

CONTENTS

	The Platinum Hall of Fame	e1
	http://dx.doi.org/10.1016/j.eururo.2018.11.028	
Platinum Opinions	Innovations in Statistical Review at <i>European Urology</i>	1
	<i>M. Assel, D.D. Sjoberg, J.W.F. Catto, A.J. Vickers</i>	
	European Urology has established three principles for improving the quality of statistics in papers published in our journal: (1) systematic guidance for authors based on common statistical errors in urology research; (2) all papers with substantive statistics are reviewed by a statistician; and (3) ongoing innovation with respect to statistical reporting.	
Brief Correspondence	Variation and Trends in Antidepressant Prescribing for Men Undergoing Treatment for Nonmetastatic Prostate Cancer: A Population-based Cohort Study	3
	<i>R. Matta, C.J.D. Wallis, M.G. Goldenberg, A.E. Hird, Z. Klaassen, G. Kulkarni, R.T. Kodama, S. Herschorn, R.K. Nam</i>	
	Patients treated for nonmetastatic prostate cancer with surgery or radiation have an increased risk of receiving antidepressant prescriptions for at least 5 yr, whereas patients undergoing surveillance do not. Thus, psychological support after treatment is an important part of prostate cancer care.	
	Prognostic Implication of the United States Food and Drug Administration-defined BCG-unresponsive Disease	8
		
	<i>R. Li, W.B. Tabayoyong, C.C. Guo, G.M.N. González, N. Navai, H.B. Grossman, C.P. Dinney, A.M. Kamat</i>	
	Bacillus Calmette-Guerin (BCG)-unresponsive disease, which is high-grade non-muscle-invasive bladder cancer recurring after BCG induction and at least one course maintenance, is a distinct risk category and must be recognized as such. These patients have a very low likelihood to respond to further BCG treatment and should consider radical cystectomy or clinical trial enrollment.	
Platinum Priorities	Mutational Profile of Aggressive, Localised Prostate Cancer from African Caribbean Men Versus European Ancestry Men	11
Brief Correspondence, Original Articles and Review Articles together with the Full Length Editorials	<i>L. Tonon, G. Fromont, S. Boyault, E. Thomas, A. Ferrari, A.-S. Sertier, J. Kielbassa, V. Le Texier, A. Kamoun, N. Elarouci, J. Irani, L. Multigner, I.G. Gut, M. Gut, P. Blanchet, A. De Reynies, G. Cancel-Tassin, A. Viari, O. Cussenot</i>	
	The higher prostate cancer mortality observed in African Caribbean men could be explained by genomic events linked with DNA damage pathway genes: <i>PARP1</i> , <i>CDK12</i> , and the oncogenic long non-coding RNA <i>PVT1</i> located at the 8q24 prostate cancer susceptibility locus.	
Brief Correspondence	Identification of Potential Novel Candidates for Understanding Racial Differences in Prostate Cancer	16
	<i>Z. Culig</i>	
	Intratumoral Heterogeneity of Bladder Cancer by Molecular Subtypes and Histologic Variants	18
		
	<i>J.I. Warrick, G. Sjö Dahl, M. Kaag, J.D. Raman, S. Merrill, L. Shuman, G. Chen, V. Walter, D.J. DeGraff</i>	
	In bladder cancer, molecular subtype commonly differs between histologically distinct areas from the same tumor, most commonly in those with a component of the basal-squamous subtype. This suggests concern for sampling error in molecular tests based on molecular subtyping.	

