

### New technologies and traditional skills

**T**his issue contains the abstracts for the 54<sup>th</sup> annual meeting of the Northeastern Section of the American Urological Association, (AUA). The Canadian Journal of Urology, (CJU), enjoys an outstanding partnership with the Canadian Urological Association, (CUA), and it is gratifying that this now extends to the Northeastern Section. This is the 2nd consecutive year that the abstracts of this meeting have been published in the CJU, and we look forward to an ongoing collaboration with the Section. The abstracts cover the entire gamut of urology and include a substantial number of basic research presentations. We congratulate the organizers on putting together a superb meeting.

The lead article from the London group on new technologies for ablation of renal tumors is timely and relevant. The surgical management of small renal cancers is in a period of rapid transition. The first step in this shift was the widespread acceptance of partial nephrectomy in the face of a normal contralateral kidney. For small, polar renal masses, the traditional approach of open radical nephrectomy has followed the dodo bird. The EORTC initiated a trial of radical vs. partial nephrectomy for small renal cancers in the mid 90's. This was thought to be an important surgical question at that time. Nonetheless, after accruing about 300 of a planned 1000 patients, the trial is now failing due to lack of accrual. Clinical equipoise has been lost due to surgical progress.

The second step was the introduction of laparoscopic nephrectomy. This technique is rapidly diffusing through the urological community. There is a general acceptance that the rate of recurrence is no higher, and the morbidity considerably less than with open surgery. The window of opportunity for a randomized trial of laparoscopic vs. open nephrectomy has also closed. No self-respecting surgeon with laparoscopy in his armamentarium would try to promote such a trial to his patients.

The third step, currently in development, is the widespread acquisition of the more advanced laparoscopic skills required for laparoscopic partial nephrectomy. This operation is feasible and will become routine quickly.

The fourth step, evaluated in the lead article, involves the use of new technologies (cryo, radiofrequency ablation, HIFU, and interstitial and laser thermotherapy) with a minimally invasive approach, either percutaneous or laparoscopic. As is apparent from the article, the data supporting the use of these devices is limited. These technologies have been developed for other surgical procedures, and it is laudable to assess a possible role for the treatment of renal cancer in the setting of a clinical trial. Nonetheless, several caveats apply. In the face of established minimally invasive approaches to small renal cancers, the bar for the dissemination of this approach should deservedly remain high. Clear evidence of long term efficacy in large phase 2 series should be demonstrated before they are embraced. We await objective evidence of clinical and cost effectiveness.

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The second article is the first publication of the CUA practice guidelines on erectile dysfunction. It is an excellent document. The emphasis on the role of the traditional history and physical, and the limited value of specialized tests in most patients, is particularly important. This guideline is the product of a long process of consultation and deliberation that is summarized in the article. The CUA guidelines have been very useful for practicing urologists in this country. I have changed many of my day to day practices based on them. The CJU is pleased to be the vehicle for their dissemination.

Population based studies from Sweden have made a substantial contribution to our understanding of a number of urological diseases, particularly prostate cancer. The article on TURP trends in Sweden is an example of an interesting observation in a large population of men with BPH.

The "How I Do It" article on the use of mesh plug for herniorrhaphy during radical prostatectomy is not only very useful, but is aesthetically pleasing due to the fine color photographs. This use of color is a first for the CJU. It adds a lot to the article, and we anticipate the continued use of color photographs where warranted.

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