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Platinum Opinions

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Urodynamic Testing for Men with Voiding Symptoms Considering Interventional Therapy: The Merits of a Properly Constructed Randomised Trial

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M.J. Drake, A.L. Lewis, J.A. Lane

Insufficient evidence exists regarding the role of invasive urodynamics in routine practice in the clinical assessment of male lower urinary tract symptoms. UPSTREAM, a multicentre randomised trial, will inform patients, clinicians, and policy-makers about whether urodynamics should be more widely used for such patients.

Is Gleason Grade 5 Prostate Cancer Resistant to Conventional Androgen Deprivation Therapy?

761

A.V. D'Amico

Synthesis of data from randomized trials suggests that long-term versus short-term androgen deprivation therapy may be most effective in men with Gleason grade 4 prostate cancer (PCa) and less or ineffective in men with Gleason grade 5 PCa.

Brief Correspondence

Validation of an Age-adjusted Prostate Cancer-Specific Comorbidity Index

764

M. Froehner, R. Koch, M. Hübler, M.P. Wirth

The prostate cancer-specific comorbidity index (PCCI) is well suited to stratify patients with prostate cancer according to their risk of competing mortality. In candidates for radical prostatectomy, however, the 10-yr competing mortality rates are only half as high as in unselected patients with the same PCCI risk level.

Phase 2 Study of Lutetium 177-Labeled Anti-Carbonic Anhydrase IX Monoclonal Antibody Girentuximab in Patients with Advanced Renal Cell Carcinoma

767

C.H.J. Muselaers, M.J. Boers-Sonderen, T.J. van Oostenbrugge, O.C. Boerman, I.M.E. Desar, A.B. Stillebroer, S.F. Mulder, C.M.L. van Herpen, J.F. Langenhuijsen, E. Oosterwijk, W.J.G. Oyen, P.F.A. Mulders

We found that lutetium 177 (¹⁷⁷Lu)-girentuximab radioimmunotherapy (RIT) resulted in disease stabilization in most patients with progressive clear cell renal cell carcinoma. Most patients experienced only transient myelotoxicity, although prolonged ¹⁷⁷Lu-girentuximab RIT-induced bone marrow suppression prevented retreatment in some patients.

Challenges for Restoration of Lower Urinary Tract Innervation in Patients with Spinal Cord Injury: A European Single-center Retrospective Study with Long-term Follow-up

771

K.-D. Sievert, B. Amend, F. Roser, A. Badke, P. Toomey, C. Baron, J. Kaminsky, A. Stenzl, M. Tatagiba

Although the hope was to improve long-term outcomes of spinal cord injury patients, intraspinal nerve rerouting did not improve or normalize bladder function. In view of the lack of success, we cannot recommend this procedure until proven in clinical studies.

Platinum Priorities

Review Articles and
Original Articles together
with the Full Length Editorials

Prostate Cancer

Treatment of the Primary Tumor in Metastatic Prostate Cancer: Current Concepts and Future Perspectives 775

C.E. Bayne, S.B. Williams, M.R. Cooperberg, M.E. Gleave, M. Graefen, F. Montorsi, G. Novara, M.C. Smaldone, P. Sooriakumaran, P.N. Wiklund, B.F. Chapin

Emerging preclinical and translational evidence, as well as an established body of retrospective clinical evidence, provides an impetus for clinical trials investigating local treatment of the primary tumor as part of a multimodal approach to the treatment of metastatic prostate cancer.

A Multi-institutional Analysis of Perioperative Outcomes in 106 Men Who Underwent Radical Prostatectomy for Distant Metastatic Prostate Cancer at Presentation 788

P. Sooriakumaran, J. Karnes, C. Stief, B. Copsey, F. Montorsi, P. Hammerer, B. Beyer, M. Moschini, C. Gratzke, T. Steuber, N. Suardi, A. Briganti, L. Manka, T. Nyberg, S.J. Dutton, P. Wiklund, M. Graefen

Radical prostatectomy and extended pelvic lymphadenectomy for men presenting with distant metastatic prostate cancer are technically feasible and safe. Future trials examining the role of locally directed therapy in metastatic prostate cancer should not exclude surgery because of morbidity concerns.

Treatment of the Prostate in the Presence of Metastases: Lessons from Other Solid Tumors 795

A.I. Neugut, E.P. Gelmann

Treatment of the Primary Tumour in the Presence of Metastases: Lessons from Breast Cancer 797

A.C. Voogd, R.H.A. Verhoeven

Reply from Authors re: Adri C. Voogd, Rob H.A. Verhoeven. Treatment of the Primary Tumour in the Presence of Metastases: Lessons from Breast Cancer. Eur Urol 2016;69:797–9 800

Reply from Authors re: Alfred I. Neugut, Edward P. Gelmann. Treatment of the Prostate in the Presence of Metastases: Lessons from Other Solid Tumors. Eur Urol 2016;69:795–6

The Time Is Ripe to Test the Hypothesis that Radical Prostatectomy Improves Survival in Men with Distant Metastatic Prostate Cancer

P. Sooriakumaran, M. Graefen, P. Wiklund

Role of Hormonal Treatment in Prostate Cancer Patients with Nonmetastatic Disease Recurrence After Local Curative Treatment: A Systematic Review 802

R.C.N. van den Bergh, N.J. van Casteren, T. van den Broeck, E.R. Fordyce, W.K.M. Gietzmann, F. Stewart, S. MacLennan, S. Dabestani, J. Bellmunt, M. Bolla, E. Briers, P. Cornford, S. Joniau, M.D. Mason, V. Matveev, H.G. van der Poel, T.H. van der Kwast, O. Rouvière, T. Wiegel, T.B. Lam, N. Mottet

Hormonal therapy for prostate cancer relapse after primary therapy with curative intent should be reserved for patients at highest risk of progression (Gleason score >7, prostate-specific antigen doubling time <6–12 mo) and with long life expectancy. The potential benefits of starting hormones should be judiciously balanced against the associated harms.

Hormonal Treatment for Nonmetastatic Disease Recurrence After Curative Treatment of Prostate Cancer: Only for a Select Few 821

D. Tilki, C.P. Evans

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