

CONTENTS

Platinum Opinions	The Platinum Hall of Fame 10.1016/j.eururo.2019.01.022	e43
	Node-positive Nonmetastatic Prostate Cancer: Time to Reconsider Prognostic Staging?	355
	<i>A. Shinde, R. Li, S. Glaser, A. Amini</i>	
	<p>Node-positive nonmetastatic prostate cancer is currently prognosticated as stage IV, despite evidence that a proportion of this patient population can be cured. We provide evidence and request reconsideration of prognostic staging in the next edition of the American Joint Committee on Cancer staging manual.</p>	
	Guidelines for Reporting of Statistics for Clinical Research in Urology	358
	<i>M. Assel, D. Sjoberg, A. Elders, X. Wang, D. Huo, A. Botchway, K. Delfino, Y. Fan, Z. Zhao, T. Koyama, B. Hollenbeck, R. Qin, W. Zahnd, E.C. Zabor, M.W. Kattan, A.J. Vickers</i>	
	<p>Investigators submitting clinical research to European Urology are encouraged to follow guidelines for the reporting of statistics. Adoption of the guidelines will not only increase the quality of published papers, but also improve statistical knowledge in urology in general.</p>	
Brief Correspondence	Plasma Androgen Receptor and Docetaxel for Metastatic Castration-resistant Prostate Cancer	368
	<i>V. Conteduca, A. Jayaram, N. Romero-Laorden, D. Wetterskog, S. Salvi, G. Gurioli, E. Scarpi, E. Castro, M. Marin-Aguilera, C. Lolli, G. Schepisi, A. Maugeri, A. Wingate, A. Farolfi, V. Casadio, A. Medina, J. Puente, M.J.M. Vidal, R. Morales-Barrera, J.C. Villa-Guzmán, S. Hernando, A. Rodriguez-Vida, A. González-del-Alba, B. Mellado, E. Gonzalez-Billalabeitia, D. Olmos, G. Attard, U. De Giorgi</i>	
	<p>Analysis of metastatic castration-resistant prostate cancer (mCRPC) patients receiving first-line therapy showed that plasma androgen receptor (AR)-normal status favored treatment with abiraterone or enzalutamide, whilst docetaxel benefit was unrelated to plasma AR. AR testing in plasma may have clinical utility for treatment selection in mCRPC.</p>	
	Results of Prostate Cancer Screening in a Unique Cohort at 19 yr of Follow-up	374
	<i>D.F. Osses, S. Remmers, F.H. Schröder, T. van der Kwast, M.J. Roobol</i>	
	<p>The considerable reduction in both metastatic disease and prostate cancer (PCa) mortality in a cohort with 19 yr of follow-up, largely without prostate-specific antigen (PSA) contamination and 60% of men deceased, suggests a stronger benefit of PSA-based PCa screening than so far reported. Confirmation of these results could lead to new insights on the harm-benefit ratio of PCa screening.</p>	
Platinum Priorities	Clinical Features and Therapeutic Outcomes in Men with Advanced Prostate Cancer and DNA Mismatch Repair Gene Mutations	378
Brief Correspondence, Original Articles and Review Articles together with the Full Length Editorials	<i>E.S. Antonarakis, F. Shaikat, P. Isaacsson Velho, H. Kaur, E. Shenderov, D.M. Pardoll, T.L. Lotan</i>	
	<p>Despite aggressive clinicopathological features, mismatch repair (MMR)-mutated advanced prostate cancers are exquisitely responsive to standard and next-generation hormonal therapies, and also demonstrate anecdotal sensitivity to PD-1 inhibitors. Moreover, the presence of certain histological features (Gleason sum 9 or 10, and intraductal carcinoma) should prompt genomic evaluation of MMR deficiency, which is an actionable finding given the Food and Drug Administration's approval of pembrolizumab in this context.</p>	
Prostate Cancer		

