

# International **Braz J Urol**

## *EDITOR'S COMMENT*

### **Inclusion of *International Braz J Urol* in PubMed/MEDLINE**

Dear readers, in this last Editorial of 2004, it is my great pleasure to inform that the *International Braz J Urol* was reviewed in October 2004 by the Literature Selection Technical Review Committee of the National Library of Medicine and received a score between 3.5 and 3.9, the equivalent of "very good", and was therefore included in the Index Medicus PubMed/MEDLINE.

Our data will be incorporated in PubMed/MEDLINE since July - August 2002 (volume 28, issue 4). The September - October 2004 and the present issue are already available at PubMed ([www.ncbi.nlm.nih.gov/entrez/query.fcgi](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi)). We are now working in the process of sending data for NLM PubMed/MEDLINE and we believe that within the next 8 weeks all issues from July - August 2002 of the *International Braz J Urol* will appear in the PubMed database.

Of course, this positive result was thanks to the effort and support of our Editorial Board, Reviewers and Collaborators. The Editor personally acknowledge in deep to the more than 400 experts, from many countries, who dedicated a considerable fraction of their time to our Journal, contributing to the "peer-review" process during the last five years. I would like to express my sincere recognition for it.

Also, during the last years, the *International Braz J Urol* is continuing growing in acceptance and circulation. Now, in addition to the 6,000 copies of the printed version, the electronic version has been receiving around 15,000 to 16,000 visits on-line every month, from 90 to 98 different countries, and these figures include the *International Braz J Urol* among the most read urological journals.

The November - December 2004 issue of the *International Braz J Urol* incorporates interesting contributions and the Editor's Comment will highlight some important papers.

Doctor Sciarra and colleagues, from University La Sapienza, Rome, Italy, presented on page 455 a thorough discussion on which patients with prostate cancer are actually candidates for hormone therapy. The article addressed important topics, as which factors are responsible for the introduction of new candidates for hormone therapy in prostate cancer, who are actually candidates for hormone therapy, classifying them on the basis of the stage of the disease, and which treatment modalities can be proposed for each candidate. The authors pointed out that the use of hormone treatment for younger patients, longer periods and early prostate cancer, absolutely requires a whole re-evaluation of which therapy is indicated and it may produce new problems such as higher risk of over-treatment, need of a better evaluation of quality of life in younger patients and the research for

better-tolerated therapies. As conclusion, we are still waiting for therapies that resist for longer periods without the production of a hormone-refractory disease.

Doctor Tamanini and co-workers, from four tertiary referral centers in São Paulo, Brazil, evaluated on page 479, the concurrent validity, internal consistency and responsiveness of the Portuguese version of the King's Health Questionnaire (KHQ) in patients who underwent sling procedures for the treatment of stress urinary incontinence. Sixty-eight female patients were enrolled with urodynamically diagnosed urinary stress incontinence. The results showed moderate concurrent validity, strong internal consistency and high responsiveness for the Portuguese version of KHQ, indicating that it is suitable for measuring outcomes in clinical trials among female patients with stress urinary incontinence.

Doctor Dall'Oglio and co-workers, from Federal University of São Paulo, Brazil, studied on page 472, the probability of involvement of the seminal vesicles in patients undergoing radical prostatectomy through the analysis of preoperative serum PSA level, Gleason score on biopsy and percentage of fragments affected by tumor on biopsy. After selecting 899 patients for the study, the authors found on multivariate analysis, that PSA, Gleason score and the percentage of involved fragments were independent prognostic factors for invasion of seminal vesicles. The preoperative variables used in the present study allowed the identification of men with minimal risk (lower than 5%) if involvement of seminal vesicles.

Doctor Cheng and colleagues from the Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong, China, compared on page 466 the accuracy of estimating prostatic volume with digital rectal examination by urological staffs with different experiences. Measurement of prostatic volume with transrectal ultrasonography serves as the reference standard. The authors found that the trained urologist is more accurate in estimating prostatic volume with digital rectal examination than a urology junior trainee and than a urology higher trainee. This implies that the technique of DRE can be improved with practice.

***Dr. Francisco J.B. Sampaio***  
Editor-in-Chief