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Re: Reducing Laparoscopic Radical Prostatectomy False-positive Margin Rates Using Cyanoacrylate Tissue Glue
 Kumar M, Mansour P, Vesey SG

Eur Urol 2009;56:651–8

Expert's summary:

The authors tested the use of cyanoacrylate glue to repair prostate surface trauma during laparoscopic radical prostatectomy (RP). The feasibility of the glue application and its eventual impact on histologic processing and analysis were first evaluated by using a porcine renal model. The authors subsequently compared the rate of positive surgical margins (PSMs) in 80 consecutive RP specimens with and without glue repair.

The authors found that glue repair did not affect renal tissue processing or histologic analysis. In the group of 40 RP specimens without glue repair, PSMs were identified in 35% of cases and biochemical relapse occurred in 7.5% of patients after a mean follow-up of 40 mo. In the group with glue repair, PSMs were identified in 10% of cases and biochemical relapse occurred in 2.5% of patients after a mean follow-up of 7 mo.

Expert's comments:

The authors' honesty should be acknowledged in their reporting of the technical difficulties encountered during laparoscopic RP; however, the methodology of their study is surprising. Why did they use kidneys to validate the feasibility of glue repair on prostates? The reproducibility of the technique may be irrelevant. Furthermore, the very substance of their study is misleading. If inadvertent prostate trauma occurs perioperatively, why should we not consider this a reality? Before artificially modifying any RP specimen, clinicians should know what data they expect from pathologists and how to deal with that data. The presence of tumor cells on the inked surface of the prostate may be interpreted differently when balanced with perioperative events, with macroscopic examination of the gland, and with pathologic features, including cancer

distance from the capsule. If gland trauma has occurred, its precise location and distance from cancer may be of major interest. The ostrichlike approach of burying one's head in the sand may interfere with further medical management.

Capsular incision through organ-confined cancer was reported to have worse prognosis than focal extraprostatic disease with negative margins [1]. Repairing these capsular incisions would thus lead to inappropriate follow-up. Macroscopically, it is impossible to distinguish capsular incisions within benign versus malignant tissue. Consequently, any attempt at selective repair would be misleading.

In its early development, laparoscopic RP has shown higher rates of PSMs when compared with open surgery [2]. Capsular incision is associated with neurovascular bundle preservation, particularly in cases of intrafascial dissection [3]. Care should be taken to limit perioperative prostate injuries rather than to repair them postoperatively.

Conflicts of interest: The author has nothing to disclose.

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Re: Anti-androgens and Androgen-depleting Therapies in Prostate Cancer: New Agents for an Established Target
 Chen Y, Clegg NJ, Scher HI

Lancet Oncol 2009;10:981–91

Expert's summary:

Strong preclinical evidence shows that castration-resistant prostate cancer (CRPC) presents androgen receptor

overexpression and overexpresses enzymes involved in androgen biosynthesis [1]. Based on these data, new antiandrogens such as MDV3100 and androgen-depleting agents such as abiraterone acetate have been developed and evaluated in clinical trials. The impressive results obtained in phase 2 trials for these two agents have confirmed the presence of a hormone-dependent CRPC phenotype. Phase 3 trials are ongoing.