This issue deals with a wide range of clinical topics of urology, and contains three Review Articles, seven Original Articles and one Urological Note. Radiation cystitis is a specific type of iatrogenic injury to the bladder. Radiation cystitis is a complication of radiation doses starting from 45 to 55 Gy, and the risk increases significantly at cumulative doses of ≥60 Gy. It is a potential, but often intractable, complication of pelvic radiation therapy for treatment of pelvic malignancies. Villeirs et al. (Ghent, Belgium) assessed the efficacy of hyperbaric oxygen therapy in reducing symptoms of radiation cystitis by systematic review of recent literature. Hyperbaric oxygen therapy was effective (the weighted average overall and complete response rates were 87.3% and 65.3%, respectively) in the treatment of radiation-induced cystitis, with minimal adverse events, but low availability and high cost. At present, as evidence is low, more prospective studies seem to be required.

The term, bacillus Calmette–Guerin (BCG) failure, is ambiguous, and includes a very heterogeneous population of patients. By strictly focusing on patients who are unlikely to benefit from additional BCG therapy and who need to be treated with radical cystectomy, the new concept of “BCG unresponsive” was recently proposed. Kikuchi et al. (Kanagawa, Japan) demonstrated the definition of BCG unresponsive, and assessed the development of novel therapeutic options for BCG unresponsive disease. So far, the blockade of the programmed cell death-1/programmed cell death-ligand 1 pathway, which is considered to be activated by BCG therapy, is promising. Furthermore, clinical trials with other strategies, such as vaccines, gene therapy, and targeted and cytotoxic therapies, are ongoing.

It is well known that cisplatin has various toxicities, including myelosuppression, gastrotoxicity and ototoxicity, and the main dose-limiting side-effect is nephrotoxicity. Shiraiishi et al. (Kyoto, Japan) evaluated the safety and efficacy of the combined regimen of paclitaxel and ifosfamide plus nedaplatin for patients with refractory or relapsed germ cell tumors and impaired renal function. Their results showed that paclitaxel, ifosfamide and nedaplatin chemotherapy can be considered a safe and effective (overall response rate: 60%) regimen that results in less nephrotoxicity in germ cell tumor patients with renal dysfunction.

In patients who show prostate-specific antigen failure after external beam radiotherapy for local or locally advanced prostate cancer, salvage therapy targeting the prostate is currently an option. Yamada et al. (Kyoto, Japan) examined the effect of permanent salvage brachytherapy in prostate cancer patients suffering recurrence after three-dimensional conformal external beam radiotherapy. Permanent salvage brachytherapy was carried out in 13 patients who suffered prostate-specific antigen failure. Their results showed that targeted fusion biopsy-based three-dimensional cancer mapping should be used for permanent salvage brachytherapy treatment planning to reduce the incidence of treatment-related adverse events while maintaining good oncological outcomes. In contrast, Takeda et al. (New York, USA) examined a set of proposed eligibility factors for hemi-ablative focal therapy in prostate cancer, and determined the likelihood of residual extensive disease. Hemi-ablative focal therapy, which involves ablation of an entire half of the prostate, is most frequently carried out now. They retrospectively analyzed data from 98 patients with the focal therapy consensus meeting the inclusion criteria who underwent radical prostatectomy. Their results showed that an important number of patients meeting the focal therapy consensus meeting the inclusion criteria can present extensive disease. Interestingly, their study also implied that targeted biopsies might provide more accurate information about the selection of focal therapy candidates.

Until recently, there has been only limited information about the clinicopathological features of malignant urachal tumors (MUTs) from a large population-based study. Nagumo et al. (Ibaraki, Japan) used the hospital-based cancer registry data to extract 456 MUT cases. Their results showed that MUTs are quite rare (0.4% of all malignant bladder cancers) in Japan, and most of those without metastasis are likely to be treated with surgery alone, even at advanced stages. The necessity of establishing a standard of care for MUT patients at advanced stages or with metastasis is also reported.

**Conflict of interest**

None declared.