EDITORIAL Indexed!!!

Laurence Klotz

Editor-in-Chief
CUAJ

CUAJ is delighted to announce that it is now indexed on Index Medicus. This has been achieved on the basis of our first 4 issues. Indexation of a new journal that quickly is almost unprecedented. It is a testament to the quality of the submissions and the talent of our team. This indexation is, of course, retroactive to Volume 1, Issue 1. In addition, the journal articles are freely available to all in PDF format through PubMed (and the CUA website). Indexation will allow us to achieve our full potential as the official journal of the CUA and as an attractive venue for high-quality research from Canada and the world.

This issue's Consensus Statement on the use of adjuvant radiotherapy by the GU radiation oncologists is important and warrants some comment. The article contains a thorough review of the 3 randomized studies comparing adjuvant to salvage therapy and includes a balanced analysis of these results. The authors correctly confirm that the question of adjuvant radiotherapy versus early salvage therapy (i.e., for prostate specific antigen > 0.2 ng/mL) is an unresolved question until further trial results are available.

The group then recommends that "on the basis of the available evidence … patients should be offered adjuvant external beam radiotherapy (within 6 months of surgery)."

This recommendation appears to go well beyond the evidence, which they acknowledge does not support a preference for adjuvant over early salvage therapy. The 8-year bNED survival rate in the adjuvant arms of the 2 large trials was about 70%. For pT3 patients following radical prostatectomy, 40% will be bNED at 8 years. Of the 60% who fail, about one-half will be rendered bNED by salvage. Thus 70% can be expected to be NED with a selective salvage approach, about the same proportion as treated adjuvantly in the 2 trials. Insofar as this will spare 40% the potential morbidity of pelvic rads, the recommendation from the GU radiation oncologists of Canada to offer adjuvant rads may be too strong. We welcome our readers' opinions on this important issue.

The article by Nader Fahmy and colleagues from McGill reports the shocking fact that the wait from referral to cystectomy in Quebec has doubled in the 10 years between 1990 and 2000, from 58 to 120 days, associated with an increase in mortality from bladder cancer. The causes of long wait times are often said to be complex, but we believe that if surgeons were given the resources they need (beds and OR time), the wait for cancer surgery would drop dramatically. The kind of information in this article is the key to convincing health administrators to allocate more resources to these areas.

The Point / Counterpoint articles on the wisdom of urologists playing a role in the administration of systemic cancer therapies are both provocative and informed. They are worth reading for anyone interested in this controversy. Is a urologist giving systemic cancer therapy like your accountant singing *La Traviata* at the Met, or like Wayne Gretsky playing wing as well as centre? Or like Paul Potts, Britain's current favorite opera singer, who was a mobile phone store manager when he won the *Britain's Got Talent* contest singing Puccini's *Nessun Dorma*?