

# CONTENTS

## 50th Volume Editorials

**Radical Cystectomy – Often Too Late? Yes, But ...** 1129

*U.E. Studer*

**Urinary Diversion Highlights** 1139

*R.E. Hautmann*

## Editorials

**Thoughts on Delaying Cystectomy** 1151

*R.E. Hautmann*

**Unexpected Insights into Pelvic Function Following Phosphodiesterase Manipulation—  
What's Next for Urology?** 1153

*K.T. McVary*

**The Evolution of ED Therapy in the 21st Century** 1157

*G. Brock*

**To Demonstrate the Benefits of Laparoscopic Radical Prostatectomy?** 1160

*B. Guillonneau*

**Rebuttal from Authors re: Bertrand Guillonneau. To Demonstrate the Benefits of  
Laparoscopic Radical Prostatectomy? Eur Urol 2006;50:1160–1** 1161

*M. Lein*

## Reviews

**How Good is MRI at Detecting and Characterising Cancer within the Prostate?** 1163

*A.P.S. Kirkham, M. Emberton, C. Allen*

[Editorial Comment by G. Gualdi, E. Cascinai]

Magnetic resonance imaging of the prostate is improved by the addition of dynamic contrast enhancement and spectroscopy and will become an increasingly important tool for detecting and characterising prostate cancer.

**Delay in the Surgical Treatment of Bladder Cancer and Survival: Systematic Review of the Literature** 1176

*N.M. Fahmy, S. Mahmud, A.G. Aprikian*

Literature review revealed that the majority of studies on bladder cancer confirmed that pretreatment delays are associated with worse outcome. Studies suggested a window of opportunity of less than 12 weeks from diagnosis of invasive disease to radical cystectomy.

**New Frontiers in Intravesical Therapies and Drug Delivery** 1183

*A. Giannantoni, S.M. Di Stasi, M.B. Chancellor, E. Costantini, M. Porena*

[Editorial Comment by K. Everaert]

Intravesical route permits site-specific delivery of drugs with a reduced side-effect profile as compared to oral delivery systems. This review investigates new physical and chemical approaches in intravesical drug delivery that potentially permit successful treatment of several bladder dysfunction.

**Update on Phosphodiesterase (PDE) Isoenzymes as Pharmacologic Targets in Urology: Present and Future** 1194

*S. Ückert, P. Hedlund, K.-E. Andersson, M.C. Truss, U. Jonas, C.G. Stief*

[Editorial Comment by M. Maggi, A. Morelli]

This review attempts to describe the physiology and pharmacology of PDE isoenzymes, especially their use in disorders of the human urogenital tract. cGMP and cAMP pathways, PDE subtypes and their present or future clinical significance in urologic practice are highlighted.



Surgery in Motion



**Gene Therapy for Erectile Dysfunction: Fact or Fiction?** 1208  
*M. Kendirci, P.E. Teloken, H.C. Champion, W.J.G. Hellstrom, T.J. Bivalacqua*  
 New approaches for the treatment of erectile dysfunction (ED) are forthcoming. The use of a gene therapy approach for the treatment of ED represents an attractive therapeutic modality that may represent the future of ED therapies.

Prostate Cancer



**Supra-ampullar Cystectomy and Ileal Neobladder** 1233  
*C. Terrone, F. Porpiglia, C. Cracco, R. Tarabuzzi, M. Cossu, J. Renard, R.M. Scarpa, S. Rocca Rossetti*  
 Supra-ampullar cystectomy preserves prostatic capsule, vas deferens, deferential ampullae, seminal vesicles, and ejaculatory ducts in selected patients with bladder cancer. With the neobladder, it preserves sexual function and maintains urinary continence in most patients, without compromising oncologic outcome.

**Extent of Prostate-Specific Antigen Contamination in the Spanish Section of the European Randomized Study of Screening for Prostate Cancer (ERSPC)** 1234  
*M. Luján, A. Páez, C. Pascual, J. Angulo, E. Miravalles, A. Berenguer*  
 [Editorial Comment by S. Ciatto]  
 PSA contamination (opportunistic PSA testing) is supposed to be a potential threat for prostate cancer screening clinical trials. We attempt to quantify this phenomenon and to analyse its impact in terms of biopsy performance and cancer detection.

