial Comment by C.G. Chaussy]

Both HIFU and cryotherapy are used in the treatment of prostate cancer, but there is a profound lack of long-term follow-up data for the currently used treatment modalities. Their use should be limited to patients unfit for conventional therapies.

**Testosterone and Prostate Cancer: An Historical Perspective on a Modern Myth** 935

*A. Morgentaler*

It has long been believed that higher testosterone levels cause greater prostate cancer growth. However, review of the original literature and current data reveal that this once-plausible hypothesis has become a modern myth that interferes with critical assessment of the topic.

**Combining Testosterone and PDE5 Inhibitors in Erectile Dysfunction: Basic Rationale and Clinical Evidences***E.A. Greco, G. Spera, A. Aversa*

Recent data indicate that a threshold level of testosterone is necessary for normal erectile function. However, testosterone efficacy as monotherapy for ED is limited and should be reserved for patients with levels <12 nmol/L (346 ng/dl), whereas combination therapy with PDE5-I may be valuable in certain subpopulations of patients.

## ESUT Special Papers

**Haemostasis in Laparoscopy**

948

*C.H. Klingler, M. Remzi, M. Marberger, G. Janetschek*

[Editorial Comment by H.R.H. Patel]

A wide armamentarium for achieving haemostasis during laparoscopy is available, and laparoscopic surgeons must have detailed knowledge of the use of tissue sealants to obtain sufficient haemostasis. Still there is a need for further development of tools to make laparoscopic interventions feasible and safer.

**Prevention and Management of Complications in Urological Laparoscopic Port Site Placement**

958

*R.J. Pemberton, D.A. Tolley, R.F. van Velthoven*

A wide range of potential complications can occur with placement of laparoscopic ports, with significant impact on perioperative morbidity and convalescence. Urologists should be trained not only in laparoscopic procedures but, importantly, in the prevention and management of such complications.

**Complications of Transurethral Resection of the Prostate (TURP)—Incidence, Management, and Prevention**

969

*J. Rassweiler, D. Teber, R. Kuntz, R. Hofmann*

[Editorial Comment by P. Puppo]

The morbidity of contemporary TURP is lower than previously reported. This is based on a continuously improving armamentarium and technique, but is also related to a significant improvement in teaching modalities, including video technology such as Video TUR and hands-on courses with phantoms.

**Extracorporeal Shock Wave Lithotripsy 25 Years Later: Complications and Their Prevention**

981

*A. Skolarikos, G. Alivizatos, J. de la Rosette*

[Editorial Comment by E.N. Liatsikos]

Complications related to stone fragments, infections, and effects on adjacent tissues are not uncommon after extracorporeal shock wave lithotripsy. There are several predisposing factors and preventive measures, which the urologist should know about before he applies shock wave treatment to his patients.

**Handling and Prevention of Complications in Stone Basketing**

991

*J.J.M.C.H. de la Rosette, T. Skrekas, J.W. Segura*

[Editorial Comment by R. Autorino]

Infrequent, surgical misadventures during stone basketing can occur and must be treated appropriately. Careful attention to instrument selection and surgical techniques and awareness of risk factors and the type and site of potential injury are essential to reduce these complications.

## Surgery in Motion

**Management of Urethrovaginal Fistulas**

1000

*D.Y. Pushkar, V.V. Dyakov, J.W. Kosko, G.R. Kasyan*

Urethrovaginal fistulas are one of the rare problems in female urology. This article gives a detailed description of urethrovaginal fistula surgical treatment. An attached DVD demonstrates urethrovaginal fistula primary repair, recurrent fistula repair and continence surgery for the same patient.

## Prostate Cancer

**Complications and Other Surgical Outcomes Associated with Extended Pelvic Lymphadenectomy in Men with Localized Prostate Cancer**

1006

*A. Briganti, F.K.-H. Chun, A. Salonia, N. Suardi, A. Gallina, L.F. Da Pozzo, M. Roscigno, G. Zanni, L. Valiquette, P. Rigatti, F. Montorsi, P.I. Karakiewicz*

Even with experienced urologic surgeons, extended pelvic lymph node dissections (ePLNDs) are associated with higher complication rates and longer hospital stay. The rate of complications increases in a virtually direct proportion to the number of removed nodes. These detriments need to be taken into account when the staging benefit associated with ePLND is considered.