Prostate Cancer

Devil in the Detail: Intratumour Heterogeneity and Personalised Medicine for Bladder Cancer	23
<i>J.L. Griffin</i>	
How Are Gleason Scores Categorized in the Current Literature: An Analysis and Comparison of Articles Published in 2016–2017	25
<i>A.G. Zhou, D.C. Salles, I.V. Samarska, J.I. Epstein</i>	
There is still wide variation in how Gleason scores are grouped world-wide. Only a minority of published articles are grouping Gleason scores accurately. Our study calls for more widespread adoption of grade groups to minimize incorrect grouping for future studies.	
Prostate Cancer Grading: Are We Heading Towards Grade Grouping Version 2?	32
<i>R. Montironi, L. Cheng, A. Cimadamore, A. Lopez-Beltran</i>	
Androgen Deprivation Therapy and Overall Survival for Gleason 8 Versus Gleason 9–10 Prostate Cancer	35
<i>D.D. Yang, B.A. Mahal, V. Muralidhar, N.E. Martin, P.F. Orio, K.W. Mouw, M.T. King, T.K. Choueiri, Q.-D. Trinh, K.E. Hoffman, D.E. Spratt, F.Y. Feng, P.L. Nguyen</i>	
Gleason 9–10 disease may derive less survival benefit from androgen deprivation therapy compared with Gleason 8 disease. Consideration should be given to treatment intensification for Gleason 9–10 patients through enrollment in clinical trials or potentially adding novel antiandrogens or docetaxel.	
Is Androgen Deprivation Therapy “Another Deficient Therapy” for Gleason Score 9–10 Prostate Cancer?	42
<i>M.P. Deek, R.M. Phillips, M. Haffner, P.T. Tran</i>	
Systematic Review of Systemic Therapies and Therapeutic Combinations with Local Treatments for High-risk Localized Prostate Cancer	44
<i>L. Tosco, A. Briganti, A.V. D'amico, J. Eastham, M. Eisenberger, M. Gleave, K. Haustermans, C.J. Logothetis, F. Saad, C. Sweeney, M.-E. Taplin, K. Fizazi</i>	
Androgen deprivation therapy improves overall survival when combined with radiotherapy, and such evidence is missing when the primary local treatment is radical prostatectomy. Docetaxel is associated with improved relapse-free survival in high-risk prostate cancer, but long-term follow-up is needed to assess its impact on survival. Bisphosphonates do not postpone the onset of bone metastases.	
Current Insights in the Management of High-risk Prostate Cancer: Still More Questions than Answers	61
<i>V. Fonteyne, P. Ost</i>	

Bladder Cancer

Radiofrequency-induced Thermo-chemotherapy Effect Versus a Second Course of Bacillus Calmette-Guérin or Institutional Standard in Patients with Recurrence of Non-muscle-invasive Bladder Cancer Following Induction or Maintenance Bacillus Calmette-Guérin Therapy (HYMN): A Phase III, Open-label, Randomised Controlled Trial	63
<i>W.S. Tan, A. Panchal, L. Buckley, A.J. Devall, L.S. Loubière, A.M. Pope, M.R. Feneley, J. Cresswell, R. Issa, H. Mostafid, S. Madaan, R. Bhatt, J. McGrath, V. Sangar, T.R.L. Griffiths, T. Page, D. Hodgson, S.N. Datta, L.J. Billingham, J.D. Kelly</i>	
Radiofrequency-induced thermo-chemotherapy effect (RITE) had similar oncological outcomes as control. RITE-treated noncarcinoma in situ (CIS) patients reported nonsignificant better disease-free survival (DFS). RITE-treated CIS with/without papillary patients had significantly lower DFS. Control arm is essential when evaluating novel therapies.	
Radiofrequency-induced Thermochemotherapy for Recurrent Non-muscle-invasive Bladder Cancer: A New Treatment for an Unmet Need?	72
<i>J.A. Witjes</i>	

