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EDITORIAL

Recent advances in oncological endourology



It has been almost four decades since we urologists intensively started to embrace the techniques of endoscopic surgery, and applied it into our daily clinical practice. Endourology has actually revolutionized the practice pattern of not only academic but also practicing urologists worldwide. Since early 1990, the advent of laparoscopic surgery and later robotic assisted surgery truly witnessed the progress of the minimally invasive therapy in Urology. I am honored to have this opportunity to invite world renowned scholars to contribute into this special issue entitled "Recent Advances in Oncological Endourology" in Asian Journal of Urology. I would like to express my gratitude for their efforts. The concept of minimally invasive surgical technique has gathered great attention from physicians as well as our patients. Without question, the driving force is multifactorial, which includes tremendous progress in modern mechanical and intelligent technology, the acceptance of minimally invasive concept by patients and the broadcasting effects by the media.

Facing the increasing incidence of malignant urological diseases in geriatric society, more and more endoscopic techniques have been applied successfully for cancer detection, diagnosis and treatment. The uncommon upper tract urothelial cancer in western countries was more often encountered in some areas of Asia. Laparoscopic nephroureterectomy and bladder cuff excision was reviewed by Dr. Victor C. Lin's group [1] from E-Da Hospital which is located near to an endemic area of upper tract urothelial cancer related with black foot disease. After years of development, laparoscopic nephroureterectomy bladder cuff excision is now widely recognized and used by urologists worldwide, however this techniques are still evolving. And, Dr. Benjamin R. Lee's team [2] from Tulane University School of Medicine, nicely reviewed various techniques regarding distal resection of ureter and bladder cuff, including da Vinci's assisted surgery and several other innovative surgical methods. The detection of urothelial cancer is becoming more accurate with the help of new technology such as narrow band imaging system, reviewed by Dr. Thomas Y. Hsueh [3] from Taipei City Hospital Renai Branch. An article reported by Dr. Wang [4] from Shanghai General Hospital, focusing on advancement of laser photocoagulation for the treatment of bladder cancer, such as thulium laser resection, and it can provide precise layer-to-layer resection of the bladder tumor. They found secondary resection after initial laser endoscopic en bloc enucleation is necessary for newly diagnosed pT1 bladder cancer. The authors claimed that thulium laser provides a clear incision, efficient vaporization of tissue with excellent hemostasis and en bloc resection of bladder tumor.

Like the concept of nephron spring surgery as the update treatment of renal cell carcinoma, nephron sparing management for upper tract urothelial cancer is increasingly being adopted. This topic was reviewed by Professor Strijbos' team [5] from Zuyderland Medical Centre, on the percutaneous resection of upper tract urothelial cell carcinoma. However, it still requires long-term follow-up to elucidate the oncological outcomes of this minimally invasive approach and it seems only suitable for low risk tumor in selective patients. Malignant ureteral obstruction has been a challenging problem, and a comprehensive review was nicely illustrated by Dr. Ben Chew's team [6] from Vancouver General Hospital, University of British Columbia. Laparoscopic radical cystectomy is a difficult and time consuming procedure, however, it is becoming more efficient and efficacious after years of development. A review article from Professor Jian Huang's group [7] from Sun Yat-Sen Memorial Hospital, reported the detailed surgical techniques and its oncological outcomes. Furthermore, Professor Ashok K. Hemal's team [8], from Wake Forest University School of Medicine, reported their experience on robot-assisted laparoscopic radical cystectomy with complete intra-corporeal urinary reconstruction, and related papers were summarized.

Considering the rapidly advancing technology in Urology, I truly believe that endourology will play more dominant roles for oncological diseases in the future. With the contributions from these outstanding urologists, I hope and believe the readers will benefit a lot from this special issue of *Asian Journal of Urology*.

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References

- [1] Lin VC, Chen C, Chiu AW. Laparoscopic nephroureterectomy for upper tract urothelial carcinoma — Update. Asian J Urol 2016; 3:115—9.
- [2] Lai WR, Lee BR. Techniques to resect the distal ureter in robotic/laparoscopic nephroureterectomy. Asian J Urol 2016;3: 120-5.
- [3] Hsueh TY, Chiu AW. Narrow band imaging for bladder cancer. Asian J Urol 2016;3:126-9.
- [4] Wang W, Liu H, Xia S. Thulium laser treatment for bladder cancer. Asian J Urol 2016;3:130—3.
- [5] Strijbos WE, van der Heij B. Percutaneous resection of upper tract urothelial cell carcinoma: When, how, and is it safe? Asian J Urol 2016;3:134–41.

- [6] Pavlovic K, Lange D, Chew BH. Stents for malignant ureteral obstruction. Asian J Urol 2016;3:142-9.
- [7] Huang J, Fan X, Dong W. Current status of laparoscopic and robotassisted nerve-sparing radical cystectomy in male patients. Asian J Urol 2016;3:150-5.
- [8] Sandberg JM, Hemal AK. Robot-assisted laparoscopic radical cystectomy with complete intracorporeal urinary diversion. Asian J Urol 2016;3:156–66.

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