

Comment

The current number of "Progress in Medicine" has been introduced by the Department of Urology of the Centre of Postgraduate Medical Education. The main goals of papers published in this issue are devoted to prostate cancer (PCa). In Poland, PCa is the second most common malignancy found in males, whereas in Western Europe and North America it remains the most frequent cancer diagnosed in men. Not surprisingly, prostate cancer has the most prominent and prevalent positions within scientific interests of the Department.

The introduction of prostate specific antigen (PSA) at the end of eighties of previous century has revolutionized the diagnosis and the management of PCa. Since then, the rates of males with generalized disease has declined substantially while rates of patients qualified for radical therapy has increased significantly. This phenomenon is partially described in the paper entitled "What is the frequency of incidental prostate cancer diagnosis in the removed prostate adenoma?".

In the meantime, while prostate cancer specific mortality is constantly declining in USA, somewhat surprisingly, American institution USPSTF (United States Preventive Services Task Force) recommended against PSA testing within PCa screening program. The main factor used to argue against PSA testing was substantial overdiagnosis mounting to 50%. Furthermore, the majority of patients diagnosed with prostate cancer in the era of PSA elected to undergo radical management which is not devoid of severe complications. These are partially described in one of the papers published in this issue of "Progress in Medicine". Among them urinary incontinence remains the most bothersome symptom leading to loss in quality of life. Surgical treatment brings benefit in selected cases.

Therefore, risk stratification of patients with newly diagnosed PCa is the main challenge urological society has to overcome. We need to reduce the diagnosis and postpone the treatment of low risk disease having negligible risk of progression. The latter policy is named active surveillance. Simultaneously, we should seek to early recognize PCa with dismal prognosis and implement therapy as soon as possible to prevent prostate cancer death. These issues are the basis of several papers included in the current number of "Progress in Medicine". Let me invite you to read the articles on behalf of the Department.

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