Denosumab Can Reduce Bone Turnover in Patients With Bone Metastases

Randomized Phase II Trial of Denosumab in Patients With Bone Metastases From Prostate Cancer, Breast Cancer, or Other Neoplasms After Intravenous Bisphosphonates.

Fizazi K, Lipton A, et al:
J Clin Oncol; 27 (April 1): 1564-1571

Patients with bone metastases who are on bisphosphonate therapy have reduced bone turnover when given denosumab.

Objective: To evaluate the efficacy of denosumab in reducing bone turnover in patients with bone metastases and high bone turnover despite IV bisphosphonate therapy.

Design/Participants: Prospective, randomized phase II study of patients with at least 1 bone metastases from any carcinoma (except lung) or multiple myeloma, with elevated levels of the urinary marker of bone turnover, urinary N-telopeptide (uNTx), despite IV bisphosphonate therapy.

Methods: Patients were stratified by tumor type and baseline uNTx and randomized to 1 of 3 treatments (IV bisphosphonate therapy every 4 weeks, or subcutaneous injection of denosumab every 4 weeks or every 12 weeks).

Results: 111 patients were accrued; 45% had prostate cancer. The primary end point of the study (lowering uNTx to normal levels) was achieved in 71% of patients randomized to IV denosumab versus 29% in the IV bisphosphonate group. This difference was sustained over the 25 weeks of the study. There was a nonsignificant trend for a reduction in skeletal-related events while on study for patients randomized to denosumab versus bisphosphonate therapy (8% vs 17%). The rates of overall and serious adverse events were similar across groups.

Conclusions: In patients with bone metastases and high bone turnover despite IV bisphosphonate therapy, denosumab is more effective than ongoing IV bisphosphonate therapy in reducing uNTx to normal levels and is well tolerated.

Reviewer's Comments: It has become increasingly recognized that a major source of morbidity among patients with advanced prostate cancer is bone-related problems. The mainstay of therapy for men with bone metastases from prostate cancer who have developed castrate-resistant disease is the IV bisphosphonate, zoledronic acid. However, there are many men in whom high rates of bone turnover persist despite this therapy. Denosumab is a humanized monoclonal antibody to a molecule known as receptor activator of NF-kappaB ligand (RANKL) that is involved in osteoclast function. This study demonstrates that in patients who have a variety of tumors and bone metastases with persistent high bone turnover despite adequate IV bisphosphonate therapy, that denosumab can decrease bone turnover back to normal levels, as measured by the uNTx levels, for up to 25 weeks more effectively than continued IV bisphosphonate therapy. For the urologist, it should be noted that the most common tumor type tested in this study was prostate cancer (45%). These intriguing results must now be tested in a prospective, large scale, randomized trial designed to test a more clinically meaningful end point, such as a reduction in the rate of fractures or other skeletal-related events. The report indicates such a series of trials are currently underway. It is hoped that if these are indeed positive, then denosumab may become available as another tool in the fight against advanced prostate cancer.

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Ferumoxtran-10-Enhanced MRI Detects Nodal Metastases Outside Typical Surgical Field

Prostate Cancer: Detection of Lymph Node Metastases Outside the Routine Surgical Area With Ferumoxtran-10-Enhanced MR Imaging.
Heesakkers RA, Jager GJ et al:
Radiology; 251 (May): 408-14

Ferumoxtran-10-enhanced MRI is capable of detecting prostate cancer in lymph nodes lying outside the typical lymph node dissection template.

Objective: To evaluate the ability of ferumoxtran-10-enhanced magnetic resonance imaging (MRI) to detect prostate cancer lymph node metastases.

Methods: Prospective study of 296 patients with intermediate to high-risk prostate cancer (PSA >10 ng/mL, Gleason Score >6, or clinical T3 disease), who underwent MRI 24 hours after receiving IV infusion of ferumoxtran-10. Positive nodes by MRI were classified as being inside or outside the typical surgical bounds of a pelvic lymph node dissection (PLND), defined as the obturator fossa, bounded by the external iliac vein, and surrounding the obturator nerve. Histologic confirmation was obtained via computerized tomography (CT)-guided biopsy, routine PLND, or MRI-guided extended PLND.

Results: Ferumoxtran-10-enhanced MRI was positive for lymph node involvement in 58 of the 296 patients. In 44 of these patients (76%), histologic prostate cancer was confirmed, including 18 (41%) found exclusively outside the typical bounds of a PLND for prostate cancer. In another 18 (41%), the nodal involvement was both within and outside of these bounds, and in 8, the nodes were only inside these bounds. Regions harboring metastatic prostate cancer included nodes in the region around the common iliac artery, presacral space, and para-aortic space.

Conclusions: 41% of prostate cancer patients with histologically confirmed prostate cancer lymph node metastases harbor disease exclusively outside the bounds of the typical PLND performed for prostate cancer.

Reviewer's Comments: There is growing debate about the relative merits of a PLND in the context of prostate cancer, and whether wider field dissections should be done. Several studies have now suggested that patients undergoing wider PLNDs for prostate cancer at the time of prostatectomy may have better outcomes. This study adds a modest amount of weight to that argument in that a substantial number of patients can be identified with prostate cancer lymph node metastases that harbor disease outside of the obturator fossa region, which is often the extent of dissection performed. This implies that there may be more disease present in patients than urologists have traditionally appreciated, and perhaps more patients would benefit from a more extensive dissection. This study is also intriguing, in that the ferumoxtran-10-enhanced MRI was able to detect lymph node metastases in the context of intermediate-risk to high-risk prostate cancer. It should be emphasized, however, that this report should not be interpreted as proving the performance characteristics of this test for detecting prostate cancer metastases. Recall that in 24% of the patients, the MRI was positive but no histologic confirmation could be made. Also, no data are provided on the histology among the 238 patients in whom the MRI was negative. Therefore, we cannot reliably say anything about the sensitivity or specificity of these MRIs based on this report.

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Post-PCNL--Lower Pole Is Safe Haven for Residual Fragments

Fate of Residual Stones After Percutaneous Nephrolithotomy: A Critical Analysis.

Ganpule A, Desai M:

J Endourol; 23 (March): 399-403

The lower pole is the most common site for RFs after PCNL; 50% of RFs will pass spontaneously, most within the first 3 months after surgery.

Objective: To evaluate the fate of residual fragments after percutaneous nephrolithotomy (PCNL).

Design: Retrospective chart review.

Participants: 2469 undergoing PCNL between 2000 and 2008.

Methods: The authors used an aggressive approach to multiple-tract PCNL to help facilitate stone clearance. Nephroscopy time was limited to 90 minutes. Surgeons were characterized as more experienced if they had >10 years of endourology experience. Radiographic follow-up was performed with plain radiography (KUB) and ultrasonography (US). Residual stones were defined as stones identified within 3 months of PCNL.

