



TEN BEST READINGS ON GENITOURINARY TUMORS

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The ten best articles
in the medical
literature relating to
genitourinary tumors
are reviewed here.

Mydlo JH, Kanter JL, Kral JG, et al. The role of obesity and diet in urological carcinogenesis. *BJU Int.* 1999;84:225-234.

A 12-year follow-up of more than 750,000 individuals by the American Cancer Society showed that obese men and women have an increased risk for the development of certain cancers. Since adipose tissue and prostate and/or renal cancers may be associated through several mechanisms, a reduction in obesity and dietary fat may be beneficial.

Bernardini S, Adessi GL, Billerey C, et al. Immunohistochemical detection of p53 protein overexpression versus gene sequencing in urinary bladder carcinomas. *J Urol.* 1999;162:1496-1501.

The immunohistochemical (IHC) method was sensitive, specific, and simple to apply, but overexpression of p53 as determined by IHC detection did not appear to have a better predictive prognostic value than stage in bladder cancer.

Agency for Health Care Policy and Research: *Relative Effectiveness and Cost-Effectiveness of Methods of Androgen Suppression in the Treatment of Advanced Prostatic Cancer.* AHCPR Evidence Report/Technology Assessment. No 4; May 1999.

Through its evidence-based practice centers (EPCs), this agency reports a systematic review of level 1 evidence (randomized, controlled trials) on androgen suppression in the treatment of advanced prostate cancer. Several of the conclusions were as

follows. (1) Orchiectomy and available LHRH agonists are equally effective. (2) Monotherapy with nonsteroidal antiandrogens leads to shorter survival as compared to orchiectomy, DES, or LHRH agonists. (3) There is a 3% to 9% five-year survival advantage with combined androgen blockade as compared to monotherapy. (4) In patients with good prognosis, there is no difference in survival between combined androgen blockade and monotherapy. (5) For patients who are newly diagnosed with locally advanced or asymptomatic metastatic disease, the evidence is insufficient to determine whether primary androgen suppression that is initiated immediately at diagnosis improves outcomes compared to androgen suppression that is deferred until clinical signs or symptoms of progression. (6) For patients who have locally advanced or asymptomatic metastatic prostate cancer and who undergo radiotherapy, the evidence suggests a longer duration of survival when androgen suppression is initiated at the same time as radiation therapy and is continued for several years than when radiation therapy is used alone and androgen suppression is then initiated at progression.

Stone NN, Stock RG. Prostate brachytherapy: treatment strategies. *J Urol.* 1999;162:421-426.

The authors recommend implant alone for low-risk patients, hormonal therapy plus implant for intermediate-risk patients, and a combination of hormonal therapy, external beam radiation therapy, and brachytherapy for high-risk patients.

Shiple WU, Kaufman DS, Heney NM, et al. An update of combined modality therapy for patients with muscle invading bladder cancer using selective bladder preservation or cystectomy. *J Urol.* 1999;162:445-451.

This treatment strategy may be considered as reasonable alternative for patients deemed medically unfit for cystectomy and for those seeking bladder preservation.

Motzer RJ, Mazumdar M, Bacik J, et al. Survival and prognostic stratification of 670 patients with advanced renal cell carcinoma. *J Clin Oncol.* 1999;8:2530-2540.

Five prognostic factors for predicting survival are identified: Karnofsky performance status, serum lactate dehydrogenase level, hemoglobin level, serum calcium level, and absence of previous nephrectomy. They categorize patients into three risk groups for which the median survival times were separated by six months or more.

Makridakis NM, Ross RK, Pike MC, et al. Association of mis-sense substitution in SRD5A2 gene with prostate cancer in African-American and Hispanic men in Los Angeles, USA. *Lancet.* 1999;354:975-978.

Previous reports by the authors and others demonstrate that increased intraprostatic androgen metabolism may have an important role in predisposing to prostate cancer. They report on their epidemiologic and biochemical findings on the relationship between prostate cancer and a mis-sense substitution (threonine for alanine at codon 49) in the steroid

5 α -reductase gene (SRD5A2). This substitution may be associated with an increased incidence of prostate cancer in African-Americans and Hispanics in Los Angeles.

de la Taille A, Chen MW, Shabsigh A, et al. Fas antigen/cd-95 upregulation and activation during castration-induced regression of the rat ventral prostate gland. *Prostate.* 1999;40:89-96.

Fas antigen/CD-95 is upregulated during regression of the rat ventral prostate gland and becomes functionally activated. However, the inability to distinguish any difference in the apoptotic rate or in the morphology of the apoptotic bodies formed in response to castration between *lpr*^{-/-} mutant mice and genetically normal controls indicates that functional Fas protein is not required for castration-induced prostate cell apoptosis.

Chen ME, Troncoso P, Tang K, et al. Comparison of prostate biopsy schemes by computer simulation. *Urology.* 1999;53:951-960.

The detection rate of prostate biopsies is related not only to the number of cores taken, but also to the site within the prostate where the biopsy was taken. The 11-core multisite-directed biopsy scheme performed the best.

Litwin MS, Fitzpatrick JM, Fossa SD, et al. Defining an international research agenda for quality of life in men with prostate cancer. *Prostate.* 1999;41:58-67.

The authors present a comprehensive approach to the study of health-related quality of life (HRQOL) in men with prostate

cancer, describe the primary goals of HRQOL research, include examples of validated instruments, and propose a quality of life research agenda for the next two decades.