**A Pelvic Drain Can Often Be Avoided After Radical Retropubic Prostatectomy—An Update in 552 Cases** 1241  
*M. Araki, M. Manoharan, S. Vyas, A.M. Nieder, M.S. Soloway*  
 [Editorial Comments by M. Graefen, by A. Heidenreich and by Z. Kirkali]  
 If the bladder neck is preserved or meticulously reconstructed, routine drainage is unnecessary. Our 4-year experience (552 cases) indicates that morbidity is not increased by omitting a drain from the pelvic cavity after radical retropubic prostatectomy in properly selected cases.

**Can pT0 Stage of Prostate Cancer be Predicted before Radical Prostatectomy?** 1248  
*A. Descazeaud, M. Zerbib, T. Flam, A. Vieillefond, B. Debré, M. Peyromaure*  
 [Editorial Comment by A.G. Anastasiadis, A. Stenzl]  
 The pT0 tumour rate after RP is 0.5%. The combination of clinical stage, preoperative PSA, number of positive biopsy cores, Gleason score, and prostate weight could help predict pT0 stage after RP. The prognosis of pT0 prostate cancer may be excellent.

Bladder Cancer



**Precystectomy Nomogram for Prediction of Advanced Bladder Cancer Stage** 1254  
*P.I. Karakiewicz, S.F. Shariat, G.S. Palapattu, P. Perrotte, Y. Lotan, C.G. Rogers, G.E. Amiel, A. Vazina, A. Gupta, P.J. Bastian, A.I. Sagalowsky, M. Schoenberg, S.P. Lerner*  
 [Editorial Comments by M. Kattan and by A. Heidenreich]  
 We developed precystectomy nomograms predicting pT3-4 and pN1-3 stages using a cohort of 726 patients. The pT3-4 nomogram was 75.7% accurate (4.3% better than TUR stage) and the pN1-3 nomogram was 63.1% accurate (2.1% better than TUR stage).



Kidney Cancer



**Simple Enucleation for the Treatment of pT1a Renal Cell Carcinoma: Our 20-Year Experience** 1263  
*M. Carini, A. Minervini, L. Masieri, A. Lapini, S. Serni*  
 [Editorial Comments by V. Ficarra and by F. Keeley]  
 Nephron-sparing surgery represents the gold standard for the treatment of pT1a RCC. The simple enucleation technique provides excellent progression-free and cancer-specific survival rates similar to those of enucleoresection and radical nephrectomy, associated with minimal morbidity and maximal renal preservation.



**Hypoxia-Inducible Factor 1 $\alpha$  Expression in Renal Cell Carcinoma Analyzed by Tissue Microarray** 1272  
*A. Lidgren, Y. Hedberg, K. Grankvist, T. Rasmuson, A. Bergh, B. Ljungberg*  
 Angiogenesis is important for tumour progression. We used immunohistochemistry to study HIF-1 $\alpha$  in RCC using tissue microarrays. In conventional RCC, HIF-1 $\alpha$  levels were lower in locally aggressive tumors versus localized tumors. Diverging regulation of angiogenesis between different RCC types was suggested.

