Editorial

"Just the Facts, Ma'am…"

Similar to the detectives in the 1950s television series who attempted to gather the best information available to solve a crime, physicians have always sought the best evidence available in the literature and then merged this evidence with their experience to better diagnose, treat, and follow up diseases. It was only in the early 1990s that the systematic evaluation of available evidence became a discipline in what is formally called "evidence-based medicine."[1,2] Before this movement, clinical decisions were heavily determined by "expert opinion." Evidence-based medicine is defined as "the conscientious, explicit, and judicious use of the best available evidence from health care research in the management of individual patients."[3] By the end of this decade (and the millenium!), oncologists will become increasingly involved with these systematic approaches.[4]

For the inquisitive reader, the report by Browman[5] places the movement of evidence-based medicine in practical perspective. He presents a case report of a 61-year-old psychologist with prostate cancer. The patient asked for a limited systematic review of the literature, and he also requested that an expert opinion be provided within a week to address the question of whether he should or should not take bisphosphonates as part of his treatment. The systematic review was obtained from MEDLINE and the Cochrane Library and combined with expert opinion to reach a recommendation. The methodology for systematic review — which could have taken months to complete and involves (1) writing a protocol defining the systematic review process, (2) rigorously predefining the study eligibility criteria, (3) having an independent reviewer select appropriate studies, (4) hand-searching any journals, except for the latest publications of three prestigious cancer journals, and (5) making an effort to locate studies in languages other than English — was not followed.[6] Despite the lack of direct evidence to inform the clinical decision, the patient was able to analyze the clinical situation, consider the evidence available, and elect treatment.

In this issue of *Cancer Control*, the impact of evidence-based medicine in the field of uro-oncology is reflected in the article by Pasquale Benedetto, MD, who reviews the current status of chemotherapy for metastatic testis cancer. He comment on the results of prospective, randomized clinical trials (level 1 evidence) that have markedly improved the outlook of patients with this type of cancer. These trials have defined the current standard combination chemotherapy and their schedules, depending on risk categories for patients with metastatic testicular cancer. The trials served as models for the design of current trials in bladder, prostate, and kidney cancer.

Arndt van Ophoven, MD, and colleagues review the indications and complications of partial nephrectomy in the management of kidney cancer. A paradigm shift is developing in the surgical management of small lesions in the context of a functioning normal contralateral kidney. Retrospective single-institution studies demonstrate similar cancer control rates with partial nephrectomy compared to radical nephrectomy. An ongoing multi-institutional, prospective, randomized clinical trial is currently addressing this question.

José I. Diaz, MD, Linda B. Mora, MD, and Ardeshir Hakam, MD, discuss the contemporary classification of renal tumors derived from the renal tubular epithelium. Each entity described has distinct clinical, pathologic, phenotypic, and genotypic features. An accurate histopathologic diagnosis is critical as the first step in the management of these tumors.

The prevention of cancer by dietary intervention is currently in its infancy. Several compounds are being evaluated as potential cancer chemopreventive agents. Nagi B. Kumar, PhD, RD, FADA, and Karen Besterman-Dahan, MA, RD, present a comprehensive review of nutrients implicated in the prevention of prostate cancer development and progression. These compounds are currently being evaluated in prospective clinical trials around the world.

Finally, Linda B. Mora, MD, and colleagues report on their study confirming the value of DNA ploidy as determined by flow cytometry in predicting prostate cancer aggressiveness in groups of patients. More accurate molecular markers are needed to better predict tumor behavior in the individual patient.

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