

Management of low- and intermediate-risk prostate cancer

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Opportunistic PSA screening has resulted in increased numbers of patients with low and intermediate risk. This specifically dedicated issue of the World Journal of Urology draws the attention of the reader to the new management options for low- and intermediate-risk prostate cancer in the context of the two ‘new kids on the block,’ multiparametric MRI for diagnosis, and focal therapy for treatment.

Van der Poel et al. [1] summarize the recent developments and their implications for the management of prostate cancer. Lellig et al. [2] and Billing et al. [3] examine

the current status of MRI in active surveillance, particularly for predicting tumor stage and site. Here it becomes obvious that the diagnostic accuracy of dedicated centers is not reproduced by non-specialized radiologists. Renard-Penna et al. [4] describe promising developments of imaging and molecular pathology in the stratification of patients with early prostate cancer.

The second part of the manuscripts is dedicated to focal therapy of prostate cancer. Lebdaï et al. [5] carefully describe a ‘standardized operating procedure’ (SOP) for vascular-targeted photodynamic therapy (VTP) followed by a pooled analysis of three phase 2 studies by Azzouzi et al. [6]. The histopathologic results of focal therapy and cryotherapy are summarized by Shah et al. [7], and oncological and functional outcomes of VTP are reviewed by Azzouzi et al. The feasibility of salvage surgery after VTP is described by Lebdaï et al. [8]. Karl et al. [9] describe a carefully designed multicenter study on the PSA recurrence rate of men with pT2 prostate cancer and a positive surgical margin without any adjuvant therapy.

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We believe that the advances in the management of low- and intermediate-risk prostate cancer we see today will enable us to offer personalized medicine to our patients tomorrow.

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