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	http://dx.doi.org/10.1016/j.eururo.2019.03.025	
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	<i>G. Di Lorenzo, C. Buonerba</i> The oligometastatic state of prostate cancer (PC) is of clinical importance because of its implications for surgery, radiotherapy, and systemic therapy. Improving the definition of oligometastatic PC will offer an opportunity to discover whether disease burden is a clinically meaningful variable or if oligometastasis is a distinctive state of PC with a largely unexplored biological background.	
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	<i>N. Sundahl, G. Vandekerckhove, K. Decaestecker, A. Meireson, P. De Visschere, V. Fonteyne, D. De Maeseneer, D. Reynders, E. Goetghebeur, J. Van Dorpe, S. Verbeke, M. Annala, L. Brochez, K. Van der Eecken, A.W. Wyatt, S. Rottey, P. Ost</i> Pembrolizumab can safely be combined with stereotactic body radiotherapy (SBRT) both sequentially and concomitantly. With an objective response rate of 44.4%, concomitant SBRT seems most promising. Circulating tumor DNA fraction could serve as a surrogate for monitoring disease evolution.	
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Image-fusion results in a clinically significant prostate cancer detection rate were similar to those of visual registration performed by an experienced operator. Detection could be improved by 14% with no adverse effect on patient safety by adding image fusion to conventional visual-registration targeting.

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Men with inherited mutations in DNA repair genes (BRCA1/2 and ATM) have a greater risk of grade reclassification on active surveillance (AS) than those without. Mutation status can help inform decisions for AS.

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We found that clear cell renal cell carcinoma (ccRCC) tumor cell-intrinsic glutamine metabolism enhances the immunosuppressive function of Treg cells through macrophage-derived interleukin (IL)-23. Patients with a high intratumoral IL-23 level had significantly worse survival. IL-23 should be considered as a therapeutic target in ccRCC.

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B. Bhindi, C.M. Lohse, P.J. Schulte, R.J. Mason, J.C. Cheville, S.A. Boorjian, B.C. Leibovich, R.H. Thompson

We created prediction models for postoperative renal function after partial and radical nephrectomy based on preoperative features. These models may help clinicians in patient counseling and decision-making for the management of renal masses, particularly those with high anatomic complexity.

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There is currently a lack of high-level evidence on how best to train trainers in robot-assisted surgery. We report a Delphi process consensus view formulated by US and European training experts on a standardised "train-the-trainer" curriculum for robotic surgery.

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Standardized and Validated Training Programs for Robot-assisted Laparoscopy: The Challenge of the Future

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Management of Urinary Retention in Patients with Benign Prostatic Obstruction: A Systematic Review and Meta-analysis 788

M. Karavitakis, I. Kyriazis, M.I. Omar, S. Gravas, J.-N. Cornu, M.J. Drake, M. Gacci, C. Gratzke, T.R.W. Herrmann, S. Madersbacher, M. Rieken, M.J. Speakman, K.A.O. Tikkinen, Y. Yuan, C. Mamoulakis

Alfuzosin and tamsulosin appear to provide higher rates of successful trial without catheter. Most nonpharmacological treatment options have not been evaluated in patients with urinary retention secondary to benign prostatic obstruction. Consequently, the evidence is inconclusive regarding the efficacy of nonpharmacological interventions for the management of urinary retention secondary to benign prostatic obstruction.

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B. Ljungberg, L. Albiges, Y. Abu-Ghanem, K. Bensalah, S. Dabestani, S.F.-P. Montes, R.H. Giles, F. Hofmann, M. Hora, M.A. Kuczyk, T. Kuusk, T.B. Lam, L. Marconi, A.S. Merseburger, T. Powles, M. Staehler, R. Tahbaz, A. Volpe, A. Bex

The 2019 European Association of Urology renal cell cancer guidelines have been updated by a multidisciplinary panel of experts, based on the highest methodological standards. These guidelines provide the most reliable contemporaneous evidence base for the management of patients with renal cell cancer in 2019.