Results: Residual fragments (RFs) were detected in 8% of patients. The most common location was the lower pole (58%), and the mean size was 39 mm2. The spontaneous passage rate of residual stones was 43%, with 65% of the stone clearance occurring in the first 3 months. An additional 10% cleared fragments between 3 and 6 months after PCNL. Spontaneous stone passage was more common for RF in the renal pelvis and stones <25 mm2. Spontaneous stone passage was more likely if a double-J ureteral stent was placed at the time of PCNL. No fragments >100 mm2 passed spontaneously. Prior surgery and higher serum creatinine levels were associated with a lower spontaneous stone passage rate. RFs in patients with renal insufficiency led to deterioration in renal function.

Conclusions: RFs are uncommon and often resolve spontaneously.

Reviewer's Comments: The authors do not report how many surgeons were evaluated in each category of experience. Similarly, experience was rated by years of endourology as opposed to number of PCNLs per year. Radiographic follow-up with KUB/US may overestimate the likelihood of stone clearance. Though the authors report that the surgeon's experience impacts the fate of RFs, one might hypothesize that it would have a greater impact on the rate of RFs, the impact of operator experience on the rate of RFs was not reported. The authors hypothesize that RFs may be smaller for surgeons with greater experience, though again, these data were not reported by the investigators. The authors hypothesize that intrarenal scarring and distorted pelvicaliceal anatomy from prior surgical interventions may lead to lower RF clearance. One would anticipate that this would be more likely with prior PCNL or open surgery rather than shockwave lithotripsy or ureteroscopy, but this distinction was not noted by the investigators. It is unclear as to whether the deterioration in renal function noted in patients with RFs and renal insufficiency is related to recurrent obstruction or perhaps the result of multiple secondary procedures. It is important to note that renal deterioration occured also in the group without RFs. It would be helpful to identify prognostic factors for delayed stone clearance (3 to 6 months after PCNL) that could help guide a longer period of observation before considering secondary procedures.

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8% Risk of Renal Stones in First 3 Years Post-RYGB

Effect of Gastric Bypass Surgery on Kidney Stone Disease.

Matlaga BR, Shore AD, et al:
J Urol; 181 (June): 2573-2577

Urinary changes after RYGB surgery increase the risk of kidney stones.

Objective: To evaluate the risk of renal calculi and stone surgery after Roux-en-Y gastric bypass (RYGB) surgery.

Design: Case-controlled, retrospective, database analysis.

Participants: 4639 patients in the Blue Cross-Blue Shield patient database who underwent RYGB and had 3 years of follow-up. Controls were matched for age, gender, and the presence of diabetes and hypertension.

Methods: The primary end points evaluated in the database study were the identification of ICD-9 and/or CPT-codes consistent with a diagnosis and/or treatment of urolithiasis.

Results: At 3-year follow-up, 8% of patients after RYGB were diagnosed with stones compared to 5% in the control group. RYGB patients were also more likely to undergo shockwave lithotripsy and ureteroscopy, with a 3.65-times increased risk of needing a surgical procedure. RYGB patients were not more likely to have multiple stone episodes. The risk of stone diagnosis was higher in males and patients >45 years old.

Conclusions: RYGB patients are at a higher risk for stone formation in the postoperative period.

Reviewer's Comments: Though the authors matched controls for age and gender, they did not match subjects for body mass index, which would have strengthened their analysis. It is important to consider that patients undergoing gastric bypass surgery may undergo cross-sectional imaging in the postoperative period if their course is complicated (eg, to evaluate for abscess or anastomotic leak or to attempt to delineate the cause of postoperative abdominal discomfort). As such, the increased incidence of stone diagnosis and subsequent stone surgery may reflect the incidental diagnosis of asymptomatic stones detected during imaging for other causes. An alternative would be to evaluate Emergency room visits for a diagnosis of urolithiasis, which would be more suggestive of a symptomatic stone episode. Prospective, longitudinal studies of patients undergoing bariatric surgery have demonstrated that the greatest risk of stone disease is during the first 1 year postoperatively, when urine volume is low and supersaturation high. It would be useful for the authors to report whether the bulk of the increased risk for stones in this cohort was noted in the first, second, or third year postoperatively. This study helps identify males over age 45 years as a subset of patients at higher risk and perhaps deserving of close surveillance and preventive measures.

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Ureterocalyceal Anastomosis Works When Options Are Limited at the UPJ

Ureterocalyceal Anastomosis in Children: Is It Still Indicated?

Sarhan OS, Helmy TE, et al:

J Ped Urol; 5 (April): 78-81

In children, ureterocalyceal anastomosis is relatively successful in a redo situation, but amputation of the lower pole may help to avoid later stenosis.

Objective: To review a single institution's experience with ureterocalyceal anastomosis (or ureterocalicostomy [UCO]) in children.

Methods: A retrospective chart review was performed over a 6-year span (2000 to 2006) identifying children having undergone open ureterocalyceal anastomosis. Clinical parameters were considered, and success was defined as radiographic resolution of obstruction and symptomatic relief at follow-up.

Results: 10 children were identified who met the criteria (6 males and 4 females). Six procedures were performed for failed ureteropelvic junction (UPJ) obstruction and 4 were related to iatrogenic injury. The mean age of the children was 6.5 years. No perioperative complications were reported. Mean follow-up was 18 months. Eight of the 10 children (80%) had relief of obstruction that was evident as documented by IV urography or nuclear renography with a decrease or total elimination of the obstruction. Two patients subsequently underwent nephrectomy due to failed UCO with poor ipsilateral renal function and preserved contralateral function. Renal function in preserved renal units was similar before and after repair.

Conclusions: Ureterocalyceal anastomosis is successful and remains a useful tool to provide renal drainage in select situations.

Reviewer's Comments: Ureterocalyceal anastomosis is an often discussed but rarely utilized treatment modality for the severely scarred UPJ obstruction or proximal ureteral injury. The authors describe a group of 10 children who underwent this repair with a reasonable success rate given the complex nature of the repair in the redo setting. The authors underemphasize their technique of partial nephrectomy of the lower pole to facilitate the repair and avoid stenosis. Four cases were related to avulsion of the proximal ureter presumably at the time of ureteroscopy. It is hoped that this complication could be avoided with careful technique and the use of laser lithotripsy. But with the increasing popularity of endoscopic techniques for stone extraction, this technique is a good one to have in your toolbox if this complication occurs.

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DHA as Cure for Reflux May Not Be as Durable as Initially Thought

Long-Term Followup of Dextranomer/Hyaluronic Acid Injection for Vesicoureteral Reflux: Late Failure Warrants Continued Followup.

Lee EK, Gatti JM, et al:

J Urol; 181 (April): 1869-1875

The short-term success of DHA for treatment of VUR approaches that of open surgery, but there is a significant failure rate at 1 year necessitating long-term follow-up.

