The ten best articles in the medical literature relating to genitourinary tumors are reviewed here.


A 12-year follow-up of more than 750,000 individuals by the American Cancer Society showed that obese men and women have an increased risk for the development of certain cancers. Since adipose tissue and prostate and/or renal cancers may be associated through several mechanisms, a reduction in obesity and dietary fat may be beneficial.


The immunohistochemical (IHC) method was sensitive, specific, and simple to apply, but overexpression of p53 as determined by IHC detection did not appear to have a better predictive prognostic value than stage in bladder cancer.


Through its evidence-based practice centers (EPCs), this agency reports a systematic review of level 1 evidence (randomized, controlled trials) on androgen suppression in the treatment of advanced prostate cancer. Several of the conclusions were as follows. (1) Orchietomy and available LHRH agonists are equally effective. (2) Monotherapy with nonsteroidal antiandrogens leads to shorter survival as compared to orchiectomy, DES, or LHRH agonists. (3) There is a 3% to 9% five-year survival advantage with combined androgen blockade as compared to monotherapy. (4) In patients with good prognosis, there is no difference in survival between combined androgen blockade and monotherapy. (5) For patients who are newly diagnosed with locally advanced or asymptomatic metastatic disease, the evidence is insufficient to determine whether primary androgen suppression that is initiated immediately at diagnosis improves outcomes compared to androgen suppression that is deferred until clinical signs or symptoms of progression. (6) For patients who have locally advanced or asymptomatic metastatic prostate cancer and who undergo radiotherapy, the evidence suggests a longer duration of survival when androgen suppression is initiated at the same time as radiation therapy and is continued for several years than when radiation therapy is used alone and androgen suppression is then initiated at progression.


The authors recommend implant alone for low-risk patients, hormonal therapy plus implant for intermediate-risk patients, and a combination of hormonal therapy, external beam radiation therapy, and brachytherapy for high-risk patients.

This treatment strategy may be considered as reasonable alternative for patients deemed medically unfit for cystectomy and for those seeking bladder preservation.


Five prognostic factors for predicting survival are identified: Karnofsky performance status, serum lactate dehydrogenase level, hemoglobin level, serum calcium level, and absence of previous nephrectomy. They categorize patients into three risk groups for which the median survival times were separated by six months or more.


Previous reports by the authors and others demonstrate that increased intraprostatic androgen metabolism may have an important role in predisposing to prostate cancer. They report on their epidemiologic and biochemical findings on the relationship between prostate cancer and a missense substitution (threonine for alanine at codon 49) in the steroid 5α-reductase gene (SRD5A2). This substitution may be associated with an increased incidence of prostate cancer in African-Americans and Hispanics in Los Angeles.


Fas antigen/CD-95 is upregulated during regression of the rat ventral prostate gland and becomes functionally activated. However, the inability to distinguish any difference in the apoptotic rate or in the morphology of the apoptotic bodies formed in response to castration between lpr/- mutant mice and genetically normal controls indicates that functional Fas protein is not required for castration-induced prostate cell apoptosis.


The detection rate of prostate biopsies is related not only to the number of cores taken, but also to the site within the prostate where the biopsy was taken. The 11-core multisite-directed biopsy scheme performed the best.


The authors present a comprehensive approach to the study of health-related quality of life (HRQOL) in men with prostate cancer, describe the primary goals of HRQOL research, include examples of validated instruments, and propose a quality of life research agenda for the next two decades.