

Ten Best Readings Relating to Urologic Oncology

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Teh BS, Bastasch MD, Mai WY, et al. Long-term benefits of elective radiotherapy after prostatectomy for patients with positive surgical margins. *J Urol.* 2006;175:2097-2102.

This long-term but non-randomized study suggests that PSA levels are more likely to remain undetectable if radiation is given after prostatectomy with positive surgical margins. This study confirms the reports by the European Organization for the Research and Treatment of Cancer¹ and by the Southwest Oncology Group.²

Rassweiler J, Hruza M, Teber D, et al. Laparoscopic and robotic assisted radical prostatectomy: critical analysis of the results. *Eur Urol.* 2006;49:612-624. Epub 2006 Jan 18.

The authors reviewed the most recent literature and compared the outcomes between robotic-assisted radical prostatectomy vs standard laparoscopic prostatectomy. They found that the outcomes were the same, but robotic-assisted prostatectomy incurred more cost.

Dalbagni G, Russo P, Bochner B, et al. Phase II trial of intravesical gemcitabine in bacille Calmette-Guérin-refractory transitional cell carcinoma of the bladder. *J Clin Oncol.* 2006;24:2729-2734.

Patients with superficial bladder cancer refractory or intolerant to intravesical bacille Calmette-Guérin therapy who refused a cystectomy were considered eligible for the trial. Patients received two courses of intravesical gemcitabine twice weekly at a dose of 2,000 mg/100 mL for 3 consecutive weeks, with each course separated by 1 week of rest. The authors demonstrated activity in this high-risk patient population and conclude that intravesical gemcitabine is a viable option for patients who refuse cystectomy.

Motzer RJ, Rini BI, Bukowski RM, et al. Sunitinib in patients with metastatic renal cell carcinoma. *JAMA.* 2006;295:2516-2524.

The results of this trial demonstrate the efficacy and manageable adverse-event profile of sunitinib as a single agent in second-line therapy for patients with cytokine-refractory metastatic clear-cell renal cell carcinoma.

Kattan MW, Ficarra V, Artibani W, et al. Nomogram predictive of cancer specific survival in patients undergoing partial or total amputation for squamous cell carcinoma of the penis. *J Urol.* 2006;175:2103-2108.

The authors propose two models to predict the 5-year cancer-specific survival probabilities of patients with squamous cell carcinoma of the penis. Both models showed good discriminating power and calibration in predicting patient 5-year cancer-specific survival. These nomograms could improve the quality of prognostic data provided to patients and support physicians in planning treatment.

Fitch DL, McGrath S, Martinez AA, et al. Unification of a common biochemical failure definition for prostate cancer treated with brachytherapy or external beam radiotherapy with or without androgen deprivation. *Int J Radiat Oncol Biol Phys.* 2006 Jun 7. Epub ahead of print.

Biochemical failure definitions applying a prostate-specific antigen (PSA) threshold at or after the nadir demonstrated the highest association with clinical failure, overall survival, and cause-specific survival for all assessed treatment modalities. Definitions incorporating a PSA increase above the nadir value (eg, nadir + 2 ng/mL) were also superior for all modalities.

Linehan WM, Vasselli J, Srinivasan R, et al. Genetic basis of cancer of the kidney: disease-specific approaches to therapy. *Clin Cancer Res.* 2004;10(18 pt 2):6282S-6289S.

The authors demonstrate that kidney cancer is not a single disease and that it is composed of different types of cancers associated with alteration of different genes and with different histologic types and clinical courses.

Kroon BK, Nieweg OE, van Boven H, et al. Size of metastasis in the sentinel node predicts additional nodal involvement in penile carcinoma. *J Urol.* 2006;176:105-108.

In penile carcinoma additional nodal involvement was related to the size of the metastasis in the sentinel node. Sentinel node micrometastasis was not associated with other involved lymph nodes. This finding sug-

gests that these patients can be spared complementary lymph node dissection.

Rodgers M, Nixon J, Hempel S, et al. Diagnostic tests and algorithms used in the investigation of haematuria: systematic reviews and economic evaluation. *Health Technol Assess.* 2006;10:1-276.

There are insufficient data currently available to derive an evidence-based algorithm of the diagnostic pathway for haematuria. The authors present a hypothetical algorithm based on the opinion and practice of clinical experts in the review team, other published algorithms, and the results of economic modelling.

Loeb S, Roehl KA, Antenor JA, et al. Baseline prostate-specific antigen compared with median prostate-specific antigen for age group as predictor of prostate cancer risk in men younger than 60 years old. *Urology.* 2006;67:316-320.

The authors demonstrate that in men younger than 60 years of age, a baseline prostate-specific antigen (PSA) value between the age-specific median and 2.5 ng/mL was a significant predictor of later prostate cancer and was associated with a significantly greater PSA velocity. A young man's baseline PSA value was a stronger predictor of prostate cancer than family history, race, or suspicious digital rectal examination findings. A greater baseline PSA level was associated with significantly more adverse pathologic features and biochemical progression.

References

1. Bolla M, van Poppel H, Collette L, et al. European Organization for Research and Treatment of Cancer. Postoperative radiotherapy after radical prostatectomy: a randomised controlled trial (EORTC trial 22911). *Lancet.* 2005;366:572-578.
2. Swanson GP, Thompson IM, Tangen C, et al. Phase III randomized study of adjuvant radiation therapy versus observation in patients with pathologic T3 prostate cancer (SWOG 8794). *Int J Radiat Oncol Biol Phys.* 2005;63:S1. Abstract.

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