Journal of Urologic Oncology (JUO) 2024, Issue 2 introduces a range of cutting-edge issues in urologic oncology that have not been covered by traditional journals, with timely and incisive insights from international authors. In particular, this issue features international contributors who are leading researchers in various fields, expanding our understanding of urologic tumors.

1. Renal Cell Carcinoma

Like nivolumab in bladder cancer, adjuvant therapy, sparked by the Keynote 564 study, has the potential to improve patient survival after surgery. In line with this, various preoperative agents are being tested in the neoadjuvant setting, even in the presence of inferior vena cava (IVC) thrombus, which was previously inoperable with monotherapy. Professors Isamu Tachibana and Tian Zhang [1], who lead research in kidney cancer at UT Southwestern Medical Center (Dallas, TX, USA), report on the latest thinking in this area in a review article.

Professors Seokhwan Bang and Sung-Hoo Hong [2] from St. Mary’s Hospital, Seoul, Korea, describe in detail and with stylish illustrations the process of robotic-assisted radical nephrectomy in cases with IVC thrombus, which is still considered a difficult lesion for many robotic surgeons.

Professors Bokyung Ahn and Yong Mee Cho [3] from the Department of Pathology, Asan Medical Center, Seoul, Korea, provide a good summary of the newly changed pathological diagnostic criteria for renal cell carcinoma (RCC) in the World Health Organization classification 2022. In particular, the diagnostic change of papillary type 2 is important for many clinicians, along with the change in criteria for TFE3-rearranged RCC, and the well-documented illustrations in one chapter will be a valuable guide for readers.

While computed tomography (CT) and magnetic resonance imaging are the standard modalities for diagnosing small renal masses (SRMs), which are increasingly common in clinical practice, there have been diagnostic limitations in patients with limited renal function. Professors Jae-Wook Chung and Tae Gyun Kwon [4] from Kyungpook National University report on the promising potential of...
contrast-enhanced ultrasonography in a prospective study of 76 patients whose final diagnosis was made by surgery or biopsy.

Partial nephrectomy is increasingly being tried beyond conventional SRM for RCC T2 lesions larger than 7 cm. To expand the current indications for partial nephrectomy, Professors Younsoo Chung and Jung Kwon Kim [5] from Seoul National University are comparing the effectiveness of partial versus complete nephrectomy using a nationwide cohort of kidney cancer patients from 2003–2023. This study, many of which were performed using robotic surgery, is considered a practical comparative study that sheds light on the efficacy of modern surgical techniques.

2. Prostate Cancer

Prostate cancer is the most common cancer in the world. Still, it shows vast disparities across geography, race, and healthcare, and addressing these disparities is a significant challenge for the medical community. In African-American men, who have a disproportionately high prevalence of prostate cancer, professor Vanessa M. Hayes [6] is leading the HEROIC Prostate Cancer Precision Health Africa1K Consortium to build a representative resource (1,000 men) encompassing Southern, Eastern, and West African men to examine patient-matched genomic, lifestyle, and environmental data to establish Africa-specific standards for prostate cancer treatment and prevention. By reading geographic disparities as differences in biological genomic information, the study provides valuable insights into eliminating disparities in prostate cancer.

While the biology of prostate cancer has traditionally been characterized based on pathological information, several recent studies have shown the potential for metabolic profiling of prostate cancer cells to contribute to its malignant process. Professors Valentin Nikolaevich Pavlov and Marat Fayazovich Urmantsev [7] from Bashkir State Medical University, Russia, summarize the role of metabolic profiling in the development of prostate cancer with a well-organized picture, suggesting the possibility of discovering new therapeutic mechanisms in the future.

Finally, professor Gi Jeong Cheon [8] from the Department of Nuclear Medicine at Seoul National University and professor Si Hyun Kim [8] from the Department of Urology at Soonchunhyang University validate the diagnostic utility of Ga-68 PSMA-11 (gallium-68 prostate-specific membrane antigen-11) positron emission tomography/CT with retrospective data from 230 patients. In this study, which summarizes real-world data, they report that 33.2% of patients had newly detected PSMA not seen on conventional images, and 13.5% had their treatment strategy changed. This study was awarded the Best Paper Award at the Korean Urological Oncology Society in March 2024.

3. Bladder Cancer

Perhaps nowhere have trials beyond traditional cytotoxic chemotherapy, including antibody-drug conjugates and multiple immune checkpoint inhibitors, dramatically changed the therapeutic landscape in the field of bladder cancer. In particular, fibroblast growth factor receptors are found in 70% of superficial bladder cancers, making them a prime therapeutic target in all types, including metastatic cancer and upper tract urothelial carcinoma. In this timely review, professor Ho Kyung Seo [9] from the National Cancer Center, Korea, summarizes recent research in this area with well-organized tables and figures to help the reader understand.

Many patients with muscle-invasive bladder cancer experience considerable stress during neoadjuvant chemotherapy leading up to radical cystectomy, but little is known about the extent and depth of psychological research. In a retrospective study of 4,630 patients, Dr. Matthew DeSanto [10] from Charleston Area Medical Center Health System Inc. in the United States reported a 10.5% diagnosis rate of depression in patients receiving neoadjuvant chemotherapy, significantly higher than the 6.2% rate in patients not receiving chemotherapy, which was also associated with an increased suicide rate, raising alarms about the psychological crisis in patients.

The articles in this issue provide a comprehensive overview of the current state of the art in urologic oncology while also offering a fresh perspective on a field that has not been widely covered. We are grateful to the authors from around the world for contributing clinically useful articles in various
fields, and we hope you enjoy the intellectual exploration that this issue of JUO has in store for you.

**Conflict of Interest:** The author has nothing to disclose.

**REFERENCES**