individual components of the adeno-associated virus/phage system have been extensively investigated, this study offers evidence of successful application in relevant preclinical models of untreatable and hard to diagnose aggressive tumor variants.

Suggested Reading


Socioeconomic Factors, Urological Epidemiology and Practice Patterns

Re: Vasectomy and Prostate Cancer Incidence and Mortality in a Large US Cohort

American Cancer Society, Atlanta, Georgia


Editorial Comment: Patients often ask me if vasectomy increases their risk of prostate cancer. I tell them that I do not think it does and that the AUA guidelines on the topic support my view. That said, there are a number of large cohort studies that intimate there may be a relationship. There are a similar number of large studies that fail to show a relationship. The current study falls into the latter group.

The authors used data from the Cancer Prevention Study-II (CPS-II), which included more than 360,000 men followed from 1982 to 2012, of whom roughly 42,000 had undergone vasectomy. Approximately 7,500 men died of prostate cancer during the study followup, and no association was seen between prostate cancer incidence or mortality and vasectomy. One of the limitations of CPS-II was that the investigators never directly asked the men if they had undergone vasectomy—they actually asked their spouses. To offset that problem, the investigators undertook a second substudy, the CPS-II Nutrition Cohort, in which they directly asked 66,542 men in CPS-II about whether they had undergone vasectomy (of which 10,589 had). Again, the authors failed to show an association between vasectomy and prostate cancer incidence or mortality. As urologists we will continue to be asked about this association, and I remain convinced that vasectomy does not increase the risk of prostate cancer or prostate cancer mortality.

Suggested Reading


Re: Increase in Prostate Cancer Distant Metastases at Diagnosis in the United States

J. C. Hu, P. Nguyen, J. Mao, J. Halpern, J. Shoag, J. D. Wright and A. Sedrakyan
Department of Urology, Weill Cornell Medicine-New York Presbyterian Hospital, Department of Healthcare Policy and Research, Weill Cornell Medicine and Department of Gynecology, Columbia College of Physicians and Surgeons, New York, New York, and Department of Radiation Oncology, Brigham and Women’s Hospital, Boston, Massachusetts


No Abstract
Re: Prostate Cancer Incidence Rates 2 Years after the US Preventive Services Task Force Recommendations against Screening

A. Jemal, J. Ma, R. Siegel, S. Fedewa, O. Brawley and E. M. Ward

Surveillance and Health Services Research, Office of Chief Medical Officer/Research and Intramural Research, American Cancer Society, Atlanta, Georgia


No Abstract

Editorial Comment: These 2 conflicting articles highlight the perils of observational epidemiological research, specifically the issues around ecological analyses. Hu et al use SEER (Surveillance, Epidemiology and End Results) program data from 2005 to 2013 to explore the impact of the 2008 USPSTF (U.S. Preventive Services Task Force) recommendation against prostate cancer screening in men age 75 years or older. They found that there appears to be an increase in the rate of metastatic disease starting in 2011 in this age group.

Jemal et al use SEER data from 2010 to 2013 and fail to find an increase in the incidence of metastatic disease in this same age group. Hu et al claim that this discrepancy is due to differences in the choice of staging system used in the analysis, and they argue that if Jemal et al had used yearly incidence ratio analyses, they would have found an increasing rate of metastatic disease.

Frankly I tend to agree with Thomas and Shyr, whose thoughtful editorial comment accompanying the article by Hu et al attributes the contradictory results to “statistical random variation of incidence that can change over time depending upon the frequency of measurement.” They conclude that clinicians need to be cautious in interpreting the results of these studies, and I completely agree. Urologists are right to be concerned about the potentially deleterious effects of the 2008 and 2012 USPSTF recommendations against prostate cancer screening. That said, we also have to provide solid scientific evidence to back up our arguments, and frankly it is probably still too early to see the impact of the recommendations, given prior studies that imply the lead time associated with prostate specific antigen testing may be a decade or more.

David F. Penson, MD, MPH


Re: Identifying Drivers of Episode Cost Variation with Radical Prostatectomy

L. A. Herrel, J. D. Syrjanaki, S. M. Linsell, D. C. Miller and J. M. Dupree

Dow Division of Urological Health Services Research, Department of Urology, University of Michigan and Michigan Value Collaborative, Ann Arbor, Michigan

Urology 2016; 97: 105–110. doi: 10.1016/j.urology.2016.05.071


Editorial Comment: Among American health policy makers there is a concerted effort to move away from fee-for-service to novel payment models that reward increased value in health care. These alternative payment models (APMs) vary in design and execution but many share components of capitated payment for episodes of care. MACRA (Medicare Access and CHIP Reauthorization Act of 2015) includes verbiage that directs Medicare to introduce these APMs as a form of Medicare reimbursement and to incentivize providers to participate in these APMs in place of traditional fee-for-service reimbursement models. These APMs ultimately shift financial risk away from the payer to provider organizations, giving the providers the opportunity to realize financial gains or losses depending on the cost of their care. If urologists are to participate in these APMs, we must understand the sources of cost variation around our most common procedures.

The current study explores the drivers of cost variation around radical prostatectomy in the state of Michigan. Prostatectomy is an obvious choice for a urological APM since it is commonly performed, can be defined temporally and lends itself to risk adjustment. The current study shows that the