	<p><b>A (-5, -7) ProPSA Based Artificial Neural Network to Detect Prostate Cancer</b> 1014</p> <p>C. Stephan, H.-A. Meyer, M. Kwiatkowski, F. Recker, H. Cammann, S.A. Loening, K. Jung, M. Lein</p> <p>(-5, -7) ProPSA as a single parameter does not improve specificity over %fPSA. A proPSA- and %fPSA-based ANN in the PSA range 4–10 µg/l performs equally well as the classic ProstateClass-ANN, which includes prostate volume and DRE.</p>
	<p><b>Activation of the Thromboxane A<sub>2</sub> Pathway in Human Prostate Cancer Correlates with Tumor Gleason Score and Pathologic Stage</b>  1021</p> <p>T. Dassel, X. de Leval, L. de Leval, B. Pirotte, V. Castronovo, D. Waltregny</p> <p>[Editorial Comment by A. van Leenders]</p> <p>Proteins specifically involved in TXA<sub>2</sub> biosynthesis and activity are up-regulated in HGPN and PCa; this up-regulation is associated with tumor extraprostatic extension and loss of differentiation. These findings indicate that the TXA<sub>2</sub> pathway may contribute to the promotion/progression of PCa and may be a potential target for PCa prevention/therapy.</p>
Testis Cancer	<p><b>Phase II Study of Oxaliplatin and Gemcitabine Salvage Chemotherapy in Patients with Cisplatin-Refractory Nonseminomatous Germ Cell Tumor</b> 1032</p> <p>U. De Giorgi, G. Rosti, M. Aieta, F. Testore, L. Burattini, G. Fornarini, E. Naglieri, G. Lo Re, F. Zumaglini, M. Marangolo</p> <p>[Editorial Comment by P. Beuzeboc]</p> <p>The oxaliplatin–gemcitabine combination is a safe and active standard-dose regimen for patients with cisplatin-refractory testicular primary germ cell tumour. Extragonadal cisplatin-refractory disease, in particular mediastinal primary nonseminoma, remains a therapeutic challenge.</p>
Benign Prostatic Obstruction	<p><b>Photoselective Vaporization of the Prostate: Subgroup Analysis of Men with Refractory Urinary Retention</b> 1040</p> <p>R. Ruzsat, S. Wyler, H.-H. Seifert, O. Reich, T. Forster, T. Sulser, A. Bachmann</p> <p>[Editorial Comment by V. Ficarra]</p> <p>Functional results and the rate of complication of patients with urinary retention are comparable to those of patients without urinary retention who are undergoing PVP. The overall secondary endoscopic intervention rate was acceptable, even in patients with refractory urinary retention.</p>
Voiding Dysfunction	<p><b>The Current and Future Burden and Cost of Overactive Bladder in Five European Countries</b> 1050</p> <p>P. Reeves, D. Irwin, C. Kelleher, I. Milsom, Z. Kopp, N. Calvert, A. Lloyd</p> <p>Overactive bladder is a highly prevalent condition in both men and women. The direct cost is substantial and is anticipated to increase in the future. Recommended medical treatments could help to manage those costs and should be evaluated.</p>
	<p><b>Histologic Features in the Urinary Bladder Wall Affected from Neurogenic Overactivity—A Comparison of Inflammation, Oedema and Fibrosis With and Without Injection of Botulinum Toxin Type A</b> 1058</p> <p>E. Compérat, A. Reitz, A. Delcourt, F. Capron, P. Denys, E. Chartier-Kastler</p> <p>Injection of botulinum toxin into the detrusor muscle did not lead to increased fibrotic activity within the bladder wall; on the contrary, patients with previous botulinum toxin injection revealed significantly less fibrosis than patients without toxin injection.</p>
Reconstructive Urology	<p><b>Mucosal Host Responses to Bacteriuria in Colonic and Ileal Neobladders</b> 1065</p> <p>B. Wullt, G. Bergsten, J. Carstensen, E. Gustafsson, N. Gebratsedik, E. Holst, W. Månsson</p> <p>[Editorial Comment by B. Lobel]</p> <p>Bacteriuria is common in patients with neobladders. A local host response is activated by uropathogens, but not by apathogenic bacteria. Further studies are needed to determine whether bacterial eradication is needed in patients without local symptoms and risk factors.</p>
	<p><b>Nephrovesical Subcutaneous Ureteric Bypass: Long-term Results in Patients with Advanced Metastatic Disease—Improvement of Renal Function and Quality of Life</b> 1073</p> <p>J. Schmidbauer, C. Kratzik, H.C. Klingler, M. Remzi, J. Lackner, M. Marberger</p> <p>[Editorial Comment by P. Méria]</p> <p>To preserve renal function this nephrovesical subcutaneous bypass provides an effective palliative therapeutic alternative for patients suffering from end-stage malignancies who otherwise would require permanent percutaneous nephrostomy drainage during their final stages in life.</p>