Towards a New Classification for Metastatic Prostate Cancer	383
<i>J. Mateo, J. Carles</i>	
Prostate Imaging-Reporting and Data System Steering Committee: PI-RADS v2 Status Update and Future Directions	385
<i>A.R. Padhani, J. Weinreb, A.B. Rosenkrantz, G. Villeirs, B. Turkbey, J. Barentsz</i>	
Multiparametric magnetic resonance imaging (MRI) and MRI-directed biopsies using the Prostate Imaging-Reporting and Data System improves the detection of prostate cancers likely to cause harm, and at the same time decreases the detection of disease that does not lead to harm if left untreated. The keys to success are high-quality imaging, reporting, and biopsies by radiologists and urologists working together in multidisciplinary teams.	
What Needs To Be Done Before Prostate Magnetic Resonance Imaging Can Safely Be Applied in the General Population	397
<i>J. Walz</i>	
Baseline Prostate-specific Antigen Level in Midlife and Aggressive Prostate Cancer in Black Men	 399
<i>M.A. Preston, T. Gerke, S.V. Carlsson, L. Signorello, D.D. Sjoberg, S.C. Markt, A.S. Kibel, Q.-D. Trinh, M. Steinwandel, W. Blot, A.J. Vickers, H. Lilja, L.A. Mucci, K.M. Wilson</i>	
Prostate-specific antigen (PSA) level during midlife strongly predicted total and aggressive prostate cancer among black men. Risk-stratified screening based on midlife PSA might retain the benefits of screening while reducing harms.	
Personalized Prostate Cancer Screening Based on a Single Midlife Prostate-specific Antigen Measurement	408
<i>R.E. Graff, L. Kachuri, J.S. Witte</i>	
Effect on Survival of Androgen Deprivation Therapy Alone Compared to Androgen Deprivation Therapy Combined with Concurrent Radiation Therapy to the Prostate in Patients with Primary Bone Metastatic Prostate Cancer in a Prospective Randomised Clinical Trial: Data from the HORRAD Trial	410
<i>L.M.S. Boevé, M.C.C.M. Hulshof, A.N. Vis, A.H. Zwinderman, J.W.R. Twisk, W.P.J. Witjes, K.P.J. Delaere, R.J.A. van Moorselaar, P.C.M.S. Verhagen, G. van Andel</i>	
In the current randomised controlled trial, there is no improvement in overall survival when comparing androgen deprivation therapy alone to androgen deprivation therapy with concurrent radiotherapy to the prostate in patients with primary bone metastatic prostate cancer.	
Local Treatment in Metastatic Prostate Cancer: A Cultural Shift Confronts Power and Selection	419
<i>A. Dal Pra, M. Abramowitz, A. Pollack</i>	
Molecular Subtypes of Urothelial Bladder Cancer: Results from a Meta-cohort Analysis of 2411 Tumors	423
<i>T.Z. Tan, M. Rouanne, K.T. Tan, R.Y.-J. Huang, J.-P. Thiery</i>	
A gene expression analysis for over 2000 bladder carcinomas shows six potential clinically relevant molecular subtypes with distinct pathways and targetable vulnerability. Non-muscle-invasive bladder cancer with a high risk of progression displays molecular features of muscle-invasive disease.	
Molecular Subtypes of Bladder Cancer: Academic Exercise or Clinical Relevance?	433
<i>L. Dyrskjøt</i>	
The Cancer Immunogram as a Framework for Personalized Immunotherapy in Urothelial Cancer	435
<i>N. van Dijk, S.A. Funt, C.U. Blank, T. Powles, J.E. Rosenberg, M.S. van der Heijden</i>	
Checkpoint inhibitors induce durable responses in a subset of urothelial cancer (UC) patients. A theoretical framework to understand immunotherapy response is warranted. Longitudinal integration of multiple parameters into the UC immunogram may ultimately lead to individualized immunotherapy to combat therapy resistance.	

