Editorial

Complementary Elements to the Pathogenesis, Early Detection and Second Line Antihormonal Therapy of Prostate Cancer

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The special issue that you are taking in your hands or looking at your screen has been projected for almost two years and the reviewing and editing process also took several months. When reading a small journal like JOMH you will certainly not expect to see revelations of novel treatments—they are rare and placed elsewhere—but you may come across with interesting ideas. Even if they will never be put into the focus of a large controlled trial, they may still influence your attitude and clinical practice.

Two reviews of prostate cancer pathogenesis, six retrospective clinical analyses, two case reports and a bibliographic overview were selected in this issue. Sun X *et al*. [1] from Shandong, China present a genetic data mining revealing some parallelism between genes that may play a role in both, the formation of urinary calculi and prostate cancer. Datta D *et al*. [2] from Kolkata, India try to identify prostate cancer driver oncogenes that could allow the bypassing of castration resistance, the main escape mechanism of metastatic prostate cancer.

The retrospective analyses concern special patient populations, alternative diagnostic algorithms and second line antihormonal treatments. Lewis-Thames M *et al*. [3] show the problematic of cancer screening among black men in the United States. Porav-Hodade D *et al*. [4] report lower cancer detection rate during the COVID-19 pandemic in Romania. Both articles emphasise that early detection is the best way of reducing prostate cancer mortality. Alkan A *et al*. [5] verified the efficacy and toxicity of second line antihormonal therapies in a geriatric population in Turkey. Yang X *et al*. [6] from Ningxia, China elaborated a new formula combining age and prostate volume to improve the predictive value of PSA in the range of 4–20 ng/mL. Hopefully, their results may allow the reduction of the potentially harmful prostate biopsies in frail populations [6]. Szigeti A *et al*. [7] evaluate the diagnostic accuracy of PSMA PET CT available in Hungary. The differentiation between localised, oligometastatic and multimetastatic disease is in fact one of the major dilemmas of prostate cancer care. Local treatments are mandatory in the first two situations (provided the patient is fit enough), while they should be avoided in the latter case for being harmful without providing considerable advantage. With my collaborators we investigated whether it is justified to continue second line antihormonal therapy after PSA progression [8].

The case reports present atypical histologic cancer types. Al Khader A *et al*. [9] present a signet-ring adenocarcinoma from Jordan, Kránitz N *et al*. [10] two neuroendocrine cancers from Hungary. The cases illustrate the importance of the right diagnosis for the achievement of the best treatment outcomes.

The bibliographic overview of Fang H *et al*. [11] from Zhejiang, China identified the 100 most cited articles on castration resistant prostate cancer published between 1992 and 2017. With some irony we may suspect that none of the articles of this issue will be in the Top100 in ten years. Nevertheless, the great lines of international innovations are represented. Interestingly, there is one point, namely the geographic diversity of the authors, where this issue is more balanced than the Top100. Local research groups from different regions of China, India, the Mediterranean and European countries and the United States responded to our invitation, while the Top100 articles resulted from international academic collaborations dominated by the United States.

As part of the preparation of this special issue we all continued to survey the literature. Let me share my favourite finding and candidate for the Top100 in ten years! Hurst R *et al*. [12] in the United Kingdom demonstrated an association between the presence of bacteria in the urine sediment and higher D'Amico risk group prostate cancer. Among the bacteria they identified four novel anaerobic species. This result may open new ways of prostate cancer prevention and treatment suggesting that the trigger of prostate cancer genesis might be an infectious element even if the major factor that determines progression is the widely admitted hormonal sensitivity. Furthermore, what if the analysis of the colonisation of breast canaliculi provides similar results for breast cancer?

Many thanks for the authors of the articles for sharing their work on our pages. In the name of the whole editorial board I wish you good reading and fruitful application of the results in your future research and clinical practice.

Author Contributions

The full conception of the Editorial is from TK.

Ethics Approval and Consent to Participate

Not applicable.

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Conflict of Interest

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