Objective: To evaluate the long-term success of dextranomer/hyaluronic acid (DHA) injection for the treatment of vesicoureteral reflux (VUR).

Methods: A retrospective review was performed from 2002 to 2005 of the outcome of patients undergoing DHA injection for the treatment of reflux at a single institution. Initial success was determined by early voiding cystourethrogram (VCUG) at approximately 6 to 12 weeks after injection. Long-term success was evaluated with a VCUG at 1 year postoperatively in those initially cured of reflux. Success rates between the first and second half of the study were also compared to account for surgeon experience and modification of technique.

Results: 337 ureters were considered, and success at initial postoperative VCUG was seen in 246 ureters (73%), with 112 of 170 (66%) successes in the first half and 134 of 167 (80%) in the second half of the study. A total of 150 ureters with initial success were re-evaluated at 1 year with VCUG. Of these, 111 remained successful (74%). Including the initial postoperative failures, the 1-year success rate was 111 (241 ureters or 46%).

Conclusions: Short-term success of DHA for treatment of VUR approaches that of open surgery, but there is a significant failure rate at 1 year necessitating long-term follow-up.

Reviewer's Comments: DHA is an appealing alternative to open surgery for correction of VUR. This article is sobering in that the long-term success was <50%. The authors used strict criteria of "no residual reflux" to define success, and these findings were not correlated to the patients' clinical status, if they had experienced any urinary tract infections, etc. Some recent studies have suggested less subsequent urinary tract infection in those with reflux treated with DHA versus open surgery. Radiographic success and clinical success may not be equivalent. The take-home message is that DHA as a cure for reflux may not be as durable as we initially thought. The clinical implications of this are yet to be realized. As with any newer technology, extended follow-up is imperative.

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Detrusor Overactivity May Be Positively Affected by Prolapse Correction

Effect of Prolapse Repair on Voiding and the Relationship of Overactive Bladder and Detrusor Overactivity.

Basu M, Duckett J:

Int Urogynecol J; 20 (499-504):

Bladder irritative symptoms may persist after prolapse surgery.

Objective: To assess whether prolapse repair affects voiding, prolapse status postoperatively, and improves or worsens pre-existent symptomatic irritative and urgency components in patients with identifiable anatomic prolapse.

Design/Participants: Retrospective review of approximately 40 women who had urodynamic detrusor overactivity and symptoms of overactive bladder (OAB).

Methods: The authors divided their study patients into those who experienced resolution of their urge symptoms and those with persistent OAB symptoms based upon their surgical outcome. All patients underwent standard plication anterior repair with combined repair of their compartments as indicated. No incontinence procedures were performed as part of this study. OAB symptomatology was assessed by domains of the King's Health questionnaire (KHQ) and the Patient Global Impression of Improvement (PGI-I).

Results: 40 women out of the initial study group of 67 actually agreed to undergo repeat urodynamic assessment. Of those, 25% (10 of 40) did not have evidence of detrusor overactivity. Thirty of the 40 women (76%) had persistent detrusor overactivity and of these, 22 of 40 were subjectively cured of their symptoms. There was disagreement between detrusor overactivity and OAB symptoms in 13 patients and 17 of 18 patients with persistent symptoms had demonstrable detrusor overactivity on urodynamics. Four percent of the patients had recurrent anterior compartment prolapse. Of the patients who agreed to participate but declined urodynamics, 5 had OAB symptoms and 1 had stress incontinence symptoms on the basis of the KHQ. The authors reviewed the urodynamic assessment and found that there was improvement in urinary flow rate in the patients who had experienced resolution of their OAB symptoms versus those who did not have improvement who actually had worsening of their preoperative uroflow rates.

Conclusions: The authors conclude that there may be improvement in OAB symptoms and this may be predictable on the basis of certain aspects of voiding function, including voiding flow rates.

Reviewer's Comments: Uroflow rate predicted patients with persistent detrusor overactivity in this study; however, a significant percentage of patients had persistent OAB despite successful anatomic correction.

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Pelvic Reconstructive Surgery Possible in Patients With Pelvic Transplanted Organs

Pelvic Reconstructive Surgery in Renal Transplant Recipients.
Shveiky D, Blatt A, et al:
Int Urogynecol J; 20 (551-555):

Pelvic reconstruction can be performed in the renal transplant population.

Objective: To assess the outcomes of pelvic prolapse reconstruction in women following renal transplantation to determine if the transplantation affected the prolapse correction and complication rate.

Methods: This is a straight forward chart review essentially encompassing a case report of 5 patients who had undergone previous renal transplant surgery to assess for risks both to transplant and perioperative morbidity related to the prolapse correction. The group was identified from January 2000 to January 2008, and data evaluated included surgical history, Pelvic Organ Prolapse Quantification (POP-Q) measurements and classification of perioperative complications. Cure of prolapse was defined as less than stage 2 after intervention. Stress incontinence was determined cured by patient-reported negative stress test on physical examination.

Results: 5 cases were reviewed for the purposes of this assessment. The mean age of participants was 56.5 years. Two had vaginal hysterectomies involving suspension, 3 had anterior repairs performed, 2 had posterior repairs done, and 3 synthetic mid-urethral slings were performed. No intraoperative or postoperative complications were noted. In a mean follow-up of 12.6 months (range, 4 to 36 months), patients were cured of their symptoms of prolapse urinary incontinence and there was no synthetic mesh erosion or infection. Among the patient group, 3 were on steroids and the rest were on a variety of other immunosuppressive regimens without steroids accumulated. The steroid-exposed patient's range was from 4 months to 36 months, with only 1 patient being followed-up for the longer period of time. Slings performed included both obturator and retropubic approaches indicating no complications with either approach.

Conclusions: Pelvic reconstructive surgery can be performed safely in patients who have undergone prior renal transplantation; however, an appreciation for anatomy and location of the organ is important and is emphasized in this paper.

Reviewer's Comments: Pelvic reconstructive surgery is possible in patients with pelvic transplanted organs. No complications were noted and patients had adequate postoperative symptomatic resolution.

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Satisfaction Rate of Older Patients Is High When Implanting Penile Prostheses

Should Being Aged Over 70 Years Hinder Penile Prosthesis Implantation?

Al-Najar A, Naumann CM, et al:

BJU Int; 10 (March): epub ahead of print

The satisfaction rate of older patients is high, and in this population, enough longevity is expected to make implantation worthwhile.

Background: Increasing longevity of men and women has reconceptualized sexual health as part of general health.

Objective: The authors examine the satisfaction rate of patients receiving penile prosthesis (PP) when diagnosed at >70 years old, aiming to determine the effectiveness of this method for the treatment of erectile dysfunction (ED).