Urothelial Cancer



		The Cancer Immunogram: A Pledge for a Comprehensive Biomarker Approach for Personalized Immunotherapy in Urothelial Cancer	445
		<i>H. Zahoor, P. Grivas</i>	
Pediatric Urology		Treatment of Varicocele in Children and Adolescents: A Systematic Review and Meta-analysis from the European Association of Urology/European Society for Paediatric Urology Guidelines Panel	EU*ACME 448
		<i>M.S. Silay, L. Hoen, J. Quadackers, S. Undre, G. Bogaert, H.S. Dogan, R. Kocvara, R.J.M. Nijman, C. Radmayr, S. Tekgul, R. Stein</i>	
		Moderate evidence exists on the benefits of varicocele treatment in children and adolescents in terms of testicular volume and sperm concentration. Lymphatic sparing surgery decrease hydrocele formation. Long-term outcomes including paternity and fertility still remain unknown.	
		Does the Evidence Support Adolescent Varicocelectomy?	462
		<i>J. Elder</i>	
Reviews		Pelvic Complications After Prostate Cancer Radiation Therapy and Their Management: An International Collaborative Narrative Review	EU*ACME 464
		<i>R. Matta, C.R. Chapple, M. Fisch, A. Heidenreich, S. Herschorn, R.T. Kodama, B.F. Koontz, D.G. Murphy, P.L. Nguyen, R.K. Nam</i>	
Prostate Cancer		We developed and validated a set of formulas that allow conversion of sexual and urinary function scores between the Memorial Sloan Kettering and Expanded Prostate Cancer Index Composite Short Form (EPIC-26) patient-reported outcome questionnaires. These crosswalks allow seamless transition between the two questionnaires.	
Kidney Cancer		Ischemia Techniques in Nephron-sparing Surgery: A Systematic Review and Meta-Analysis of Surgical, Oncological, and Functional Outcomes	477
		<i>F. Greco, R. Autorino, V. Altieri, S. Campbell, V. Ficarra, I. Gill, A. Kutikov, A. Mottrie, V. Mirone, H. van Poppel</i>	
		Ischemia technique at partial nephrectomy has no significant impact on surgical, oncological, and functional outcomes. No ischemia technique universally outperforms the others for all clinical scenarios, and the choice for a technique can be individualized and based on patient and tumor characteristics as well as on surgeon preferences.	
Surgery in Motion		Urethra and Ejaculation Preserving Robot-assisted Simple Prostatectomy: Near-infrared Fluorescence Imaging-guided Madigan Technique	492
		<i>G. Simone, L. Misuraca, U. Anceschi, F. Minisola, M. Ferriero, S. Guaglianone, G. Tuderti, M. Gallucci</i>	
		We describe a novel robotic technique to perform simple prostatectomy with the preservation of the prostatic urethra and ejaculatory ducts. This procedure provided complete preservation of antegrade ejaculation in two-thirds of patients at 1-yr assessment.	
Original Articles		Multifocal Primary Prostate Cancer Exhibits High Degree of Genomic Heterogeneity	498
		<i>M. Løvf, S. Zhao, U. Axcrona, B. Johannessen, A.C. Bakken, K.T. Carm, A.M. Hoff, O. Myklebost, L.A. Meza-Zepeda, A.K. Lie, K. Axcrona, R.A. Lothe, R.I. Skotheim</i>	
Prostate Cancer		Primary multifocal prostate cancers are highly disparate with no common somatic mutations among different tumor foci within the same prostate. This knowledge is important for future implementation of genome-based personalized prostate cancer medicine.	
		A Novel Nomogram to Identify Candidates for Extended Pelvic Lymph Node Dissection Among Patients with Clinically Localized Prostate Cancer Diagnosed with Magnetic Resonance Imaging-targeted and Systematic Biopsies	506
		<i>G. Gandaglia, G. Ploussard, M. Valerio, A. Mattei, C. Fiori, N. Fossati, A. Stabile, J.-B. Beauval, B. Malavaud, M. Roumiguié, D. Robesti, P. Dell'Oglio, M. Moschini, S. Zamboni, A. Rakauskas, F. De Cobelli, F. Porpiglia, F. Montorsi, A. Briganti</i>	
		Currently available models predicting lymph node invasion are characterized by suboptimal characteristics in patients diagnosed via magnetic resonance imaging (MRI)-targeted biopsy. A novel nomogram specifically developed in this setting including multiparametric MRI and MRI-targeted biopsy data should be used to identify patients at higher risk of (LNI) who should be considered for extended pelvic lymph node dissection.	

