

### Timely access to cancer surgery

**N**am's article packs a punch. In a retrospective analysis, he has demonstrated that patients waiting more than 3 months between diagnosis of prostate cancer and treatment have a worse outcome than patients waiting less than 3 months. The difference is substantial.

I read this article with mixed sentiments. As the authors acknowledge, the observation flies in the face of commonly accepted wisdom about the disease; that it has a long period of pre clinical progression, that it is slow growing in most cases, and that there is a substantial window of curability in most patients detected by serial PSA screening. The study was non-randomized (indeed, a randomized study of waiting times would be unethical), and the comparative design has a number of inherent methodological limitations.

However: where data is available, earlier surgery is associated with a better prognosis for many cancer sites (this has been demonstrated for bladder and lung cancer, amongst others). There are several hypotheses which would explain an 'acute on chronic' effect in prostate cancer whereby a 3 month delay after biopsy superimposed on a long natural history may be associated with worse outcome. For example, the concept of stress -related neuromodulation of immune surveillance mechanisms altering natural history is quite plausible.

I have railed in the past in this column about the increasing delays in access to care in the Canadian health care system. Wait lists for cancer surgery are particularly appalling. In the case of cardiac surgery, patients die on waiting lists and make headlines, resulting in pressure on politicians to allocate increased resources for cardiac surgery. The result is that waiting lists for cardiac surgery are, by and large, short. In contrast, patients whose cancer surgery is delayed pay the price several years later with an increased recurrence rate. No headlines; no fault ascribed to the delay in treatment; and no pressure for resources to decrease wait times. Nam's paper provides useful data in the contest for increased resources, with the goal of more timely surgery for patients with urologic cancer. While the link between timing of cancer surgery and outcome is much more difficult to establish, Canadian urologists have no choice but to try to delineate this link in order to procure the best results for their patients.

Novick's review of the management of small renal masses is a superb article by an acknowledged world leader in the field. New technologies are going to have a major impact on the treatment of these lesions. The jury is out on which one will win. These techniques present major challenges in terms of technology assessment. While open partial nephrectomy will become increasingly uncommon, it is not at all clear which approach (cryo, RFA, HIFU, interstitial radiation, microwave ablation, radiosurgery, or laparoscopic partial nephrectomy) is superior. Likely a role will emerge for several of these approaches.

McNeily's experience with the use of personal digital assistants to quantify resident activities is novel and thought provoking, and is likely an approach that should be adopted widely by training programs.

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This issue inaugurates our 10<sup>th</sup> anniversary as a publication. This is, in your editor's humble opinion, a noteworthy achievement. The journal has achieved the vision that was articulated at its founding. It has developed a symbiotic relationship with the CUA, and both organizations have been strengthened by the partnership. It became indexed, a difficult hurdle for a new subspecialty journal. The back-indexing has now been completed to Volume 1, Number 1. The journal has provided a strong link for Canadian urologists, and increased our stature nationally and internationally. It has provided a forum for many of our junior colleagues and residents to experience the deep satisfaction of seeing their work in print for the first time. It is recognized by urologists internationally, and studies published in the journal are frequently cited at international meetings. The journal has attracted an increasing number of international submissions.

This success is due to the partnership between the Canadian Urology community, our publishers, Lena and George Georgieff, and our industry supporters. The Georgieffs (a brother and sister team) have supported the journal with a large investment of time, effort, business savy, and sensitivity to our needs. Our industry supporters have continued to advertise in the journal, recognizing the important role the CJU plays in reaching out to urologists in Canada and around the world. Happy Birthday, CJU.

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