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Based on limited retrospective data, performing a biopsy in ureterorenoscopy (URS) seems to be associated with a higher risk of bladder recurrence. This should be kept in mind when performing URS. Future studies are warranted to assess postoperative intravesical instillation in patients after URS.

Original Articles

Prostate Cancer

Prospective Implementation and Early Outcomes of a Risk-stratified Prostate Cancer Active Surveillance Follow-up Protocol

15

V. Thankapannair, A. Keates, T. Barrett, V.J. Gnanapragasam

We report a practical way to personalise follow-up for men on active surveillance for early prostate cancer. Our method may allow reductions in the follow-up burden for men at a low risk of disease change while maintaining vigilance for those at a higher risk.

Genetic Aspects and Molecular Testing in Prostate Cancer: A Report from a Dutch Multidisciplinary Consensus Meeting

23

N. Mehra, I. Kloots, M. Vlaming, S. Aluwini, E. Dewulf, D.E. Oprea-Lager, H. van der Poel, H. Stoevelaar, D. Yakar, C.H. Bangma, E. Bekers, R. van den Bergh, A.M. Bergman, F. van den Berkmortel, S. Boudewijns, W.N.M. Dinjens, J. Fütterer, T. van der Hulle, G. Jenster, L.I. Kroeze, M. van Kruchten, G. van Leenders, P.J. van Leeuwen, W.W.J. de Leng, R.J.A. van Moorselaar, W. Noordzij, R.A. Oldenburg, I.M. van Oort, I. Oving, J.A. Schalken, I.G. Schoots, E. Schuurung, R.J. Smeenk, B.G.L. Vanneste, E. Vegt, A.N. Vis, K. de Vries, P.-P.M. Willemse, M. Wondergem, M. Ausems

A Dutch multidisciplinary expert panel favoured tumour-first testing in metastatic prostate cancer (PCa) to identify actionable variants. Consensus was reached to trigger cascade germline genetic testing in metastatic PCa patients having BRCA1/2 tumour pathogenic variants.

Sentinel Node Procedure to Select Clinically Localized Prostate Cancer Patients with Occult Nodal Metastases for Whole Pelvis Radiotherapy

80

H.A. de Barros, J.J. Duin, D. Mulder, V. van der Noort, M. A. Noordzij, E.M.K. Wit, F.J. Pos, W.V. Vogel, E.E. Schaake, F.W.B. van Leeuwen, P.J. van Leeuwen, N. Grivas, H.G. van der Poel

In clinically localized high-risk prostate cancer patients, sentinel lymph node biopsy-based selection of men with occult nodal metastases for whole pelvis radiotherapy is associated with favorable oncological outcomes as compared with imaging-based prostate-only radiotherapy.

Bladder Cancer

Patient Preferences for Treatment of Bacillus Calmette-Guérin-unresponsive Non-muscle-invasive Bladder Cancer: A Cross-country Choice Experiment

92

H. Collacott, N. Krucien, S. Heidenreich, J.W.F. Catto, O. Ghatnekar

In a survey of patients with nonmuscle-invasive bladder cancer, time contribution to treatment preferences (55%), followed by the risk of progression treatment administration (12%), and the risk of serious side effects (8%).

Kidney Cancer

Real-world Treatment Patterns and Clinical Outcomes for Metastatic Renal Cell Carcinoma in the Current Treatment Era

110

N.J. Shah, S.D. Sura, R. Shinde, J. Shi, P.K. Singhal, N.J. Robert, N.J. Vogelzang, R.F. Perini, R.J. Motzer

Newer immunotherapy-based regimens are rapidly changing the treatment landscape for patients with metastatic renal cell carcinoma. Our study highlights their rapid uptake in the community setting, which is truly inspiring for this patient population.

