
GUEST EDITORIAL

When approached to be co-chairs for this year's Current Problems in Urology (CPU) meeting, we were both honoured and excited to take on the challenge of creating a meeting that would be both educational and fun. Delivering vital information on a variety of topics of interest for both the urologist and radiation oncologist is a daunting task. However, with the help of an excellent and diverse faculty, co-operative weather, and a terrific venue, CPU 2005 was a roaring success.

A major part of the meeting was focused on prostate cancer and was truly multi disciplinary and interactive. Based on the quality of the information presented, it was decided that a publication summarising the topics covered would be a worthwhile endeavour. It was also obvious that the Canadian Journal of Urology would be the natural periodical of choice. This supplement will hopefully be of interest to all those involved in the diagnosis and treatment of prostate cancer. It is truly a multi-disciplinary effort, which reflects the reality of prostate cancer detection, treatment and palliation in 2005. It is clear that the older paradigm of a narrow and non-interdisciplinary approach to this disease has truly been relegated to the past. Furthermore, what was once thought of as a trivial disease among elderly men has now become a public health problem in the modern world.

Several aspects of prostate cancer were covered during the meeting. First an update on prostate cancer prevention was presented followed by an update of ongoing research in the field. The future looks promising. The faculty and participants then discussed the challenges that begin with the controversies surrounding screening and early detection and the complexity of recognising who, when and how to biopsy. We then reviewed the subtleties involved in the pathologic diagnosis of prostate cancer, PIN and suspicious lesions.

The controversy of how low risk prostate cancer needs to be managed was then addressed. The rationale for watchful waiting versus the advantages of aggressive treatment with curative intent were addressed and led to stimulating discussions. The issue of surgery versus radiation therapy for locally advanced prostate cancer was then debated and well reviewed through thoughtful interaction. The meeting then progressed with an update on issues and controversies surrounding advanced prostate cancer including bone health and chemotherapy. Most agreed that a recognition of preventing bone complications due to androgen deprivation therapy as well as in metastatic stages of the disease was increasingly becoming important. The state of the art approach to hormone refractory prostate cancer was elegantly summarised and a glimpse into the future was given during the session on advanced prostate cancer. Workshops were also organised and largely focused on technical aspects in both urology and radiation oncology. These led to constructive interaction and useful take home messages.

Aside from the topic of prostate cancer, CPU also included sessions on a wide-range of topics including: BPH, andropause, testicular cancer, urinary incontinence, radical pelvic surgery and laparoscopy.

We are very much indebted to the faculty that graciously found time to contribute to the quality of this publication by submitting excellent review articles stemming from their talks on prostate cancer presented at this year's meeting. We are planning an exciting and innovative multi disciplinary meeting for next year's CPU which will be held in Banff, Alberta, Canada, January 26-29, 2006. We hope you will be able to join us. We hope you will find this supplement based on the 2005 Current Problem in Urology meeting both informative and enjoyable.

Sincerely,

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