Participants/Methods: Between 1990 and 2007, a total of 174 patients received a PP for the first time; 35 patients were >70 years old at the time of implantation. At follow-up, 17 patients had died from factors unrelated to the implantation, leaving 18 patients (median age, 74.5 years).

Results: 15 patients answered the questionnaires. Data from 15 of these cooperating patients had an International Index of Erectile Dysfunction (IIEF) score of 21.8. The frequency of intercourse noted: 4 of 15 had intercourse less than once per 2 weeks, most had intercourse once per 2 weeks, and the remaining 3 reported intercourse >2 times per 2 weeks. The median follow-up was 68.5 months.

Conclusions: PP gave the highest satisfaction to the patient and partner, due largely to its reliability and ease of use. Many authors have reported that implanted patients have significantly better erectile function and treatment satisfaction than those receiving oral or intercavernosal medications. The overall satisfaction was 83%, where patients were either satisfied or very satisfied. Concerning the cost effectiveness of this type of therapy, the authors point out that a 70-year-old male would likely survive an additional 9 years, making a 9-year interval period in which he could derive benefit from PP. To date, there are no contraindications to PP based on age. The primary implications suggests that preoperative counselling of patients should not be biased by age, and that such men can be safely implanted with excellent satisfaction.

Reviewer's Comments: The satisfaction rate of older patients is high, and in this population enough longevity is expected to make implantation worthwhile.

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CHD Has a Significant Impact on Male Sexual Functioning

Sexuality and Subjective Wellbeing in Male Patients With Congenital Heart Disease.

Matthus V, Hager A, et al:

Heart J; (April 12): epub ahead of print

ED is strongly associated with the patient's well-being and quality of life in male patients with congenital heart disease.

Background: The number of congenital heart disease (CHD) patients reaching adulthood has increased. Adults with CHD may bear a higher risk of impaired sexual performance due to heart failure, medication, or psychological barriers.

Objective: This study addresses physical and psychological constraints related to sexuality and the prevalence rate of erectile dysfunction (ED). The goal is to discover whether CHD has a significant impact on sexual functioning.

Design: Over a period of 15 months, 332 male patients were enrolled. Comparisons were made against a German national cohort using the German National Health Interview and Examination Survey.

Results: A large group of men enrolled in this study (mean age, 26 years). Thirty percent of the enrollees were thought to have a complex severity of diagnoses and 4% had functional class III or IV heart disease. When compared with the health survey data, men with CHD between 21 and 30 years of age and between 31 and 40 years of age were less frequently in a sexual relationship. Overall, 10% suffered from fears related to the cardiac disease before or during sexual activity, and 15% of the surveyed patients complained of 1 physical symptoms associated with CHD during sexual activity, such as shortness of breath, dyspnea, arrhythmias, and chest pain. The rate of physical symptoms during sexual activity was almost 10-fold higher for patients aged 40 years of age compared to their 20-year-old counterparts (41% vs 4%; $P < 0.001$). Ten percent of patients reached a total score on the IIEF of <26 points, indicative of at least some level of ED. Medication, lifestyle, and the effect of concomitant diseases with an elevated thrombotic risk did not have a substantial effect on the distribution of ED among the affected adults. Only age and the presence of a psychiatric disorder significantly influenced the rate of ED distribution. ED proved to be strongly associated with the patient's well-being and quality of life.

Conclusions: The results in this paper suggest that men with CHD, who are <40 years old, engage less frequently in sexual relationships than their peers. Fears and physical symptoms patients associate with their cardiac condition that occur before or during sexual intercourse are common. Although physical demands of sexual activity can be moderate, very few, if any, patients with CHD will need to restrict their physical activity despite their inherent fear. Results from this study show that ED significantly affects patients with CHD.

Reviewer's Comments: This was a single tertiary care center that may not be generalizable to the entire population of men with CHD. The lower mean age of this population makes comparison to other ED studies difficult. Assessments of other aspects of sexuality, such as desire or orgasmic function, were not addressed.

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Moderate Alcohol Consumption May Increase BMD in Men.

Effects of Beer, Wine, and Liquor Intakes on Bone Mineral Density in Older Men and Women.

Tucker KL, Jugdaohsingh R, et al:

Am J Clin Nutr; 89 (February 25): 1188-1196

Beer is equally beneficial in moderation, and just as detrimental in excess, compared to wine and hard liquor.

Objective: To determine the impact of different types and doses of alcoholic beverages on bone mineral density (BMD) in men and women.

Methods: Numerous confounders were first adjusted for including age, body mass index (BMI), smoking status, caloric intake, dietary and supplement intake of calcium and vitamin D, and other dietary factors. A total of 1182 men, 1289 postmenopausal women, and 248 premenopausal women were analyzed in the Framingham Offspring cohort. These individuals had BMD comparison imaging studies at 3 hip sites (total hip, femoral neck, and trochanter) and the lumbar spine. Alcohol intakes preceded the BMD analysis, and this was a cross-sectional study.

Results: Men (mean age, 61 years) were primarily beer drinkers and women were primarily wine drinkers in this study. Compared to nondrinkers, hip BMD was greater by 3% to 5% in men consuming 1 to 2 drinks per day of total alcohol or beer, whereas hip and spine BMD were greater in postmenopausal women consuming >2 drinks per day of total alcohol or wine. Consumption of more than 2 drinks a day in men was associated with a lower BMD of the spine and hip. Stronger correlations with BMD were observed for beer and wine compared to hard liquor.

Conclusions: Moderate alcohol intake seems beneficial for BMD in men and postmenopausal women. Apart from alcohol itself, it seems that certain components of beer and wine may improve BMD. For example, beer contains a higher concentration of silicon and wine contains resveratrol, which is an estrogenic polyphenol compound.

Reviewer's Comments: This study is going to make the so called "extreme diet police" crazy! "Experts" have been telling men and women for years to stay away from alcohol if a person is concerned about osteoporosis, but they never had any strong evidence that supported this ridiculous quality-of-life-altering message. The truth was that alcoholics or those that just drank in excess seemed to have an increase risk of bone loss, but why make those who drink in moderation suffer because the excess drinkers have all the negative data. For example, if excess ice cream makes you fat, then why not tell anyone that eats ice cream to stop. This would be ridiculous! Now, if you do not drink alcohol you should not start just for the health benefits, but if your patient drinks in moderation, please do not make them feel guilty if they are otherwise taking good care of themselves. Oh and by the way, feel free to tell androgen deprivation treatment (ADT) patients that moderate alcohol (including beer) can potentially increase their BMD.

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Simulated Acupuncture May Be Just as Effective as Traditional Acupuncture

A Randomized Trial Comparing Acupuncture, Simulated Acupuncture, and Usual Care for Chronic Low Back Pain.

Cherkin DC, Sherman KJ, et al:
Arch Intern Med; 169 (May 11): 858-866

Never underestimate the power of the placebo or the practitioner and patient relationship.

