

In the New York Times of June 7th, 1924, Joseph Colt Bloodgood, a prominent surgeon practicing in Johns Hopkins, claimed that “*deaths from cancer would be practically eliminated and cures accomplished if persons afflicted sought medical aid immediately upon the discovery of a foreign growth in any part of the body*”. Almost a century later, we are still debating the role of early detection and its consequences for patients with urinary system tumors. A pertinent question today is what the best method is to discover these “foreign growths”? The development of novel imaging techniques, and the continuing quest for the development of accurate biomarkers may be an answer to that question, whilst on the other hand the question arises whether or not we want to find these “foreign growths” in early stages in all patients.

There is no question that today we practice medicine in an exciting era where based on well-developed guidelines such as the NCCN and EAU guidelines, we are achieving increasing cure rates for most tumors of the urinary system. And we are doing so in an increasingly minimally invasive fashion. The advent of robotic surgical techniques, early recovery after surgery implementation and organ sparing surgery whenever possible have greatly decreased surgical morbidity in our field. The advent of novel radiotherapy techniques greatly reduces adverse effects of radiation to healthy tissue and in medical oncology, targeted therapies and immunomodulatory agents have drastically changes outcomes and treatment burden for patients with a variety of urinary system tumors.

In spite of this positive evolution, we are still not able to accurately identify the correct treatment for the right patient in many instances. Endeavours such as the international cancer genome atlas, high throughput drug screening by development of xenograft models and micro-arrays and the development of novel biomarkers are tackling this question in the ultimate quest for precision medicine.

The result of our increasing understanding of this devastating disease is that more than ever, patients have higher expectations of their quality of life after surviving cancer. To that end, it is of extreme importance that patients are guided and counseled when they face the consequences of their therapy. One particular example is sexual dysfunction as a result of the treatment of a variety of pelvic and genital tumors. Adequate treatment, exploring alternative expressions of sexuality and realistic expectations are key here. In the 1st edition of *Urinary System Tumor*, a broad overview is given of the full spectrum of urinary oncological care ranging from tumor biology to post-treatment quality of life. The contributions of various internationally renowned experts make it a must have as educational resource for professionals dealing with tumors of the urinary system.

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