The newly established Journal of Urologic Oncology (JUO), which succeeded the Korean Journal of Urologic Oncology, which was founded in 2003 as the official journal of the Korean Urologic Oncology Society, is celebrating its second year of publication with a complete English translation in 2023. Over the past year, JUO has published timely reviews of emerging research trends in the fields of prostate, kidney, and bladder cancer by world-renowned experts in the field, as well as topical feature articles on the most updated topics in urological oncology, which it claims have helped to keep readers abreast of the latest treatment trends.

This year’s JUO will further mature last year’s experimental attempts in content and format to become a journal that meets our goal of becoming an SCIE-rated journal. First, from this issue 4, we have introduced reporting guidelines to help readers understand the title and format. We have adopted the CONSORT guideline for randomized clinical trials, the RPISMA statement for systemic reviews, and the STROBE guideline for observational studies, and we will continue to strive to ensure that these policies are reflected in the submission and revision of articles. Regarding quality, we aim to be a multinational journal by allowing researchers worldwide to submit original articles and review articles on significant treatment trends. In the March issue of JUO in 2024, we have 2 systemic reviews and 3 invited reviews on each cancer type from world-leading researchers.

1. Prostate Cancer

The role of prostate-specific antigen (PSA) testing in the diagnosis of prostate cancer is pivotal, yet US Preventive Services Task Force (USPSTF) guidelines prohibiting PSA screening have had a global impact since 2012. Guidelines based on the USPSTF in the West may not be equally applicable in countries in Asia, where prostate cancer is just beginning to emerge as a primary cancer killer. Professor Chang Wook Jeong [1] from Seoul National University shows a narrative review demonstrating the value of ethnicity-specific PSA screening. In locally advanced cancer, the addition of radiotherapy can cause fatal dysuria in cases of patients who have already undergone radical prostatectomy.

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Professor Hanjong Ahn [2] from Seoul Medical Center presents the latest data on this topic. In the 2020s, PSMA-based theranostics are emerging as a significant treatment for refractory prostate cancer. Professor Gi Jeong Cheon [3] from the Department of Nuclear Medicine at Seoul National University has contributed an excellent review on this topic.

Professor Se Hoon Park [4] from the Division of Hematology-Oncology, Samsung Medical Center, suggested a novel treatment strategy for metastatic hormone-sensitive prostate cancer in an article entitled “Enzalutamide Maintenance Following Docetaxel in Metastatic Castration-Naive Prostate Cancer: A Pilot Feasibility Study”.

2. Kidney Cancer

In a metastatic setting, metastasectomy is one of the clinically important treatment strategies, but different outcomes can be achieved depending on which systemic treatment is used in combination. No randomized clinical trials have yet been reported on the role of metastasectomy in immunooncology+tyrosine kinase inhibitor (TKI), the current standard of care for metastatic kidney cancer, but a systematic review by Professors Sun Il Kim and Dongdeuk Kwon [5] from Chonnam National University shows the effectiveness of the combination of TKI and metastasectomy, which immediately precedes it and provides important insights. As the largest bibliometric analysis to explain research trends in renal cell carcinoma (RCC), an article from Professor Ji Woong Hwang [6], from Chung-Ang University provides an overview of kidney cancer articles. For advanced cases with venous thrombus, Professor Jungyo Suh [7] from Asan Medical Center has provided a valuable analysis of 30 years of data. For TFE3-rearranged/TFEB-altered RCC, a relatively rare type of tumor, Professor Se Hoon Park [8] from the Division of Hematology-Oncology, Samsung Medical Center, has provided important information on drug selection.

3. Bladder Cancer

Nephron-sparing surgery as an alternative to traditional nephroureterectomy in upper tract urothelial carcinoma is accepted as a universal treatment strategy in recently updated guidelines. Professor Seth P. Lerner [9] of Baylor College of Medicine, a world-renowned expert in this field, has reviewed the latest developments. In the field of bladder cancer, where there is less research on the prognostic value of clinical factors other than biological cancer compared to other cancers, Professor Victoria K. Cortessis [10] from the Keck School of Medicine of the University of Southern California contributed a systematic review of the prognostic value of diabetes.

We hope that all these studies in this issue of JUO will be helpful to our readers in their practice and research. We look forward to your continued support and interest in JUO as we expand globally.

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

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