Testis Cancer

Increase and Plateauing of Testicular Cancer Incidence in Austria—A Time Trend Analysis of the Past Four Decades

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S. Brönimann, D.-H. Mun, M. Hackl, L. Yang, S.F. Shariat, T. Waldhoer

The incidence rate of testicular germ cell tumors (TGCTs) increased in Austria over the past decades and appears to have reached a plateau at a high level. The median age at diagnosis was 37.7 yr overall, 38.2 yr for patients with seminomas, and 30.3 yr for patients with nonseminomas. The standardized incidence rate of TGCTs increased significantly by an average annual percent change of 1.74 (1.20, 2.29). The joinpoint regression revealed a trend change point in 1995. A trend analysis by age group showed that the highest TGCT incidence rate was observed among men aged 30-40 yr, with a steep increase before 1995.

Endo-urology	<p>Long-term Outcomes of Minimally Invasive Rendezvous Procedures to Treat Complex Ureteric Strictures and Injuries 53</p> <p>G. Mazzon, D. Smith, V. Arumuham, G. Celentano, M. Bolgeri, S. Allen, C. Allen, S. Choong</p> <p>Most of complex ureteric strictures and injuries can be resolved with a rendezvous approach avoiding major surgery. Additionally, with this approach, in 64% of patients involved, further interventions may be not necessary.</p>
Renal Disease	<p>The IRON Study: Investigation of Robot-assisted Versus Open Nephron-sparing Surgery 71</p> <p>C.A. Bravi, G. Rosiello, E. Mazzone, A. Minervini, A. Mari, F. Di Maida, K. Bensalah, B. Peyronnet, Z.-E. Khene, R. Schiavina, L. Bianchi, A. Mottrie, G. De Naeyer, A. Antonelli, M. Furlan, K.H. Rha, A. Almujaalhem, I. Derweesh, A. Bradshaw, J. Kaouk, G. Sawczyn, R. Bertolo, A. Breda, F. Montorsi, U. Capitanio, A. Larcher, on behalf of the Junior ERUS/Young Academic Urologist Working Group on Robot-assisted Surgery</p> <p>In this comparative study on robotic versus open partial nephrectomy, functional and oncologic outcomes were similar between the two techniques, with lower morbidity—especially in terms of complications—for robot-assisted surgery. The assessment of prognosticators for patients receiving robot-assisted partial nephrectomy may help in preoperative counseling and provides relevant data to tailor postoperative follow-up.</p>
Pelvic Pain	<p>Deep Learning Models for Cystoscopic Recognition of Hunner Lesion in Interstitial Cystitis 44</p> <p>T. Iwaki, Y. Akiyama, H. Nosato, M. Kinjo, A. Niimi, S. Taguchi, Y. Yamada, Y. Sato, T. Kawai, D. Yamada, H. Sakanashi, H. Kume, Y. Homma, H. Fukuhara</p> <p>In this diagnostic study, we developed the first deep learning patients with interstitial cystitis, which demonstrates diagnostic physicians with proper diagnosis of a Hunner lesion.</p>
Trial Protocol	<p>Clinical Trial Protocol: Developing an Image Classification Algorithm for Prostate Cancer Diagnosis on Three-dimensional Multiparametric Transrectal Ultrasound 32</p> <p>A. Jager, A.W. Postema, M. Mischi, H. Wijkstra, H.P. Beerlage, J.R. Oddens</p> <p>There is growing support for population-based early detection programs for prostate cancer. These programs will increase the demand for prebiopsy imaging. Currently, magnetic resonance imaging (MRI) is the only available imaging modality for prostate cancer detection. Considering the limited availability of MRI and adequately trained radiologists to read the MRI findings, it will prove a challenge to keep up with the increasing demand. We believe that computer-aided diagnosis using transrectal prostate ultrasound can play an important role in solving this issue. The current trial is designed to be the first step in developing such an ultrasound-based modality. It will provide a large dataset that will be used to develop an image analysis algorithm that can accurately detect prostate cancer on transrectal ultrasound images. Subsequent multicenter, international validation trials will be needed to prove its use in general practice.</p>
Corrigendum	<p>Corrigendum to “Rectal Perforation During Pelvic Surgery” [Eur Urol Open Sci 44 (2022) 54–59] 10</p> <p>B. Rocco, G. Gaia, S. Assumma, T. Calcagnile, M. Sangalli, S. Terzoni, A. Eissa, G. Bozzini, B. De Concilio, A. Celia, S. Micali, M.C. Sighinolfi</p>