

Armen Aprikian, MD, FRCSC

Interim Editor-in-Chief
CUAJ

It is truly an honour and privilege to serve as interim editor-in-chief of *CUAJ* while Dr. Klotz assumes his duties as CUA president. This is an important task that I assume with great enthusiasm; I hope to serve our readership well. With the recent PubMed approval and record turnaround time in manuscript review, *CUAJ* is quickly becoming a very attractive and competitive scientific journal in urology. However, the journal requires more high-quality original scientific submissions, and during my term I will strive to increase the journal's visibility and encourage submissions from Canadian, American and international investigators. I ask that all of our readers promote the journal to their colleagues and raise the profile of *CUAJ*.

The current issue presents several interesting papers worthy of emphasis.

First, the status of salvage radiotherapy following biochemical relapse after radical prostatectomy is discussed in the proceedings of the Genito-Urinary Radiation Oncologists of Canada consensus meeting (page 500). Of note is the observation that salvage irradiation has the best results when the serum prostate-specific antigen (PSA) level is less than 0.5 µg/L. Of equal importance is the recognition that just about any cancer characteristic has been observed to respond to salvage irradiation (including high-grade disease, seminal vesicle involvement and persistent serum PSA level elevation postprostatectomy). Thus one must avoid the knee-jerk reaction in the face of bad pathology that an early rise of serum PSA level is equal to systemic failure. Some of these patients may experience a durable response and thus merit an *early* evaluation by a radiation oncologist. Toxicity appears to be low with little detrimental effect on urinary control. However, since the advent of the intraperitoneal approach to minimally invasive laparoscopic or robot-assisted radical prostatectomy, one wonders if the small bowel could enter the field and suffer toxicity from salvage irradiation. This will have to be studied. Nevertheless, this valuable consensus statement should be read by all urologists who treat men with prostate cancer.

In a study on dietary habits and prostate cancer detection (page 510), Amin and colleagues from McGill University observed that in the setting of a prostate cancer detection clinic, men who reported eating high quantities of meat had almost 3 times the risk of finding cancer on a prostate biopsy, and a diet with high fish content was associated with an approximate 50% reduction in finding cancer. This study adds to the growing body of literature suggesting that diet is associated with prostate cancer and is a good paper to read just before dinner.

Newell and colleagues report on their assessment of the relationship between prostate biopsies and prostatectomies in an Ontario community hospital (page 518). The authors observed significant variation in Gleason grading among the various pathologists and suggest participation in a teaching program to improve homogeneity within their department. Of note, among the cases of atypical small acinar proliferation referred for review by a consultant urological pathologist, 57% were reported to harbour carcinoma. Thus referral to another pathologist for opinion should be strongly considered in cases of uncertain histology. Urologists often find themselves facing a pathology report that is inconclusive, and sometimes a second opinion from a pathologist may obviate the need for a repeat biopsy. The study also demonstrates the importance of periodic in-hospital review of prostate histopathology and clinical correlates to maintain a high level of clinical care. This applies not only to the community but to regional hospitals and tertiary centres as well. The authors should be congratulated for having undertaken this review of their local practice patterns and for raising the awareness for others across the country.