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Editor-in-Chief
CUAJ

Dear reader: In the last edition of *CUAJ*, we proudly announced that we were indexed on PubMed with the National Library of Medicine (NLM), following extensive correspondence with them. We have since received clarity regarding our status. We have, in fact, been accepted to PubMed Central (PMC), but are not yet fully indexed on PubMed.

We were not aware of the crucial distinction between enrolment in PMC and indexation on PubMed. We and our publishers thus interpreted our acceptance on PMC as confirmation of indexation on PubMed. In fact, PMC and PubMed are 2 different products offered by the NLM. *CUAJ* is now included in the Journals Database at the NLM. PMC is an online archive of full-text articles for about 400 journals — over half a million articles. Readers will be able to access *CUAJ* articles through the PMC website, www.ncbi.nlm.nih.gov/sites/entrez?db=pmc.

We have submitted our application for full indexation and await the final decision from the NLM. Once we receive indexation, it will be fully retroactive to Volume 1, Issue 1.

The editors at *CUAJ* are disappointed, yet not bowed. Owing to the strong support we have had and continue to enjoy from the Canadian and international urology community, the quality of the content of the journal has been high. This, together with our outstanding editorial board, assures that we will be indexation-worthy.

In this issue, we publish articles on a range of topics relevant to our rapidly evolving specialty. Dr. Mickelson and colleagues' article on pediatric urology competence emphasizes the divergence of different components of our specialty. There clearly is no consensus as to how much training in each subspecialty area is necessary for competence. Seventy-five percent of program directors but only 41% of pediatric urologists surveyed thought that residents had sufficient exposure to pediatric urology in their training. A thoughtful commentary by Dr. Karen Psooy emphasizes the challenges this represents for the Royal College subspecialty committee.

Dr. Pearce and colleagues' comparison of recommendations by Canadian urologists and radiation oncologists on the treatment of clinically localized prostate cancer is consistent with previous studies demonstrating our predictability in privileging our own treatment modality. If anything, radiation oncologists seem to be a little more aggressive than urologists. Both groups support PSA screening, but more radiation oncologists would screen men over age 80. What is interesting is the degree of similarity. Despite marked differences in training and in systems of reimbursement, the overall approach to most patients seems similar (beyond the preference for one's own modality). As Dr. Joseph Chin points out in his commentary, there are great advantages for our specialties to continue to work together.

We present an excellent review of bladder cancer biomarkers, with an appropriate focus on the negative predictive value of individual markers. In addition, this issue contains 2 highly informed and strongly worded opposing opinion pieces on the relative merits of neoadjuvant versus adjuvant chemotherapy for invasive bladder cancer.

As always, we welcome your views on the controversial subjects addressed by these articles.

I will be inaugurated as the CUA president at the annual meeting this June. We believe that continuity of the editor is important at this phase, and I will continue in the position. We will delegate some of the *CUAJ* editorial tasks to members of our editorial board. See you in Edmonton!