

Ten Best Readings Relating to Genitourinary Malignancies

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Kondagunta GV, Motzer RJ. Chemotherapy for advanced germ cell tumors. *J Clin Oncol.* 2006;24:5493-5502.

The International Germ Cell Cancer Collaboration Group classification algorithm allows for risk-directed chemotherapy. Curative therapy exists even for patients with resistant disease.

Ryan CJ, Lin AM, Small EJ. Angiogenesis inhibition plus chemotherapy for metastatic hormone refractory prostate cancer: history and rationale. *Urol Oncol.* 2006;24:250-253.

This review focuses on the recent clinical experience with angiogenesis inhibitors in prostate cancer.

Escudier B, Eisen T, Stadler WM, et al. Sorafenib in advanced clear-cell renal-cell carcinoma. *N Engl J Med.* 2007;356:125-134.

This phase III randomized, double-blind, placebo-controlled study concludes that sorafenib prolongs progression-free survival in patients with advanced clear-cell renal-cell carcinoma in whom previous therapy has failed. However, treatment is associated with increased toxic effects.

Motzer RJ, Hutson TE, Tomczak P, et al. Sunitinib versus interferon alfa in metastatic renal-cell carcinoma. *N Engl J Med.* 2007;356:115-124.

This phase III multicenter, randomized trial demonstrates that progression-free survival was longer and response rates were higher in patients with metastatic renal-cell carcinoma who received sunitinib than in those receiving interferon alfa.

Herr HW, Dotan Z, Donat SM, et al. Defining optimal therapy for muscle invasive bladder cancer. *J Urol.* 2007;177:437-443.

The authors analyzed published reports from 1985 to 2006 dealing with the treatment of muscle invasive (stage T2-T4a) bladder cancer. They concluded that the optimal curative strategy in most patients presenting with muscle invasive bladder cancer is neoadjuvant chemotherapy followed by radical cystectomy and complete pelvic lymph node dissection.

Sternberg CN, Donat SM, Bellmunt J, et al. Chemotherapy for bladder cancer: treatment guidelines for neoadjuvant chemotherapy, bladder preservation, adjuvant chemotherapy, and metastatic cancer. *Urology.* 2007;69(1 suppl):62-79.

A panel of international experts convened by the World Health Organization (WHO) and the Société Internationale d'Urologie (SIU) formulated grade A through D recommendations for the management of patients with locally advanced and metastatic urothelial cancer on the basis of level 1 to 3 evidence and the findings of phase II trials, prospective randomized clinical trials, and meta-analyses.

Tobias-Machado M, Tavares A, Ornellas AA, et al. Video endoscopic inguinal lymphadenectomy: a new minimally invasive procedure for radical management of inguinal nodes in patients with penile squamous cell carcinoma. *J Urol.* 2007;177:953-958.

Video endoscopic inguinal lymphadenectomy is a safe and feasible technique in patients with penile carcinoma and nonpalpable nodes.

Wong YN, Mitra N, Hudes G, et al. Survival associated with treatment vs observation of localized prostate cancer in elderly men. *JAMA.* 2006;296:2683-2693.

A survival advantage was seen with active treatment for low- and intermediate-risk prostate cancer in elderly men aged 65 to 80 years. The authors cautioned on their observational data that cannot completely adjust for potential selection bias and confounding.

Lu-Yao GL, Barry MJ, Albertsen PC, et al. Outcomes of treatment vs observation of localized prostate cancer in elderly men. *JAMA.* 2007;297:1651; author reply 1652-1653.

This letter and the response by the authors regarding the previous article stress the controversies surrounding observation as management for prostate cancer.

Mouraviev V, Nosnik I, Sun L, et al. Financial comparative analysis of minimally invasive surgery to open surgery for localized prostate cancer: a single-institution experience. *Urology.* 2007;69:311-314.

Duke University Medical Center investigators reported an overall cost advantage in favor of cryosurgical ablation of the prostate. These advantages included the absence of pathologic costs and the need for blood transfusion.