Objective: To determine the impact of traditional types of acupuncture compared to sham acupuncture, or usual care, on individuals with chronic low back pain.

Participants/Methods: 638 adults with chronic low back pain were randomized to 1 of 4 groups (individualized, standardized, or simulated acupuncture or to a usual care group). Simulated acupuncture consisted generally of a toothpick making contact with skin, but no insertion of the toothpick itself at the various anatomical landmarks. A total of 10 treatments were provided over 7 weeks by licensed and experienced acupuncturists. Back-related dysfunction and symptom improvement were evaluated at baseline, 8 weeks, 26 weeks, and 52 weeks. The mean age of participants was 47 years, and 62% were female.

Results: The adverse event rate was 4% with the needle insertion acupuncture groups and 0% with the simulated group (P =0.04). At 8 and 26 weeks, mean dysfunction and symptom scores were significantly better in all 3 acupuncture groups compared to usual care. After 1 year, the results were similar except dysfunction improved but not symptoms. All 3 acupuncture groups displayed similar benefits without one being more beneficial compared to the others.

Conclusions: Acupuncture was effective for chronic low back pain, but specified anatomical tailoring of the needle sites, and needle penetration of the skin was not related with the therapeutic benefit. Whether a placebo or another unidentified response was responsible for the results needs further study.

Reviewer's Comments: Wow! Let me get straight to the point (pathetic pun intended)! Toothpicks touching the skin were basically equally effective compared to traditional needle insertion acupuncture for lower back pain? Also, it is important to mention that a 10-week treatment with acupuncture costs approximately $600 to $1200 total dollars, which does not necessarily relate to any medical cost savings. Does this mean we should start recommending toothpick skin touching for our patients in pain? Not necessarily (put the stick back in your olives, please); what this means is that like any medical intervention, acupuncture has its positives and negatives. This also means that the traditional health care professional and patient relationship tends to get underestimated. Acupuncturists tend to give at least 30 minutes to 1 hour with each patient and they talk diet and supplements with each program. If physicians' were allowed to give regular lifestyle advice and spend 30 minutes to 1 hour with patients, I wonder what their overall outcomes research would demonstrate for each specific medical condition, including chronic pain.

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Paclitaxel/Cyclophosphamide Effective for Pretreated Metastatic Urothelial Carcinoma

Phase 1/2 Study of Intravenous Paclitaxel and Oral Cyclophosphamide in Pretreated Metastatic Urothelial Bladder Cancer Patients.

Di Lorenzo G, Montesarchio V, et al:

Cancer; 115 (February 1): 517-523

Paclitaxel/cyclophosphamide doublet is safe and shows promise as second-line therapy for metastatic urothelial carcinoma.

Objective: To test the combination of paclitaxel and cyclophosphamide in the second-line setting for metastatic urothelial carcinoma.

Design/Objectives: Single arm, nonrandomized, prospective Phase I/II trial of paclitaxel and oral cyclophosphamide every 3 weeks for patients with metastatic urothelial carcinoma who had failed prior therapy with cisplatin and gemcitabine. Primary objective was to determine the maximum tolerated dose (MTD) of the regimen and the objective response rate in this pretreated population.

Results: 44 patients were enrolled in the study. The MTD was the first dose level of cyclophosphamide at 50 mg per day for days 1 to 7 of a 21-day cycle. At that dose level, the toxicities were acceptable and generally manageable with no treatment-related deaths. There were no complete responses, and the partial response rate was 31%. The median time to progression was 5 months and the median overall survival in this pre-treated population with metastatic urothelial carcinoma was 8 months.

Conclusions: Combination paclitaxel/oral cyclophosphamide in the second line setting for metastatic urothelial carcinoma is well tolerated and has promising enough efficacies to warrant further trials.

Reviewer's Comments: Metastatic urothelial carcinoma is a deadly disease with very few long-term survivors despite multiple agent chemotherapy. In the front line (previously untreated) setting, the 2 most dominant choices utilized in the community are the 4-drug combination of methotrexate, vinblastine, adriamycin, and cisplatin or, more commonly, the doublet of gemcitabine and cisplatin. There is reasonable consensus that either of these can be an appropriate choice, but there is no standard, second-line therapy for patients who fail front-line cisplatin-based therapy. Multiple choices are available, and many include 1 of the taxanes, such as paclitaxel. In this study by Di Lorenzo and colleagues, the combination of paclitaxel and oral cyclophosphamide demonstrated reasonable toxicity and promising early efficacy. The results are particularly encouraging, since the authors used a higher risk patient population than in some other studies of second-line therapy. This is because all of the patients in the current trial had visceral metastases and many had a short progression-free interval after cisplatin-based therapy consistent with aggressive disease, cisplatin refractory disease. Clearly, however, this is a single arm trial that now requires a comparison trial to prove its true efficacy.

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BCG Results in Lower Long-Term Recurrence Rates Than MMC

Long-Term Efficacy of Maintenance Bacillus Calmette-Guerin Versus Maintenance Mitomycin C Instillation Therapy in Frequently Recurrent TaT1 Tumours Without Carcinoma In Situ: A Subgroup Analysis of the Prospective, Randomised FinnBladder I Study With a 20-Year Follow-Up.

Jrvinen R, Kaasinen E, et al:

Eur Urol; (April 16): article in press

Long-term superficial bladder cancer recurrence rates are lower in patients treated with intravesical BCG than with MMC.

Objective: To analyze the long-term outcomes comparing intravesical bacillus Calmette-Guerin (BCG) versus mitomycin C (MMC) in superficial bladder cancer.

Design/Participants: Subgroup analysis, consisting of long-term follow-up of patients originally enrolled as part of a prospective, randomized trial (FinnBladder I) comparing an intensive regimen of intravesical therapy with either BCG or MMC for patients with rapidly recurrent superficial Ta/T1 bladder cancer or carcinoma in situ (CIS).

Methods: Patients received both an induction course as well as maintenance therapy for up to 2 years. This analysis was limited to the 89 patients who did not have CIS.

Results: Overall median follow-up was 8.5 years, while the median follow-up for patients still alive was 19.4 years. The estimated recurrence rate at 15 years for patients randomized to MMC was 80% compared to 59% for those in the BCG arm (P =0.005). There was a nonsignificant trend toward lower disease progression and better disease-specific survival rates in the BCG group.

Conclusions: An intensive regimen of intravesical BCG for rapidly recurrent superficial bladder cancer (without CIS) results in a sustained, long-term decrease in disease recurrence when compared to MMC.

