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References

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3. So A, Chin J, Fleshner N, et al. Management of skeletal-related events in patients with advanced prostate cancer and bone metastases: Incorporating new agents into clinical practice. *Can Urol Assoc J* 2012;6:465-70. <http://dx.doi.org/10.5489/cuaj.12149>

It is an honour and privilege to be writing this editorial as the newly installed CUAJ Editor-in-Chief. This position is vetted and recommended by an ad hoc committee of the CUA and subsequently confirmed by its executive. I am extraordinarily grateful, and at the same time humbled, by this opportunity to lead our journal over the next few years. If you will excuse the indulgence, it does seem fitting at this time to thank those members of the CUA executive, as well as CUAJ editorial board members and especially Dr. Laurence Klotz, our founding editor, for their ongoing support and tutelage. Dr. Klotz was of course essential in the CUAJ's development in 2007 and has led the journal to a point of undeniable success and sustainability – impressive after only 5 years. CUAJ's editorial board recently voted to publicly acknowledge Dr. Klotz's tireless work for the Journal by creating the title of Editor Emeritus. Given the time and sweat he has donated to the Journal and the CUA as a whole, this title is fitting, however, one can only expect that his service will be remembered and appropriately feted in the near future by our association.

Although CUAJ's Editor reports to the CUA executive, it is important for readers to understand that the CUA as an organization has had a remarkable history of an "arms length" stance with respect to editorial freedom and direction of the Journal. This is perhaps of significant import given the small community that is Canadian Urology. However, it goes without saying that maintaining a venue proud to publish and advertise Canadian endeavours in urological health advocacy, education and research will continue to be a priority for the Journal.

These are exciting times for CUAJ. We are soon going to unveil our online journal service, a new look online which will be easier for reviewers and authors alike. We are also looking forward to providing a monthly publication, a step that is born out of the increasing number and quality of original submissions. The editorial board is busy tackling several other issues experienced by all medical journals today, including concerns around publishing ethics (role of reviewers, self-plagiarism) and journal format (electronic versions, electronic only, IPAD/Smartphone applications, dual format). We are interested in engaging all readers in discussing these issues and look forward to your thoughts.

In this issue, several articles are excellent examples of "quality assurance." Cloutier and colleagues describe their experience using the dorsal lumbotomy approach to open UPJO repair in older children, describing comparable results using this under-utilized surgical approach.¹ Similarly, Webster and colleagues epitomize the goals of Cancer Care Ontario (CCO) by collating and publishing their results of two years of prostatectomies with the CCO guidelines for surgical optimization in mind.² Although the authors acknowledge the need for more work to improve their own quality and one could argue the rationale and external validity of our putative "quality" indicators of care, every individual or team who manages men with prostate cancer should take a lesson from this article when contemplating and measuring their own practice outcomes. Finally, our review article by So and colleagues is required reading for all trainees and practicing urologists with respect to the use of bone-targeted therapies in men with castration resistant prostate cancer.³ With the increasingly crowded world of CRPC therapeutics, timely articles such as these help ensure we can "achieve the achievable," translating the benefits and potential harms to routine clinical practice.