Kidney Cancer	Epidemiology of Renal Cell Carcinoma	 74
	<p><i>U. Capitanio, K. Bensalah, A. Bex, S.A. Boorjian, F. Bray, J. Coleman, J.L. Gore, M. Sun, C. Wood, P. Russo</i></p> <p>Renal cell carcinoma (RCC) incidence and mortality rates vary significantly around the globe. Risk factors for RCC are smoking, obesity, hypertension, and chronic kidney disease. In individuals at a higher risk of RCC, the cost effectiveness of a screening programme needs to be assessed on a country specific level. Owing to the low incidence of RCC, there is an unmet need for accurate biomarkers.</p>	
	Lessons Learned from the Global Epidemiology of Kidney Cancer: A Refresher in Epidemiology 101	85
	<i>Z. Klaassen, R.K. Sayyid, C.J.D. Wallis</i>	
Reviews	Update on Systemic Prostate Cancer Therapies: Management of Metastatic Castration-resistant Prostate Cancer in the Era of Precision Oncology	88
Prostate Cancer	<p><i>P. Nuhn, J.S. De Bono, K. Fizazi, S.J. Freedland, M. Grilli, P.W. Kantoff, G. Sonpavde, C.N. Sternberg, S. Yegnasubramanian, E.S. Antonarakis</i></p> <p>In the last few years, new therapeutics for the treatment of metastatic castration-resistant prostate cancer have increased survival substantially. While promising novel agents are currently under trial, including genetically targeted therapies (poly(adenosine diphosphate-ribose) polymerase inhibitors and PD-1 inhibitors), further clinical and translational research in predictive biomarkers is needed to optimize treatment selection and sequencing strategies for existing drugs.</p>	
Kidney Cancer	Systemic Treatment of Metastatic Clear Cell Renal Cell Carcinoma in 2018: Current Paradigms, Use of Immunotherapy, and Future Directions	100
	<p><i>A.-K.A. Lalani, B.A. McGregor, L. Albiges, T.K. Choueiri, R. Motzer, T. Powles, C. Wood, A. Bex</i></p> <p>With the expanding role of immune checkpoint inhibitors in metastatic renal cell carcinoma, the treatment paradigm has shifted to include combination therapy in the untreated setting. As the field advances, the bar has been raised in evaluating ongoing combination strategies.</p>	
	Systematic Review of the Role of Cytoreductive Nephrectomy in the Targeted Therapy Era and Beyond: An Individualized Approach to Metastatic Renal Cell Carcinoma	111
	<p><i>B. Bhindi, E.J. Abel, L. Albiges, K. Bensalah, S.A. Boorjian, S. Daneshmand, J.A. Karam, R.J. Mason, T. Powles, A. Bex</i></p> <p>In the targeted therapy era and beyond, systemic therapy is a priority in the management of de novo metastatic renal cell carcinoma. However, cytoreductive nephrectomy still has a role in patients with limited metastatic burden amenable to surveillance or metastasectomy, well-selected patients based on established prognostic and predictive factors, and patients with a favorable response after initial systemic therapy.</p>	
Incontinence	Systematic Review of Combination Drug Therapy for Non-neurogenic Lower Urinary Tract Symptoms	129
	<p><i>L. Tosco, K.-E. Andersson, R. Dmochowski, E.F. Agrò, J. Heesakkers, V. Iacovelli, G. Novara, V. Khullar, C. Chapple</i></p> <p>For the treatment of lower urinary tract symptoms (LUTS) in men and women, combination therapy appears to be a promising option to optimize the efficacy of the available drugs. This add-on scenario offers the possibility to have a more tailored approach to the management of LUTS.</p>	
Surgery in Motion	Robot-assisted AMS-800 Artificial Urinary Sphincter Bladder Neck Implantation in Female Patients with Stress Urinary Incontinence	169
	<p><i>B. Peyronnet, G. Capon, O. Belas, A. Manunta, C. Allenet, J. Hascoet, J. Calves, M. Belas, P. Callerot, G. Robert, A. Descazeaud, G. Fournier</i></p> <p>Robot-assisted bladder neck AMS-800 artificial urinary sphincter implantation in female patients with stress urinary incontinence resulting from intrinsic sphincter deficiency is feasible, safe, and reproducible with promising outcomes.</p>	