Reviewer's Comments: Rapidly recurrent superficial bladder cancer can be a challenging problem for the urologist and their patient. Recurrent disease can add substantial morbidity and cost to the patient's care and disruptions in the patient's life. Several studies have attempted to look at the use of intravesical therapy to reduce that risk of recurrence, including several trials comparing BCG to a variety of different chemotherapeutic agents. The majority of these trials have reported relatively short-term follow-up results, on the order of 2 to 5 years. For patients with CIS, there is reasonable consensus that BCG is superior to intravesical chemotherapy, at least in the first-line setting. However, the situation is a little more clouded for patients without CIS. The importance of this study is in its long-term follow up, with a median follow-up of >19 years among patients who were still alive. The findings suggest that the potential early gains in lowering recurrence by utilizing induction BCG and maintenance therapy may be sustained over many years even if the treatments end after a maximum of 2 years. The main issues with this particular report lies in the fact that this is a sub-group analysis of a larger trial, which subjects it to potential bias, and the fact that it is a small trial, with only 89 patients total, which severely limits its power. Nevertheless, this is likely one of several reports that will come out in the next several years looking back at the early trials with BCG to determine what the long term results are with this therapy.

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Only 50% of Patients Stone-Free Based on CT Imaging After Ureteroscopy

Computed Tomography-Determined Stone-Free Rates for Ureteroscopy of Upper-Tract Stones.

Macejko A, Okotie OT, et al:

J Endourol; 23 (March): 379-382

Use caution when counselling patients on the SFR after ureteroscopy; postoperative CT imaging can be a humbling experience.

Objective: To determine stone-free rates (SFRs) after ureteroscopy using CT imaging.

Design: Retrospective chart review.

Participants: 92 patients undergoing ureteroscopy for renal and/or ureteral stones. The mean stone burden was 8 mm.

Methods: Patients underwent ureteroscopic stone extraction using fiberoptic flexible ureteroscopes. Holmium laser lithotripsy was employed when indicated. A noncontrast CT scan was obtained postoperatively using 3-mm slice thickness imaging. SFRs, <2 mm residual fragment rates, and <4 mm residual fragment rates were determined.

Results: SFRs were 80% for ureteral stones and 35% for renal stones. Lower pole location did not impact the SFR, while the presence of multiple stones decreased the SFR. For renal stones, 50% of patients were stone free or had <2 mm fragments, and 80% of patients had <4 mm fragments.

Conclusions: SFRs after ureteroscopy are lower than previously reported by studies using plain radiography KUB (kidney, ureters, and bladder) or intravenous urography follow-up.

Reviewer's Comments: This study spanned a 7-year period, such that the average number of patients treated was 1 per month. It is feasible that a center with a higher volume of ureteroscopic procedures might have different SFRs. Indeed, though the authors attribute the lower SFR to the sensitivity of CT imaging detecting "tiny" stones, 16% of patients in this study had residual stones >4 mm in size. In addition, technology has evolved and improved over the study period; indeed the ureteroscopes utilized in this study lacked exaggerated active deflection and are no longer available on the market. This characteristic of the scopes might have impacted SFRs. The authors state that larger fragments were basket extracted, while stones <2 mm in size were left to pass. The authors do not describe what visual cues they utilized to determine stone size. For example, were all fragments larger than the safety wire diameter basket extracted? The authors did not standardize the time of postoperative imaging. Indeed some patients were imaged on day 1 (too early for clinical relevance) and some were imaged after 16 months (residual or recurrence of stones). CT imaging at a predetermined time point (eg, 1 month) would have added clarity to the findings. Twenty-six percent of patients were pre-stented. While this may facilitate ureteroscopy by ureteral dilation, it may also lead to edema, clot, and/or debris that prevent an adequate visualization of the entire collecting system.

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COX-II Inhibitors After SWL--Less Pain But No Gain

Evaluation and Management of Post-Shock Wave Lithotripsy Pain With Third-Generation Lithotriptors Using Rofecoxib.

Greene TD, Joseph JV, Erturk E:

J Endourol; 23 (March): 395-398

Though COX-II inhibitors, such as Rofecoxib, decrease pain scores on the day of treatment and POD 1, there is no change in narcotic use or stone passage rates.

Objective: To evaluate the use of Rofecoxib for pre-emptive analgesia and medical expulsive therapy after shock wave lithotripsy (SWL).

Design: Randomized, double-blind, placebo-controlled study.

Participants: 74 patients undergoing SWL with the Dornier Doli-50 (mean stone size, 10 mm; 28% ureteral and 72% renal).

Methods: The study group received rofecoxib 50 mg 1 hour prior to extracorporeal SWL and 24 hours later. Pain analog scores and narcotic diaries were completed on postoperative days (PODs) 1, 3, and 7.

Results: Pain scores in the placebo group were 5 after SWL, 4 on POD 1, 2 on POD 3 and <1 on POD 7. Rofecoxib led to lower pain scores immediately after SWL (3) and on POD 1 (2.5). There was a difference noted in narcotic use or stone passage rates. The authors noted patients with more severe pain pre-SWL had more severe pain post-SWL, and older patients reported less pain.

Conclusions: Rofecoxib helps with immediate postoperative pain after SWL but does not impact narcotic use or stone passage.

Reviewer's Comments: Rofecoxib was administered for only 24 hours. There may have been some utility in extending its use for 1 week after SWL, both for pain relief and to promote stone passage. The authors note that the study was terminated early with the removal of Rofecoxib from the market for cardiac concerns, yet they do not report their sample size calculations or what percentage of target accrual they reached. As such, it is difficult to determine the probability of a type 2 error due to under powering of the study. Over 30% of the patients in the study underwent ureteral stenting; it would be interesting to evaluate the utility of Rofecoxib in this subset of patients (does it alleviate stent discomfort). This article contributes greatly to our understanding of pain with SWL. First, it quantifies the natural progression of pain after SWL (moderate-severe (5 or 10) for the first 2 days, subsiding almost completely by day 7). Secondly, it identifies patients with a higher risk of significant pain postoperatively (younger patients and those with pre-SWL pain). These subsets would warrant further investigation in the future to identify effective adjuvant analgesic approaches.

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New Approach Simplifies Abdominoscrotal Hydrocele Repair

Laparoscopic Marsupialization Before Inguinal Repair of Large Abdominoscrotal Hydroceles in Infants: Observation of Natural History and Description of Technique.

Abel EJ, Pettus JA, Snow B:

Urology; 73 (March): 507-509

Laparoscopic marsupialization of the abdominal component of an abdominoscrotal hydrocele is safe, effective, and simple.

Objective: To describe a novel technique for the management of abdominoscrotal hydroceles that would simplify the proximal dissection of the spermatic cord at the time of inguinal repair. The authors postulate that the abdominal component is derived from the peritoneum and as a result, complete excision is likely unnecessary.

Methods: 4 patients underwent laparoscopic marsupialization of the abdominal component of the hydrocele before inguinal repair. The technique described involves the creation of a wide peritoneal window to allow drainage of the hydrocele intraperitoneally rather than an attempt at a more complete excision of the intraabdominal component.

