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EDITORIAL

Report from London

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As I write this editorial from London, the stock exchange is still reeling from the repercussions of the credit crunch, and 'reel' of course is precisely what our patients do when confronted with a diagnosis of prostate cancer. In this final issue of 2008, Awsare *et al*. attempt to quantitate and analyse the distress associated with the investigation and diagnosis of prostate cancer and find that, at least in some individuals, it is not inconsiderable. It occurs to us that there must also be considerable stress encountered by a man's partner when newly diagnosed, but this is seldom addressed or managed, even though the partner is usually the key supporter. One could argue convincingly that more effort to 'support the supporter' with better information and careful counselling could achieve just as much, and sometimes more, than the commendable efforts usually directed towards the patient.

The severe and protracted impact of prostate cancer on the quality of life during the so-called 'cancer journey' is also a subject for detailed analysis in this issue by Stone *et al*., a study supported by the Prostate UK charity. It seems clear from this important article that there is much to be done to ameliorate the devastating effects of this disease, not only in the United Kingdom, but also worldwide.

We are grateful, as always, to the researchers and clinicians in the Far East who submit their papers for peer review and publication. Chu *et al.* report an analysis of variants in circadian genes and prostate cancer risk in China, a country where medicine in general and urology in particular is modernizing fast. As is already occurring in Japan, as the population ages and a more western diet and lifestyle are adopted in China, the incidence of prostate cancer and benign prostatic disease seems certain to increase. By coincidence, an article appeared in *the British Journal of Cancer* recently (Metcalfe *et al*., BJC 2008;99:1040–1451), which reports that black men in the United Kingdom have almost three times the risk of developing prostate cancer, compared with whites. Hooker *et al.* throw this important genetic issue into further relief with a report on *NAT2* and *NER* genetic variants and prostate cancer susceptibility in African Americans.

Another important contemporary theme is highlighted in this issue: the impact of diet and exercise on the growth of prostatic cells by Barnard and colleagues. Obesity is especially relevant to urologists dealing day-to-day with patients who are often markedly overweight. The incidence of this problem continues to increase alarmingly. Obesity has a major impact on the health of the individual and if left untreated can lead to a number of diseases, including metabolic syndrome, hypertension, diabetes, osteoarthritis as well as BPH and prostate cancer. Moreover, it may also have a psychological impact leading to low self-esteem and reduced quality of life. As the urologist is very often the first specialist, a middle-aged man may encounter as a patient, the doctor is in a unique position, not only to assess the extent of central obesity and evaluate the associated comorbidities, but also inspire the individual to achieve a realistic target reduction of 5–10% of the patient's original weight.

Obesity is already a major problem in the United Kingdom, and one, which already affects 29% or so of men. The incidence of diabetes in the US is approaching 10% in some states, and the situation is deteriorating in many other countries. However, the battle against obesity is not a hopeless case. Motivation and behavioural change provide the foundation to successful weight reduction, and importantly, its maintenance over time. Urologists, as advocates of men's health, can often provide the motivation and inspiration necessary for a radical change in patient lifestyle. Too much effort and too many resources are wasted on diet-based weight loss solutions that do not support the long-term behavioural modification. A successful intervention for weight management must adopt a holistic approach and developed by ongoing negotiation between the patient and doctor. Moreover, it may help to point out that an overall benefit in cardiovascular, prostatic and sexual health might also result from this behaviour modification.

There are other more state-of-the-art articles including the very lucid review of stem cell therapy and prostate cancer by John Masters *et al*., which may well be where the future lies. As we approach the end of 2008, we would like to thank our editorial board, our contributers and reviewers for their hard work, and of course wish our readers a happy and most successful 2009.

R Kirby
Co-Editor