Re: Renal and Adrenal Minilaparoscopy: A Prospective Multicentric Study

Breda A1, Castellan P1, Freitas RA1, Schwartzmann H1, Álvarez Osorio JL2, Amón-Sesmero JH3, Bellido JA4, Ramos E5, Rengifo D6, Peña JA1, Villavicencio H1

1Universidad Autonoma de Barcelona, Fundació Puigvert, Department of Urology, Barcelona, Spain
2Hospital Puerta del Mar, Clinic of Urology, Cádiz, Spain
3Hospital Rio Hortega, Clinic of Urology, Valladolid, Spain
4Hospital General de Vic, Clinic of Urology, Barcelona, Spain
5Hospital Universitario Marqués de Valdecilla, Clinic of Urology, Santander, Spain
6Hospital Universitario Puerta de Hierro Majadahonda, Clinic of Urology, Madrid, Spain


EDITORIAL COMMENT

The authors evaluated the role of minilaparoscopy (ML) in renal and adrenal surgery in 6 laparoscopic surgical centers by collecting data with a common database in a prospective manner. One-hundred ten patients (73 males and 37 females) were included during the study period consisting of 59 nephrectomy (40 radical nephrectomy, 12 simple nephrectomy, 7 living donor nephrectomy), 20 partial nephrectomy, 9 nephroureterectomy, 13 pyeloplasty, 3 pyelolithotomy, and 6 adrenalectomy. Standard approach was defined as 3 to 4 3-mm trocars with a 3-mm laparoscope and 3-mm instruments. Overall mean operative time was 180±64 minutes, with estimated blood loss of 120±50 mL. Eleven cases required an additional 5-10 mm port, one case of conversion to 5-mm trocars and a single case conversion to open surgery. Intraoperative complication rate was 5.4% (n=6) and postoperative complication rate was 28% (n=31) which are similar to standard laparoscopy series. With regard to the Clavien-Dindo classification, 71% was grade 1, 6% - grade 2, 20% - grade 3 and a single case was grade 4. No mortality was reported. Average hospitalization time was 5±2.2 days and transfusion rate was 5.4%. Considering the role of ML in most urological surgical procedures, the present study provides valuable data for the feasibility and reproducibility of this evolving technique. Further prospective randomized studies will better help for standardization of this technique for everyday clinical practice.

Ozan Bozkurt, MD

Basic Science

Re: The Role of MicroRNA in Castration-Resistant Prostate Cancer

Thieu W, Tilki D, deVere White RW, Evans CP

University of California Davis Medical Center, Clinic of Urology, and UC Davis Comprehensive Cancer Center, California, USA


EDITORIAL COMMENT

Castration-resistant prostate cancer (CRPC) arises when hormone refractory prostate cancer growth occurs in a castrate androgen level environment. Although the mechanism is not fully understood, the androgen receptor (AR) has emerged as an important target for therapy for metastatic prostate cancer. MicroRNA (miRNAs) are small non-coding 21 to 23 nucleotide base pair RNA molecules that serve as transcriptional and post-transcriptional regulators of gene expression. Recently, miRNAs have been at the forefront of urological oncology attention with more than 40 miRNAs implicated in urologic cancers that target common carcinogenic pathways providing novel opportunities to develop strategies for prognosis and therapy. Recently, in the literature, there are many studies about miRNAs-cancer connection, potential diagnostic, prognostic or therapeutic roles of miRNAs as possible biomarkers in CRPC, miRNA role in the relationship of AR with CRPC. Especially, miR-30 has been a focus of interest in CRPC due to its involvement with the Src tyrosine kinase pathway and potential to direct Src inhibitor therapy. In some studies, it has been shown that overexpression of the miR-30 inhibits growth, invasion and migration of CRPC cells. The excitement behind the discoveries of the repressive effects of miRNAs on CRPC tumors opens a potential avenue for future therapeutics from the current search for a novel biomarker.

Fehmi Narter, MD