Welcome to the latest issue of the *Journal of Urologic Oncology* (JUO)! We look closely at cutting-edge research and advances in managing urologic cancers in this issue. The editorial team has curated many articles to focus on 3 crucial areas of interest: perioperative considerations and treatment for advanced renal cell carcinoma (RCC), optimal management for bacillus Calmette–Guérin (BCG) unresponsive non–muscle-invasive bladder cancer (NMIBC), and clinical predictors of androgen-receptor targeting agent (ARTA) response in metastatic prostate cancer.

1. Perioperative Considerations and Treatment for Advanced RCC

Advances in imaging technology have increased the number of incidentalomas in kidney cancer, especially in localized stages, leading to the introduction of perioperative measures to reduce complications and recurrence. Noting previous reports of better prognosis in overweight patients, Dr. Viraj A. Master [1] of Emory University, summarizes objective methods to measure body composition and convincingly presents the relevance between the muscle/fat mass and kidney cancer prognosis in each stage. Professor Jung Kwon Kim [2] of Seoul National University reports on the effectiveness of preoperative renal artery embolization in 820 nonmetastatic kidney cancer patients in terms of reduced recurrence rates. Dr. Joo Han Lim [3], a medical oncologist at Inha University, reviews the adjuvant therapies available after surgery in localized staging, including recent immunotherapy agents, and these articles are valuable in that they summarize the options for improving prognosis before or after surgery. In the treatment of kidney cancer that has recurred after surgery and for which metastasectomy is an already-proven option, stereotactic ablative radiotherapy can be an effective means of treatment. Dr. Jaeho Cho [4] from the Department of Radiation Oncology at Yonsei University summarizes the latest findings in this field, expanding the range of postoperative treatment options to include radiation therapy.
2. Optimal Management for BCG Unresponsive Non-Muscle-Invasive Bladder Cancer

BCG unresponsive NMIBC is one of the themes that has driven innovation in bladder cancer over the past few years. Prof. Hyun Hwan Sung [5] of Samsung Medical Center presents a timely review of this from the perspective of 2023, with a nicely summarized table. Among these treatment options offered to date, Prof. Byung Chang Jeong [6] from Samsung Medical Center contributed a valuable report on the first 24 patients’ experience and response to pembrolizumab, the first drug available in Korea. In muscle-invasive bladder cancer, treatment for the variant histology type remains a challenge. Prof. Jong Kil Nam [7] from Pusan National University shows the prognosis of 55 patients who were not pure urethral carcinoma among 300 radical cystectomy patients.

3. Clinical Predictors of ARTA Response in Metastatic Prostate Cancer

While the drug landscape for castration-resistant prostate cancer is becoming increasingly complex with multiple ARTAs, taxanes, RARP inhibitor, and doublet or triple combinations of these agents, the clinical prognostic factors for these newly proposed therapies have received relatively little attention. In this session on prostate cancer at JUO, we will introduce studies on clinical predictors. In the field of metastatic hormone-sensitive prostate cancer, Prof. Bumjin Lim [8] from Asan Medical Center has proposed a clinical indicator of response to abiraterone. In the area of metastatic castration-resistant prostate cancer, Prof. Doo Yong Chung [9] from Inha University has proposed a new prostate-specific antigen kinetics indicator called negative delta-prostate-specific antigen time ratio.

As Editor-in-Chief of JUO, I would like to extend my sincere thanks to all the researchers, authors, and peer reviewers who made this issue possible. Their contributions have advanced our understanding of urologic cancer and paved the way for better patient care. We encourage readers to explore the diverse articles on this issue and believe that the insights presented here will inspire continued advances in the field of urologic oncology.

• Conflicts of Interest: The author has nothing to disclose.

REFERENCES