Comparison of the Prognostic Utility of the Cell Cycle Progression Score for Predicting Clinical Outcomes in African American and Non-African American Men with Localized Prostate Cancer 515

D.J. Canter, J. Reid, M. Latsis, M. Variano, S. Halat, S. Rajamani, K.E. Gurtner, Z. Sangale, M. Brawer, S. Stone, S. Bardot

The clinical cell-cycle risk (CCR) score, which combines molecular and clinical variables, provides prognostic information independent of ancestry, risk category, and treatment. The CCR score can be used as a generalizable tool to improve risk discrimination among men with prostate cancer.

Reasons for Discontinuing Active Surveillance: Assessment of 21 Centres in 12 Countries in the Movember GAP3 Consortium 523

M. Van Hemelrijck, X. Ji, J. Helleman, M.J. Roobol, W. van der Linden, D. Nieboer, C.H. Bangma, M. Frydenberg, A. Rannikko, L.S. Lee, V.J. Gnanapragasam, M.W. Kattan, Members of the Movember Foundation's Global Action Plan Prostate Cancer Active Surveillance (GAP3) consortium

After about 5 yr, about 56% of men were still on active surveillance. Signs of disease progression (28%) and conversion to active treatment without evidence of progression (13%) were the main reasons for discontinuation.

Words of Wisdom

Re: Geobiology Reveals How Human Kidney Stones Dissolve In Vivo 532

S. Ho

Re: Patient Safety in Vaginal Mesh Surgery 533

G.H. Badlani

Re: A Randomized, Double-blind, Placebo-controlled Trial of Certolizumab Pegol in Women with Refractory Interstitial Cystitis/Bladder Pain Syndrome 534

P. Radziszewski, L. Zapata

Re: Are We Improving Erectile Function Recovery After Radical Prostatectomy? Analysis of Patients Treated over the Last Decade 534

P. Radziszewski, P. Zapata

Re: Radiotherapy to the Primary Tumour for Newly Diagnosed, Metastatic Prostate Cancer (STAMPEDE): A Randomised Controlled Phase 3 Trial 535

D. Tilki, C.P. Evans

Re: [¹⁷⁷Lu]-PSMA-617 Radionuclide Treatment in Patients with Metastatic Castration-resistant Prostate Cancer (LuPSMA Trial): A Single-centre, Single-arm, Phase 2 Study 536

K. De Man, P. Ost

Research Letters

PD-L1 Antibody Comparison in Urothelial Carcinoma 538

M. Rijnders, A.A.M. van der Veldt, T.C.M. Zuiverloon, K. Grünberg, E. Thunnissen, R. de Wit, G.J.L.H. van Leenders

Letters to the Editor published online

The Case Against the European Medicines Agency's Change to the Label for Radium-223 for the Treatment of Metastatic Castration-resistant Prostate Cancer e51

J.M. O'Sullivan, D. Heinrich, N.D. James, S. Nilsson, P. Ost, C.C. Parker, B. Tombal

Reply to Joe O'Sullivan, Daniel Heinrich, Nicholas D. James, et al.'s Letter to the Editor re: The Case Against the European Medicines Agency's Change to the Label for Radium-223 for the Treatment of Metastatic Castration-resistant Prostate Cancer. Eur Urol 2019;75:e51-e52 e53

On behalf of EMA

Re: Melissa Assel, Anders Dahlin, David Ulmert, et al. Association Between Lead Time and Prostate Cancer Grade: Evidence of Grade Progression from Long-term Follow-up of Large Population-based Cohorts Not Subject to Prostate-specific Antigen Screening. Eur Urol 2018;73:961-7 e54

