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	Primary Whole-gland Cryoablation for Prostate Cancer: Biochemical Failure and Clinical Recurrence at 5.6 Years of Follow-up <i>M. Oishi, I.S. Gill, A.N. Ashrafi, M. Lin-Brandt, N. Nassiri, T. Shin, A. Bove, G.E. Cacciamani, O. Ukimura, D.K. Bahn, A.L. de Castro Abreu</i> Whole-gland cryoablation for prostate cancer provides an alternative treatment to radical prostatectomy and radiation therapy with good medium-term oncologic outcomes. Patients were more likely to have recurrence if their prostate-specific antigen nadir was ≥ 0.2 ng/ml within 6 mo postcryoablation.	208
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Platinum Priorities Brief Correspondence, Original Articles and Review Articles together with the Full Length Editorials	The American Opioid Crisis: The Inexorable March to Death and Addiction <i>K. Theisen, B.J. Davies</i>	219
Prostate Cancer	Are We Improving Erectile Function Recovery After Radical Prostatectomy? Analysis of Patients Treated over the Last Decade <i>P. Capogrosso, E.A. Vertosick, N.E. Benfante, J.A. Eastham, P.J. Scardino, A.J. Vickers, J.P. Mulhall</i> Despite the widespread use of robotic surgery and advances in surgical technique and patient postoperative management, we did not observe an improvement in the rate of post-radical prostatectomy (RP) erectile function (EF) recovery over the last decade. These findings encourage research for additional strategies to improve EF after RP.	221
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Bladder Cancer	Genomic Differences Between "Primary" and "Secondary" Muscle-invasive Bladder Cancer as a Basis for Disparate Outcomes to Cisplatin-based Neoadjuvant Chemotherapy <i>E.J. Pietzak, E.C. Zabor, A. Bagrodia, J. Armenia, W. Hu, A. Zehir, S. Funt, F. Audenet, D. Barron, N. Maamouri, Q. Li, M.Y. Teo, M.E. Arcila, M.F. Berger, N. Schultz, G. Dalbagni, H.W. Herr, D.F. Bajorin, J.E. Rosenberg, H. Al-Ahmadie, B.H. Bochner, D.B. Solit, G. Iyer</i> Patients with secondary muscle-invasive bladder cancer (MIBC) treated with neoadjuvant chemotherapy had worse clinical outcomes than patients treated similarly with primary MIBC. These contrasting clinical outcomes may have resulted from differing rates of cisplatin-sensitizing ERCC2 mutations that were enriched in primary MIBC.	231

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Surgical outcomes after robot-assisted partial nephrectomy are importantly and individually affected by surgeon's experience. Robot-assisted partial nephrectomy must be regarded as a complex surgical procedure with a relatively long learning curve. Specifically, after 150 cases, no further improvement is observed with respect to ischemia time, but the learning curve appears endless with respect to complications.

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After curative treatment for localised kidney cancer, a more intensive follow-up regimen than that recommended in the 2017 European Association of Urology guidelines did not improve overall survival among those experiencing recurrence, irrespective of the risk of recurrence. This suggests that an increase in follow-up imaging frequency is not cost-efficient. Prospective studies to identify more optimal follow-up strategies are needed.

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 Once-daily vibegron (50 and 100 mg) was well tolerated and efficacious in treating overactive bladder (OAB) in this randomized, controlled, phase IIb trial, providing a proof of concept for vibegron as a promising new investigational OAB treatment and supporting its further clinical development.

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 Nonmetastatic castration-resistant prostate cancer is a heterogeneous clinical state defined by rising prostate-specific antigen on androgen deprivation therapy but without imaging evidence of metastatic disease. New systemic therapies prolong time to metastatic disease. More sensitive imaging modalities will likely redefine this state in the near future.

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 This is the first report of a randomized, multicenter, prospective study in men on active surveillance for low-risk prostate cancer having their confirmatory biopsy. The study sought to compare the rate of upgrading to clinically significant cancer (Grade group ≥ 2), of systematic 12-core biopsy versus magnetic resonance imaging (MRI) with targeted biopsy. Systematic biopsies were also performed in the MRI group. The findings were that targeted biopsy using two cores per target in addition to systematic biopsies did not identify more significant cancers than systematic biopsies alone. Targeted biopsies identified the majority, but not all significant cancers compared with 12-core systematic biopsies. Systematic biopsies also missed some significant cancers. We conclude that, in men on active surveillance, targeted biopsies identify most, but not all, clinically significant cancers.

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Prediction of High-grade Prostate Cancer Following Multiparametric Magnetic Resonance Imaging: Improving the Rotterdam European Randomized Study of Screening for Prostate Cancer Risk Calculators 310
 A.R. Alberts, M.J. Roobol, J.F.M. Verbeek, I.G. Schoots, P.K. Chiu, D.F. Osses, J.D. Tijsterman, H.P. Beerlage, C.K. Mannaerts, L. Schimmöller, P. Albers, C. Arsov
 The magnetic resonance imaging-based Rotterdam European Randomized Study of Screening for Prostate Cancer (MRI-ERSPC) risk calculators include age and Prostate Imaging Reporting and Data System as parameters, and predict (Gleason $\geq 3 + 4$) prostate cancer in transrectal ultrasound-guided systematic biopsy and MRI-targeted biopsy. The MRI-ERSPC risk calculator could help avoid one-third of biopsies following MRI in previously biopsied men.

Bladder Cancer		<p>External Beam Radiotherapy Increases the Risk of Bladder Cancer When Compared with Radical Prostatectomy in Patients Affected by Prostate Cancer: A Population-based Analysis 319</p> <p><i>M. Moschini, E. Zaffuto, P.I. Karakiewicz, D.D. Andrea, B. Foerster, M. Abufaraj, F. Soria, A. Mattei, F. Montorsi, A. Briganti, S.F. Shariat</i></p> <p>Patients treated with external beam radiotherapy for a localized prostate cancer are at an increased risk of developing a second bladder cancer tumor compared with those treated with radical prostatectomy. Conversely, no differences regarding rectal cancer incidence were reported between the two techniques.</p>
Sexual Medicine		<p>Antifibrotic Synergy Between Phosphodiesterase Type 5 Inhibitors and Selective Oestrogen Receptor Modulators in Peyronie's Disease Models 329</p> <p><i>M.M. Ilg, M. Mateus, W.J. Stebbeds, U. Milenkovic, N. Christopher, A. Muneer, M. Albersen, D.J. Ralph, S. Celtek</i></p> <p>We have developed a novel phenotypic screening assay measuring myofibroblast transformation and tested 21 compounds. Only phosphodiesterase type 5 inhibitors and selective oestrogen receptor modulators showed significant effects. The drugs exerted a synergistic effect in vitro and in vivo, suggesting that their combination may be clinically efficacious.</p>
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The illustrations on the cover of this issue are taken from the article by Vincenzo Ficarra, Gianluca Giannarini, Alessandro Crestani, Vito Palumbo, Marta Rossanese, Claudio Valotto, Antonino Inferrera, Vito Pansadoro, Retrosigmoid Versus Traditional Ileal Conduit for Urinary Diversion After Radical Cystectomy, which is published on pp. 294–299 of this issue.