Results: 4 patients underwent laparoscopic incision of the abdominal component of the abdominoscrotal hydrocele prior to inguinal repair of the scrotal component. No complications were described, and no patients required operation for recurrence. Follow-up was limited from 2 to 9 months.

Conclusions: Laparoscopic marsupialization of the abdominal component of an abdominoscrotal hydrocele appears to be safe and effective. Complete excision of the abdominal component is not necessary, simplifying the repair when compared to traditional open techniques.

Reviewer's Comments: The authors describe a novel technique to address an uncommon problem. Abdominoscrotal hydroceles can be enormous and challenging, distorting the inguinal anatomy and presenting a difficult and involved dissection through a small window of exposure. This approach decompresses the abdominal component by creating a peritoneal window, much like the repair of a lymphocele. This essentially drains the hydrocele from above, simplifying the distal repair through the groin. In this small series, no recurrences were noted. This approach is certainly an attractive alternative to an attempt at complete excision that is likely unnecessary.

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Ovotesticular DSD Most Common Disorder of Sexual Differentiation in South Africa

The Gonads of 111 South African Patients With Ovotesticular Disorder of Sex Differentiation.

Wiersma R, Ramdial PK:

J Ped Surgery; 44 (March): 556-560

Three distinct gonadal types are seen in ovotesticular DSD that have clinical significance with regard to biopsy, but do not appear to correlate with clinical or genital features.

Objective: To describe the histopathological findings in the gonadal tissue of children in South Africa with ovotesticular disorder of sexual differentiation (DSD), also known as true hermaphroditism.

Participants/Methods: A retrospective review was performed identifying 111 patients with the diagnosis of ovotesticular DSD over a 23-year period (1984 to 2006). Histopathologic findings of 217 gonadal biopsies were evaluated. Results were correlated with clinical and operative findings.

Results: 118 ovotestes (54%) were associated with 59 ovaries and 40 testes. Five children had only 1 gonad. Ovotestes were characterized by the gross appearance of gonadal distribution into bipolar (11%) and mixed (89%). The mixed type were characterized further by an outer mantle of ovarian tissue encapsulating an inner core of 2 subtypes: admixed (44%) with the central core of gonadal stroma and scattered foci of separate ovarian and testicular tissue and compartmentalized (56%) with a thickened mantle of ovarian tissue superiorly and encapsulation of a large core of testicular tissue in the lower pole. The bipolar gonads had a strictly polar distribution of ovarian and testicular tissue, but with an irregular interdigitating junction between the two. No correlation was noted between gonadal type and clinical or genital features.

Conclusions: 3 previously undescribed, distinct gonadal types are seen in ovotesticular DSD in the South African population. These findings have clinical significance with regard to biopsy, but do not appear to correlate with clinical or genital features.

Reviewer's Comments: Ovotesticular DSD is the most common disorder of sexual differentiation in South Africa, whereas it is much less common in the United States. This relative difference likely results from the demise of many infants with congenital adrenal hyperplasia as a result of their metabolic abnormalities prior to reaching any health care providers. The overall greater numbers of ovotesticular DSD with unique gonadal distribution, however, suggest an underlying genetic defect. As a result, there is a wealth of information regarding this subtype coming from South Africa. The gonadal distribution described is different from the classic description of a predominantly bipolar distribution we think of in the United States. Whether this is a regional phenomenon or difficulty classifying the gonads along this spectrum is unclear. It does, however, emphasize the importance of tailoring a biopsy to the gonadal findings and being sure to perform a deep, longitudinal biopsy if a classic polar distribution is not encountered. With regard to management, the mixed type renders partial gonadectomy virtually impossible.

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High-Grade Pelvic Organ Prolapse Is Risk Factor for Recurrent Prolapse

Identification of Risk Factors for Genital Prolapse Recurrence.
Salvatore S, Athanasiou S, et al:
Neurourol Urodynam; 28 (4): 301-304

Although multiple factors have been considered for recurrent prolapse, the only one shown to be of significance in this particular paper was the presence of preoperative high-grade prolapse.

Objective: To evaluate the relationship between some presumed risk factors for prolapse recurrence following surgery in a group of women who underwent reconstructive pelvic surgery.

Participants/Methods: Women referred to tertiary referral Urogynecological Units who had symptomatic genital prolapse were included. Each patient was evaluated for general medical history and investigated on bowel, prolapse, urinary, and sexual symptoms. Prolapse was scored using the Pelvic Organ Prolapse Quantification (POP-Q) system. Women with previous vaginal vault prolapse stage II in women with previous hysterectomy were excluded. All women were included for reconstructive surgery using conventional fascial plication without graft material. If vaginal hysterectomy was necessitated, a vault suspension was also performed. Women were then assessed postoperatively at 1 month, 3 months, 6 months, and 12 months, and then annually postoperatively. Factors assessed for their recurrent prolapse included body mass index (BMI), chronic obstructive pulmonary disease, chronic straining at defecation, high-grade pelvic organ prolapse, prior hysterectomy, and a history of high fetal birth weight.

Results: 381 consecutive women were evaluated with a mean age of 63 years. Twenty-one women were lost to follow-up and excluded from the study, therefore, only 360 were considered in final statistical analysis. A total of 258 anterior repairs were performed, 166 vaginal hysterectomies and 163 posterior repairs. No concomitant procedures were performed. The median postoperative follow-up was 26 months and the recurrence rate was 10% (36 women) in the same compartment. Initially, 4 women had de novo recurrence in unoperated compartment. Of the 36 women with recurrent prolapse, 7 were symptomatic; none underwent a redo surgery. When looking at all factors potentially causing recurrence, only the presence of high-grade vaginal preoperative vaginal descent was a risk factor for recurrence of prolapse. Comparison did not show any significant difference in age, parity, menopausal state, or follow-up length.

Conclusions: High-grade pelvic organ prolapse, in and of itself, is a risk factor for recurrent prolapse.

Reviewer's Comments: Multiple factors were evaluated in patients who would prospectively undergo prolapse repair without mesh. Only high-grade pelvic-organ prolapse was found to be predictive

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Vaginal Mesh Use Can Result in Complications and Multiple Interventions

Complications From Vaginally Placed Mesh in Pelvic Reconstructive Surgery.

Blandon RE, Beghart JB, et al:
Int Urogynecol J; 20 (523-531):

Vaginal mesh complications are difficult to manage and may require multiple interventions.

Objective: To identify patients referred to a single institution with complications associated with the insertion of vaginal mesh.

Design/Participants: This was a retrospective review of patients referred to a single institution for complications related to vaginal mesh placement over a 4-year period.