Surgery in Motion

Robot-assisted Partial Adrenalectomy for the Treatment of Conn's Syndrome: Surgical Technique, and Perioperative and Functional Outcomes 811

G. Simone, U. Anceschi, G. Tuderti, L. Misuraca, A. Celia, B. De Concilio, M. Costantini, A. Stigliano, F. Minisola, M. Ferrero, S. Guaglianone, M. Gallucci

Robot-assisted partial adrenalectomy is a feasible and safe surgical option for small, isolated unilateral aldosterone-producing adenoma. The role of partial adrenalectomy (PA) versus total adrenalectomy is still a matter of debate, and indications for PA should be discussed in a multidisciplinary setting.

Original Articles

Prostate Cancer

Which Patients with Clinically Node-positive Prostate Cancer Should Be Considered for Radical Prostatectomy as Part of Multimodal Treatment? The Impact of Nodal Burden on Long-term Outcomes 817

G. Gandaglia, M. Soligo, A. Battaglia, T. Muilwijk, D. Robesti, E. Mazzone, F. Barletta, N. Fossati, M. Moschini, M. Bandini, S. Joniau, R.J. Karnes, F. Montorsi, A. Briganti

Not all prostate cancer patients with clinical lymphadenopathies are affected by systemic disease. Radical prostatectomy with or without systemic therapies might be associated with long-term clinical recurrence-free survival in selected patients with biopsy grade group 1–3 disease and/or enlarged nodes in the pelvis.

Nodal Oligorecurrent Prostate Cancer: Anatomic Pattern of Possible Treatment Failure in Relation to Elective Surgical and Radiotherapy Treatment Templates 826

A. De Bruycker, E. De Bleser, K. Decaestecker, V. Fonteyne, N. Lumen, P. De Visschere, K. De Man, L. Delrue, B. Lambert, P. Ost

This study reports the nodal distribution of oligorecurrent prostate cancer with 50% of the nodes were outside the pelvis. Salvage lymph node dissection and elective nodal radiotherapy cover different areas, potentially influencing outcomes.

Homeobox B13 G84E Mutation and Prostate Cancer Risk 834

T. Nyberg, K. Govindasami, G. Leslie, T. Dadaev, E. Bancroft, H. Ni Raghallaigh, M.N. Brook, N. Hussain, D. Keating, A. Lee, R. McMahon, A. Morgan, A. Mullen, A. Osborne, R. Rageevakumar, The UK Genetic Prostate Cancer Study Collaborators, Z. Kote-Jarai, R. Eeles, A.C. Antoniou

Men with a G84E mutation in the *HOXB13* gene are at a high risk of developing prostate cancer. The risk is however heterogeneous, and is modified by both family history and birth cohort. Genetic counselling should account for this heterogeneity.

Inflammatory Bowel Disease and the Risk of Prostate Cancer 846

J.A. Burns, A.B. Weiner, W.J. Catalona, E.V. Li, E.M. Schaeffer, S.B. Hanauer, S. Strong, J. Burns, M.H.A. Hussain, S.D. Kundu

In a retrospective matched-cohort study, patients with inflammatory bowel disease (IBD) who underwent prostate-specific antigen-based screening had higher rates of any and clinically significant (Gleason ≥ 7) prostate cancer than age- and race-matched patients without IBD. Prospective studies should investigate the relationship between IBD and prostate cancer.

Bladder Cancer

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The Xpert test is a mRNA-based urine assay for bladder cancer detection. In recurrent bladder cancer patients, its test characteristics compare favorably with those of UroVysion and cytology. It represents a promising tool for excluding cancer, thus reducing the need for cystoscopy.

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The illustration on the cover of this issue is taken from the article by David C. Johnson, Steven S. Raman, Sohrab A. Mirak, Lorna Kwan, Amirhossein M. Bajgiran, William Hsu, Cleo K. Maehara, Preeti Ahuja, Izak Faiena, Aydin Pooli, Amirali Salmasi, Anthony Sisk, Ely R. Felker, David S.K. Lu, Robert E. Reiter, Detection of Individual Prostate Cancer Foci via Multiparametric Magnetic Resonance Imaging, which is published on pp. 712–720 of this issue.

