

What's inside?

POSITRON EMISSION TOMOGRAPHIC IMAGING IN PROSTATE CANCER

Diagnosis and management of prostate cancer remains one of the most commonly researched and published topics in urology. The advancements in imaging, particularly targeted ligand-based imaging, have improved the detection of extra-organ disease. While positron emission tomographic (PET) imaging has become increasingly common and useful for a number of malignancies, it was only the advent of specific ligands such as prostate-specific membrane antigen which has led to increasing utilization of PET in prostate cancer. Additional androgen receptor-targeted ligands provide promise of further improvements in specification and disease localization.^[1]

RECENT TRIALS ON HORMONE-NAIVE METASTATIC PROSTATE CANCER

Keeping pace with the developments in diagnosis are the changing options in managing advanced prostate cancer. From an era when castration was the only option to one where a slew of drugs are now available and more continue to be evaluated and approved, it is often difficult to keep abreast of the new developments. Hormone-naive metastatic cancer continues to be a significant problem in regions such as India where PSA screening is not universal. Patients often present in advanced, often metastatic stages and a number of trials support the use of measures other than androgen ablation as the first line of treatment.^[2]

RESEARCH IN RESIDENCY

Research is an integral part of medicine, and all new developments must pass through rigorous evidence-based evaluations. In India, while we have numerous centers and individuals capable of providing the best possible clinical care to their patients, research lags significantly behind. Even within Asia, smaller nations such as Japan and Korea have a greater impact than us. In an essay written for the Sitaraman Memorial Competition of the Urological Society of India, Tamhankar discusses the future of urologic research in India.^[3]

ESSENTIAL SKILLS IN RESIDENCY

What essential skills must a resident know before graduating with a degree in Urology? While this

question is bound to generate a number of varied answers, it is important that this be addressed to ensure a minimum common standard across the numerous training programs that exist in the country. While some procedures such as prostatectomy, stone removal, and basic oncology would be considered universally essential, laparoscopy and robotics may well be optional. Sokhal *et al.* report a survey of members of the Urological Society of India to help determine what most practicing urologists believe should be the bare minimum.^[4]

CHICKEN MODEL FOR LAPAROSCOPY TRAINING

Continuing with the theme of residency training, one of the major hurdles is the unavailability of sufficient cases and opportunities during the 3-year period. The use of simulators and training models helps partly overcome these limitations. The development of models itself suffers from a lack of appropriate models versus high costs if pure simulations are used. Singh *et al.* describe a chicken model that could be used for training for laparoscopic surgery.^[5] Robust validation studies are limited, but the available evidence would suggest that a trial of these models could prove useful.

UROLOGICAL SOCIETY OF INDIA SURVEY ON URINARY INCONTINENCE PRACTICE PATTERNS

The Urological Society of India recently set up a number of committees to consider framing practice guidelines for various common urological conditions. The committee to frame guidelines on urinary incontinence management conducted a survey among members to assess their practice patterns to help frame these guidelines.^[6]

ROBOTIC UPPER TRACT UROTHELIAL CARCINOMA AND LYMPHADENECTOMY

The role of lymphadenectomy and its extent in the management of upper tract urothelial carcinoma (UTUC) is not standardized. The rarity of the disease means that the data are usually in the form of case series alone. Tamhankar *et al.* report a series of 11 patients who underwent robot-assisted surgery with extended lymphadenectomy for UTUC and suggest that this may be a feasible minimally invasive option for these patients.^[7]

BIPOLAR TRANSURETHRAL ENUCLEATION OF THE PROSTATE

Continuing with the theme of surgical innovation, Mallikarjuna *et al.* describe their outcomes with using bipolar

energy for transurethral enucleation of the prostate. The procedure moving from open enucleation to transurethral resection of the prostate to stents and minimally invasive surgery seems to have come a full circle with attempts again being made to perform an enucleation rather than a resection. The use of standard equipment appears to be the added advantage over other enucleating procedures.^[8]

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