<p>Original Articles</p> <p></p> <p>Prostate Cancer</p>	<p>Identifying the Optimal Candidate for Salvage Lymph Node Dissection for Nodal Recurrence of Prostate Cancer: Results from a Large, Multi-institutional Analysis</p> <p><i>N. Fossati, N. Suardi, G. Gandaglia, C.A. Bravi, M. Soligo, R.J. Karnes, S. Shariat, A. Battaglia, W. Everaerts, S. Joniau, H. Van Poppel, N. Rajarubendra, I.S. Gill, A. Larcher, A. Mottrie, M. Schmautz, A. Heidenreich, A. Kalz, D. Osmonov, K.-P. Juenemann, A. Herlemann, C. Gratzke, C. Stief, F. Montorsi, A. Briganti</i></p> <p>We reported the largest available series of patients treated with salvage lymph node dissection (SLND), and we developed the first risk stratification tool to identify the optimal candidate to SLND based on routinely available preoperative characteristics. This tool can be useful to avoid use of SLND in men more likely to progress despite any imaging-guided approach.</p>	<p>176</p>
<p>Case Series of the Month</p> <p></p>	<p>Genomic Analysis of Three Metastatic Prostate Cancer Patients with Exceptional Responses to Carboplatin Indicating Different Types of DNA Repair Deficiency</p> <p><i>Z. Zafeiriou, D. Bianchini, R. Chandler, P. Rescigno, W. Yuan, S. Carreira, M. Barrero, A. Petremolo, S. Miranda, R. Riisnaes, D.N. Rodrigues, B. Gurel, S. Sumanasuriya, A. Paschalis, A. Sharp, J. Mateo, N. Tunariu, A.M. Chinnaiyan, C.C. Pritchard, K. Kelly, J.S. de Bono</i></p> <p>An Imprecise Path to Precision Medicine</p> <p><i>A.K. Morgans</i></p>	<p>184</p> <p>193</p>
<p>Words of Wisdom</p> <p></p>	<p>Re: Determinants of Variable Resource Use for Multidisciplinary Team Meetings in Cancer Care</p> <p><i>T.E. Bjerklund Johansen, T. Cai</i></p> <p>Re: Association Between the Amount of Vaginal Mesh Used with Mesh Erosions and Repeated Surgery After Repairing Pelvic Organ Prolapse and Stress Urinary Incontinence</p> <p><i>R. Lombardo, F.C. Burkhard, A. Tubaro</i></p> <p>Re: Clinical Outcomes of the Upper Urinary Tract after Ureteral Clipping for Treatment of Low Functioning or Nonfunctioning Renal Moieties</p> <p><i>C. Radmayr</i></p> <p>Re: Below Safety Limits, Every Unit of Glomerular Filtration Rate Counts: Assessing the Relationship between Renal Function and Cancer-specific Mortality in Renal Cell Carcinoma</p> <p><i>S.C. Campbell, C. Suk-Ouichai, Y.-L. Ye</i></p> <p>Re: Robot-assisted Radical Cystectomy Versus Open Radical Cystectomy in Patients with Bladder Cancer (RAZOR): An Open-label, Randomised, Phase 3, Non-inferiority Trial</p> <p><i>E. Linares-Espinós, R. Sánchez-Salas</i></p> <p>Re: Robot-assisted Laparoscopic Prostatectomy Versus Open Radical Retropubic Prostatectomy: 24-month Outcomes from a Randomised Controlled Study</p> <p><i>A. Skolarikos</i></p>	<p>195</p> <p>196</p> <p>197</p> <p>198</p> <p>199</p> <p>200</p>
<p>Research Letters</p> <p></p>	<p>An Open-label Randomized Phase 2 study of Durvalumab Alone or in Combination with Tremelimumab in Patients with Advanced Germ Cell Tumors (APACHE): Results from the First Planned Interim Analysis</p> <p><i>A. Necchi, P. Giannatempo, D. Raggi, L. Mariani, M. Colecchia, E. Farè, F. Monopoli, G. Calareso, S.M. Ali, J.S. Ross, J.H. Chung, R. Salvioni</i></p>	<p>201</p>

A Dedicated Prostate MRI Teaching Course Improves the Ability of the Urologist to Interpret Clinically Significant Prostate Cancer on Multiparametric MRI

203

V. Kasivisvanathan, A. Ambrosi, F. Giganti, E. Chau, A. Kirkham, S. Punwani, C. Allen, M. Emberton, C.M. Moore

Congress Calendar

e9

The illustrations on the cover of this issue are taken from the article by Benoit Peyronnet, Grégoire Capon, Olivier Belas, Andrea Manunta, Clément Allenet, Juliette Hascoet, Jehanne Calves, Michel Belas, Pierre Callerot, Grégoire Robert, Aurélien Descazeaud, Georges Fournier, Robot-assisted AMS-800 Artificial Urinary Sphincter Bladder Neck Implantation in Female Patients with Stress Urinary Incontinence, which is published on pp. 169–175 of this issue.