Laparoscopy		<p><b>Complications, Urinary Continence, and Oncologic Outcome of 1000 Laparoscopic Transperitoneal Radical Prostatectomies—Experience at the Charité Hospital Berlin, Campus Mitte</b></p> <p><i>M. Lein, I. Stibane, R. Mansour, C. Hege, J. Roigas, A. Wille, K. Jung, G. Kristiansen, D. Schnorr, S.A. Loening, S. Deger</i></p> <p>[Editorial Comments by A. Bachmann and by X. Cathelineau]</p> <p>In the present series of 1000 patients, a disadvantage of LTRPE could be excluded and still provide satisfactory results. We believe that laparoscopic radical prostatectomy as a less traumatic approach can be the technique of choice in the future.</p>	1278
		<p><b>Basic Laparoscopic Surgical Training: Examination of a Low-Cost Alternative</b></p> <p><i>S.K. Chandrasekera, J.F. Donohue, D. Orley, N.J. Barber, N. Shah, P.M. Bishai, G.H. Muir</i></p> <p>[Editorial Comments by M.T. Gettman and by M.P. Laguna Pes]</p> <p>A low-cost pelvic trainer for laparoscopy consisting of a cardboard box and unilaterally blinded goggles was analysed against conventional pelvic trainers and found to be equivalent for the acquisition of basic skills by medical students.</p>	1285
Bladder Outlet Obstruction		<p><b>Alfuzosin (10 mg) Does Not Affect Blood Pressure in Young Healthy Men</b></p> <p><i>N. Mondaini, G. Giubilei, A. Ungar, P. Gontero, T. Cai, A. Gavazzi, R. Bartoletti, P. Geppetti, M. Carini</i></p> <p>[Editorial Comments by H.C. Klingler and by C. Gratzke, O. Reich]</p> <p>Alfuzosin 10 mg is well tolerated by young healthy subjects, because it affects neither BP nor HR, nor produces hypotensive episodes. These results support, from a pharmacodynamic point of view, use of <math>\alpha_1</math>-adrenoceptor antagonists in prostatitis and distal ureteral colic.</p>	1292
Neuro-urology		<p><b>Effect of Intravesical Resiniferatoxin (RTX) on Lower Urinary Tract Symptoms, Urodynamic Parameters, and Quality of Life of Patients with Urodynamic Increased Bladder Sensation</b></p> <p><i>A. Apostolidis, G.E. Gonzales, C.J. Fowler</i></p> <p>In an open-label study of patients with urgency and frequency due to urodynamic increased bladder sensation, a single administration of intravesical resiniferatoxin improved lower urinary tract symptoms, urodynamic parameters, and quality of life for up to 6 months.</p>	1299
Incontinence		<p><b>Population-Based Survey of Urinary Incontinence, Overactive Bladder, and Other Lower Urinary Tract Symptoms in Five Countries: Results of the EPIC Study</b></p> <p><i>D.E. Irwin, I. Milsom, S. Hunskaar, K. Reilly, Z. Kopp, S. Herschorn, K. Coyne, C. Kelleher, C. Hampel, W. Artibani, P. Abrams</i></p> <p>[Editorial Comment by A. Giannantoni]</p> <p>The EPIC study is the largest population-based survey to assess prevalence rates of lower urinary tract symptoms in five countries and the first to evaluate these symptoms using current ICS definitions. The results indicate these symptoms are highly prevalent.</p>	1306
Female Urology – Incontinence		<p><b>Application of Ultrasound Contrast Agents for the Characterization of Female Urethral Vascularization in Healthy Pre- and Postmenopausal Volunteers: Preliminary Report</b></p> <p><i>S. Siracusano, M. Bertolotto, A. Cucchi, N. Lampropoulou, A. Tiberio, C. Gasparini, S. Ciciliato, E. Belgrano</i></p> <p>This study describes a safe and noninvasive method to assess vascularization of female urethra using ultrasound contrast agents. This technique could be used to investigate the mechanism of the vascular component in female continence.</p>	1316
		<p><b>Italian Validation of the Urogenital Distress Inventory and Its Application in LUTS Patients</b></p> <p><i>W. Artibani, F. Pesce, D. Prezioso, R.M. Scarpa, F. Zattoni, A. Tubaro, C.A. Rizzi, A.M. Santini, L. Simoni, the FLOW study group</i></p> <p>This study provides a validated Italian version of the UDI for clinical practice and research. The questionnaire has been tested in a sample of women complaining of LUTS in general, which expands the application of the instrument.</p>	1323
Reconstructive Urology		<p><b>Investigations of Urothelial Cells Seeded on Commercially Available Small Intestine Submucosa</b></p> <p><i>G. Feil, M. Christ-Adler, S. Maurer, S. Corvin, H.-O. Rennekampff, J. Krug, J. Hennenlotter, U. Kuehs, A. Stenzl, K.-D. Sievert</i></p> <p>Since commercial small intestine submucosa (SIS®) contains porcine DNA residues and demonstrates cytotoxic effects on seeded urothelial cells, it is not suitable for in vitro construction of urothelial cell-matrix implants under serum-free conditions.</p>	1330