K.L. Penney, M. Loda, M.J. Stampfer

- Reply to Kathryn L. Penney, Massimo Loda, and Meir J. Stampfer's Letter to the Editor re: Melissa Assel, Anders Dahlin, David Ulmert, et al. Association Between Lead Time and Prostate Cancer Grade: Evidence of Grade Progression from Long-term Follow-up of Large Population-based Cohorts Not Subject to Prostate-specific Antigen Screening. Eur Urol 2018;73:961-7** e56
A.J. Vickers, H. Lilja, M. Assel
- Re: Christian Gratzke, Rob van Maanen, Christopher Chapple, et al. Long-term Safety and Efficacy of Combined Mirabegron and Solifenacin Compared with Monotherapy in Patients with Overactive Bladder: A Randomised, Multicentre Phase 3 Study (SYNERGY II). Eur Urol 2018;74:501-9** e57
S.-R. Lee, B.-W. Park, J.H. Kim
- Reply to So-Ryoung Lee, Byoung-Won Park, and Jae Heon Kim's Letter to the Editor re: Christian Gratzke, Rob van Maanen, Christopher Chapple, et al. Long-term Safety and Efficacy of Combined Mirabegron and Solifenacin Compared with Monotherapy in Patients with Overactive Bladder: A Randomised, Multicentre Phase 3 Study (SYNERGY II). Eur Urol 2018;74:501-9** e59
C. Gratzke, E. Siddiqui
- Re: Abdenour Nabid, Nathalie Carrier, André-Guy Martin, et al. Duration of Androgen Deprivation Therapy in High-risk Prostate Cancer: A Randomized Phase III Trial. Eur Urol 2018;74:432-31** e61
P. Ghadjar, T. Wiegel
- Reply to Pirus Ghadjar and Thomas Wiegel's Letter to the Editor re: Abdenour Nabid, Nathalie Carrier, André-Guy Martin, et al. Duration of Androgen Deprivation Therapy in High-risk Prostate Cancer: A Randomized Phase III Trial. Eur Urol 2018;74:432-31** e63
A. Nabid, L. Souhami
- Reply to Michael Staehler, Dena Battle, Axel Bex, Hans Hammers, and Daniel George's Letter to the Editor re: Arnaud Méjean, Alain Ravaud, Simon Thezenas, et al. Sunitinib Alone or After Nephrectomy in Metastatic Renal-cell Carcinoma. Eur Urol 2018;74:842-843 Lymphocyte phenotype and Timing of Radical Nephrectomy in Patients Treated with Immunocheckpoint Inhibitors for Renal Cell Carcinoma** e64
M. Santoni, R. Montironi, N. Battelli, F. Massari
- Re: Maxine Sun, Lorenzo Marconi, Tim Eisen, et al. Adjuvant Vascular Endothelial Growth Factor-targeted Therapy in Renal Cell Carcinoma: A Systematic Review and Pooled Analysis. Eur Urol 2018;74:611-20. Systematic Review Findings on the Role of Adjuvant Vascular Endothelial Growth Factor-targeted Therapy in Renal Cell Carcinoma** e67
E.C. Hwang, M.C. Risk, P. Dahm
- Re: Liselotte M.S. Boevé, Maarten C.C.M. Hulshof, André N. Vis, et al. Effect on Survival of Androgen Deprivation Therapy Alone Compared to Androgen Deprivation Therapy Combined with Concurrent Radiation Therapy to the Prostate in Patients with Primary Bone Metastatic Prostate Cancer in a Prospective Randomised Clinical Trial: Data from the HORRAD Trial. Eur Urol 2019;75:410-418 Future Steps for Definitive Therapy in Metastatic Prostate Cancer: Lessons from the HORRAD Trial** e69
A. Shinde, R. Li, A. Amini, S. Glaser