Methods: Patients were assessed for demographics, presenting symptomatology, physical findings, and subsequent management. The Baden-Walker system was used to identify and categorize pelvic organ prolapse. Follow-up of patients was conducted by telephone. Patients underwent the Pelvic Floor Distress Inventory-Short Form 20 quality-of-life assessment as well as the Patient Global Impression of Improvement; expression of improvement in dyspareunia was assessed by the Pelvic Prolapse/Urinary Sexual Function Questionnaire.

Results: 21 women were identified with a standard age of 61 years. Mesh inserted and leading to complications included a mesh kit in 43% of the patients, and 24% had non-trocar mesh augmentation repairs. The IVS Tunneller was used in 19%, and in an additional 14%, a nonspecified mesh was utilized. Prior to referral to this institution, 11 patients had undergone earlier intervention. Complications of mesh included large volume of erosion in 12 women, dyspareunia in 10 women, and recurrent prolapse in 9 women. Of these patients, 76% required surgical management. This management included excision of mesh and repair of recurrent prolapse defects, when indicated. Mesh excision was required on a multiple basis in 5 of the patients who underwent surgical intervention. Interestingly enough, there were patients who elected not to proceed with surgical intervention due to personal choice. Of those patients surveyed, 50% had sexual dysfunction that was problematic.

Conclusions: Vaginal mesh utilization can result in complications requiring multiple interventions and there may be significant persistent symptoms both from a urinary function, bowel function, and sexual function standpoint for these individuals.

Reviewer's Comments: Vaginal mesh may result in significant surgical complications and these complications may produce multiple needs for interventions. Quality of life in these individuals can be significantly depressed.

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Sexual Problems Impact Quality of Life in Interpersonal Relationships

Lower Urinary Tract Symptoms and Sexual Health: The Role of Gender, Lifestyle and Medical Comorbidities.

Rosen RC, Link CL, et al:

BJU Int; 103 (Supplement 3): 42-47

LUTS is significantly associated with sexual inactivity for men, but not for women.

Background: Lower urinary tract symptoms (LUTS) have been associated with sexual function problems in men (eg, erectile dysfunction [ED] and ejaculatory dysfunction) in several large-scale community-based studies, but none of these studies have controlled for the potential confounding effects of age, sociodemographic variables, lifestyle factors, anthropometrics, or chronic illness and comorbidities.

Objective: Using the Boston Area Community Health survey (BACH), the study was designed to address whether men and women with urinary symptoms are at greater risk for sexual problems once you control for the potential effects of major confounders and comorbidities.

Participants/Methods: Residents of Boston with equal numbers of participants based on gender, race, ethnicity, and age group were obtained and reviewed. Urologic symptoms were assessed using multiple definitions, as was sexual function activity using self-reported questionnaires.

Results: Approximately 18% of the men and women in the BACH sample had moderate or severe LUTS (International Prostate Symptom Score [IPSS], 8). More than one-half of all men and women in the sample were sexually active (62% of the men and 51% of the women). Urinary frequency and nocturia were the most common symptoms reported by both genders. In multivariate regression models for sexual activity with a partner, LUTS was significantly associated with sexual inactivity for men, but not for women. Prostatitis was highly significant for men, as men with prostatitis were much less likely to be sexually active than men without symptoms. Overactive bladder (OAB) was significant for sexual inactivity in women but not men. Depression was associated with decreased sex activity for both men and women. Interestingly, alcohol use was significantly associated with an increase in sexual activity.

Conclusions: Sexual problems occur commonly in men and women of all ages and have a marked impact on the quality of life while being in interpersonal relationships. Urologic symptoms in men have been associated with diminished sexual activity and impaired sexual functions in several studies, and these are supported here as well. While overall sexual health is affected by age and comorbidities, there is a cross-gender trend evident in this study in both men and women with urinary symptoms associated with diminished sexual activity.

Reviewer's Comments: Problems with this study include that the IPSS findings were used to compare urinary symptoms in men and women, and this scale is tested and validated only in men. The report focuses primarily on sexually active participants, and the results may have been different had they included those not sexually active. The implications of the study are clear, as physicians should pay more attention to the coexistence of sexual problems with urinary symptoms. Chronic prostatitis in men is highly associated with sexual dysfunction, whereas women associate more with lifestyle factors. Mood problems can be viewed as normal symptoms for sexual dysfunction in both men and women.

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Improvement in Quality of Sexual Life in Female Partners of ED Patients

Improvement in Quality of Sexual Life in Female Partners of Men With Erectile Dysfunction Treated With Sildenafil Citrate: Findings of the Index of Sexual Life (ISL) in a Couple Study.

Chevret-Measson M, Lavallee E, et al:

J Sex Med; 6 (March): 761-769

The improvement in the quality of sexual life of female partners of men with ED is highly related to the improvement of sexual function and confidence of male partners.

Background: The consideration of female partners in the treatment of erectile dysfunction (ED) is recognized as essential for the successful long-term treatment of men with ED. Previous studies have shown that women reported engaging less frequently in sexual activity after the partner developed ED, and that their life suffered in a parallel fashion as the ED progressed in their partner.

Objective: To explore the evolution of a woman's quality of sexual life during the partner's ED treatment using sildenafil.

Design/Participants: Prospective, open-labelled study where the men diagnosed with ED had an International Index of Erectile Dysfunction (IIEF) score <25.

Methods: The outcome measures include the IIEF, the Self-Esteem and Relationship questionnaires (SEAR), and the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) partner and EDITS questionnaire, as well as the Index of Sexual Life (ISL) questionnaire, an 11-item new questionnaire designed to measure the impact of ED on female partners' sexual lives.

Results: 67 couples were screened and enrolled; 57 couples completed the study and were included in the statistical analysis. Before the onset of treatment, the ISL scores were 12.3 for the sexual life satisfaction dimension, 4.2 for the sexual drive dimension, and 7.1 for the general life satisfaction dimension. The mean score of the ISL satisfaction dimensions was increased by 8.3 in 14 weeks, and the change was significant. The sexual drive and general life satisfaction scores also significantly improved, suggesting the majority of female partners of men treated report an improvement in their sexual life after 14 weeks. Moderate correlations were characterized between the ISL life satisfaction dimension and the IIEF erectile function dimension.

Conclusions: The results of this study show that the improvement in the quality of sexual life of female partners was highly related to the improvement of sexual function and confidence of male partners. Given there was no placebo group, the placebo effect on the female group cannot be assessed.

Reviewer's Comments: The study confirms that a female sexual partner's sex life is strongly impaired by the male's ED and dramatically improves when ED is treated. Thus, by including the female perspective, this study truly integrates the couple into the course of ED treatment. It is possible that part of the improvement of sexual life satisfaction in women noted in this study was caused by nonspecific effects, which may be explained 3 ways: a direct placebo effect; a nonspecific effect of the treatment on women, which could have induced a high sexual life satisfaction; or there could have been an effect resulting from the management of the couple and the real life study design.

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