Infections		<p><b>Seminal Microflora in Asymptomatic Inflammatory (NIH IV Category) Prostatitis</b> 1338</p> <p><i>P. Korrovits, M. Punab, S. Türk, R. Mändar</i></p> <p>[Editorial Comments by L. Cormio and by R. Bartoletti]</p> <p>Unlike the controls, the NIH IV category prostatitis patients harbour abundant polymicrobial microbiocenosis in their semen, containing anaerobic, microaerophilic, and aerobic bacteria. Detection of IL-6 in seminal plasma serves as an additional tool for diagnosing NIH IV category prostatitis.</p>
From Lab to Clinic		<p><b>Partially Degraded RNA from Bladder Washing is a Suitable Sample for Studying Gene Expression Profiles in Bladder Cancer</b> 1347</p> <p><i>L. Mengual, M. Burset, E. Ars, M.J. Ribal, J.J. Lozano, B. Minana, L. Sumoy, A. Alcaraz</i></p> <p>[Editorial Comment by M. Rouprêt]</p> <p>In this study we demonstrate the suitability of partially degraded bladder washing RNA as a proper sample for studying gene expression profiles of bladder tumours.</p>
Case Study of the Month		<p><b>Diagnostic Value of MRI in a Pelvic Mass of Prostatic Origin</b>  1357</p> <p><i>M.P. Lichy, H.-P. Schlemmer, U. Vogel, J. Hennenlotter, C.D. Claussen, A. Stenzl, A.G. Anastasiadis</i></p>
Previous Month's Discussion and Answer		<p><b>Plasmacytoid Urothelial Carcinoma of the Urinary Bladder. Report of Seven New Cases: Part 2</b>  1360</p> <p><i>K.T. Mai, H.M. Yazdi, E. Saltel, S. Erdogan, W.A. Stinson, I. Caggiano, C. Morash</i></p>
Open to Debate		<p><b>The Motion: Surveillance is an Option for Renal Cancer</b> 1363</p> <p>For the motion: <i>M.A.S. Jewett</i></p> <p>Against the motion: <i>M. Stöckle</i></p>
Words of Wisdom		<p><b>Re: Neuroanatomy of the Male Urethra and Perineum</b> 1367</p> <p><i>G. Barbagli</i></p> <p><b>Re: Is There a Role for Periurethral Collagen Injection in the Management of Urodynamically Proven Mixed Urinary Incontinence?</b> 1368</p> <p><i>G. Barbalias</i></p> <p><b>Re: Incidence of Initial Local Therapy Among Men with Lower-Risk Prostate Cancer in the United States</b> 1368</p> <p><i>F.C. Hamdy</i></p> <p><b>Prostatectomy: Undertreatment. Re: Clinical and Pathologic Outcome after Radical Prostatectomy for Prostate Cancer Patients with a Preoperative Gleason Sum 8 to 10</b> 1370</p> <p><i>H. Van der Poel</i></p> <p><b>Re: Intravesical Bacillus Calmette-Guérin versus Mitomycin C for T<sub>a</sub> and T<sub>1</sub> Bladder Cancer</b> 1371</p> <p><i>M. Maffezzini</i></p> <p><b>Re: The Concept of Lymph Node Density in Bladder Cancer: Is it Ready for Clinical Practice? Evaluation of the Relevance of Lymph Node Density in a Contemporary Series of Patients Undergoing Radical Cystectomy</b> 1371</p> <p><i>H.W. Herr</i></p>
		<p><b>The Top Ten</b> 1373</p> <p><b>Early Release</b> 1374</p> <p><b>Congress Calendar</b> 1375</p> <p><b>Acknowledgement to Reviewers</b> 1379</p> <p><b>Corrigendum to "The Prostate Cancer Prevention Trial and Its Implications for Clinical Practice: A European Consensus" [European Urology Supplements 5 (2006) 640-646]</b> 1384</p> <p><i>P. Teillac, P.-A. Abrahamsson</i></p> <p><b>Corrigendum to "New Hope for Patients with Metastatic Hormone-Refractory Prostate Cancer" [European Urology Supplements 5 (2006) 817-823]</b> 1385</p> <p><i>R. de Wit</i></p>