Sexual Medicine	<p><b>Sulcus Nervi Dorsalis Penis/Clitoridis: Anatomic Structure and Clinical Significance</b> 1079</p> <p><i>J. Šedý, O. Nařka, M. Belišová, J.M. Walro, L. Jarolím</i></p> <p>The detailed course of the dorsal nerve of the penis/clitoris and associated artery structures that have important clinical ramifications are described. In addition, we have identified and analysed a groove on the pubis termed the “sulcus nervi dorsalis penis/clitoridis.”</p> <hr/> <p><b>Extended Duration of Efficacy of Vardenafil When Taken 8 Hours Before Intercourse: A Randomized, Double-Blind, Placebo-Controlled Study</b> 1086</p> <p><i>H. Porst, I.D. Sharlip, D. Hatzichristou, E. Rubio-Aurioles, M. Gittelman, B.-N. Stancil, P.M. Smith, H.J. Wilkins, P. Pommerville, for the Vardenafil Study Group</i></p> <p>[Editorial Comments by J. Chen and by K. Hatzimouratidis]</p> <p>The new data in this study show that vardenafil is effective for at least 8 hours after dosing—approximately the course of a whole night—and thus may provide couples with considerably more flexibility in their sexual activities.</p>
Pediatric Urology	<p><b>Artificial Urinary Sphincter: 11-Year Experience in Adolescents with Congenital Neuropathic Bladder</b> 1096</p> <p><i>P. López Pereira, I. Somoza Ariba, M.J. Martínez Urrutia, R. Lobato Romero, E. Jaureguizar Monroe</i></p> <p>[Editorial Comment by J. Gearhart]</p> <p>The AUS is an excellent option in the surgical management of neuropathic incontinence. Patients need a long-term follow-up because their bladder behaviour may undergo unexpected clinically asymptomatic changes that could negatively impact their UUT and require bladder augmentation.</p>
From Lab to Clinic	<p><b>Mitogen-Activated Protein Kinase Signaling is Activated in Prostate Tumors but not Mediated by B-RAF Mutations</b> 1102</p> <p><i>M. Burger, S. Denzinger, C. Hammerschmied, A. Tannapfel, A. Maderstorfer, W.F. Wieland, A. Hartmann, R. Stoehr</i></p> <p>[Editorial Comment by J. Catto]</p> <p>MAPK signalling is frequently activated in prostate tumors and not due to B-RAF mutations. Microsatellite instability in terms of the NCI consensus panel is a rare event prostate cancer. Modulation of activated MAPK signalling might be a suitable therapeutical approach.</p>
Case Study of the Month	<p><b>Plasmacytoid Urothelial Carcinoma of the Urinary Bladder. Report of Seven New Cases</b> <span style="float: right; border: 1px solid black; padding: 2px;">EU★ACME</span> 1111</p> <p><i>K.T. Mai, P.C. Park, H.M. Yazdi, E. Saltel, S. Erdogan, W.A. Stinson, I. Cagiannos, C. Morash</i></p>
Previous Month's Discussion and Answer	<p><b>A Preliminary Report of Penile Transplantation: Part 2</b> <span style="float: right; border: 1px solid black; padding: 2px;">EU★ACME</span> 1115</p> <p><i>W. Hu, J. Lu, L. Zhang, W. Wu, H. Nie, Y. Zhu, Z. Deng, Y. Zhao, W. Sheng, Q. Chao, X. Qiu, J. Yang, Y. Bai</i></p> <p>[Editorial Comment by Y. Vardi]</p>
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