GUEST EDITORIAL

 \P he current supplement of the Canadian Journal of Urology highlights some of the topics covered at the 4th annual Current Problems in Urology (CPU) meeting that was recently held in Banff, Alberta. Again this year, the meeting allowed for some very thoughtful and provocative presentations and discussions. This year the gathering was truly international in flavor with participants from Sweden, the Netherlands, Mexico, the US, and, of course, Canada. Topics discussed included superficial and invasive bladder cancer, new developments in kidney cancer, benign prostatic hyperplasia (BPH), interstitial cystitis, and inflammation in urology. There were several topics of interest related to prostate cancer including the European randomized screening study's recent results, the value of nomograms in predicting outcomes, and the issue of obesity and prostate cancer. Important developments in radiation oncology as well as the issue of salvage versus adjuvant radiotherapy were talked about. The way to approach patients who fail surgery, radiation, or hormonal therapy was also covered. A look into the future ended the meeting with a diversity of topics including diagnostics, therapeutics, training, and genetics. An excellent faculty comprised of urologists, radiation oncologists, and medical oncologists gave participants truly leading edge updates. The combination of high caliber participants with an enthusiastic faculty resulted in excellent interactive discussions. We are very pleased that several members of the faculty have contributed articles to this supplement that summarize the state-of-the-art lectures that they gave. These are high quality, practical papers that we hope you will find useful.

Given the outstanding quality of the past four CPU meetings it is hoped that conferences of this nature will continue to be held in order to encourage interactions between different specialties dealing with urologic disease. What future CPU meetings will look like is part of an ongoing debate, but they will have to take into consideration the needs of participants, the changing landscape in organizing CME events, and the more active role we believe our CUA will and should take in the future.

We hope you find this supplement as interesting to read as it was to prepare.

Sincerely,

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