

## HEALTH RELATED QUALITY OF LIFE DIFFERS BETWEEN MALE AND FEMALE STONE FORMERS

Stone-free status has often been considered the primary measure of success in patients with urolithiasis. Using a validated questionnaire Penniston and Nakada (page 2435) from Madison, Wisconsin evaluated the health related quality of life in patients with urinary stones. Stone formers reported lower health related quality of life for general health and bodily pain. Furthermore, women stone formers scored lower than men in terms of physical and mental health. The authors suggest that health related quality of life should be an end point in the management of urolithiasis.

## IMPACT OF HEALTH RELATED QUALITY OF LIFE AND PRESCRIPTION INSURANCE COVERAGE ON PHARMACOLOGICAL MANAGEMENT OF OVERACTIVE BLADDER

There is widespread direct marketing of overactive bladder medications to the lay public. Harpe et al (page 2532) from Richmond, Virginia used study questionnaires administered to patients with overactive bladder symptoms to determine factors that influence patient preferences for treatment. Prescription insurance coverage and sleep disturbance were the most important considerations indicated by patients as making them more likely to prefer drug therapy to control symptoms versus no therapy. The authors emphasize that these results may not be generalizable to all populations. Of the patients in the study 83% were female and all came from a single geographic area. In addition, almost all of the patients (93%) had health insurance. Treatment considerations may be quite different in an uninsured population.

## SERUM TUMOR MARKERS MAY PREDICT OVERALL AND DISEASE SPECIFIC SURVIVAL IN PATIENTS WITH CLINICALLY ORGAN CONFINED INVASIVE BLADDER CANCER

Margel et al (page 2297) from Tel Aviv, Israel assessed the value of increased levels of CEA, CA 125 and CA 19-9 in predicting the survival of patients with clinically organ confined bladder cancer. The overall and disease specific

5-year survival rates in the patient cohort were 47% and 66%, respectively. On multivariate analysis CA 19-9 was an independent predictor of disease specific survival. These results need to be confirmed in larger multicenter studies.

## POSITIVE SURGICAL MARGINS IN SOFT TISSUE FOLLOWING RADICAL CYSTECTOMY FOR BLADDER CANCER, AND CANCER SPECIFIC SURVIVAL

Tumor stage, grade and the presence of lymph node metastasis are all widely recognized factors known to be predictive of recurrence and survival after cystectomy for bladder cancer. In a study by Dotan et al (page 2308) from New York, New York, positive surgical margins were detected in 4.2% of 1,589 patients undergoing radical cystectomy. Risk factors for positive margins were female gender, locally advanced cancer, the presence of vascular invasion and mixed histology. In patients with positive margins disease specific survival was 61% at 1 year and 36% at 3 years with a median survival of 1.8 years from cystectomy. Positive surgical margins were independently associated with disease specific survival. (CME credit article)

## INCIDENCE AND LOCATION OF POSITIVE SURGICAL MARGINS IN ROBOTIC ASSISTED LAPAROSCOPIC AND OPEN RETROPUBIC RADICAL PROSTATECTOMY

Comparing positive surgical margin rates after radical prostatectomy at various hospitals is highly inaccurate. Intra-institutional comparisons may be more valid. Smith et al (page 2385) from Nashville, Tennessee compared positive surgical margin rates between open and robotic surgery in 1,747 patients undergoing radical prostatectomy (1,238 robotic and 509 retropubic) during a 4-year period. In both groups the apex was the most common site of a positive surgical margin. Overall and for pT2 disease the incidence of positive surgical margins was significantly lower in robotic prostatectomy compared to radical retropubic prostatectomy cases. In both groups the operation was performed by surgeons highly experienced with the respective techniques, making any contribution of a learning curve to the results less influential. (CME credit article)

## PSA VELOCITY IN MEN WITH A TOTAL PROSTATE SPECIFIC ANTIGEN LESS THAN 4 NG/ML

There is increasing recognition that changes in prostate specific antigen (PSA) values over time are much more instructive than the absolute PSA value in assessing risk and deciding when a prostate biopsy is indicated. Prior studies have suggested a generally permissible change of up to 0.75 ng/ml per year but these data were derived from patient groups with a PSA greater than 4 ng/ml. Loeb et al (page 2348) from Baltimore, Maryland performed a specific analysis of PSA velocity in men with a total PSA less than 4 ng/ml. On multivariate analysis a PSA velocity greater than 0.4 ng/ml per year was a stronger independent predictor of prostate cancer diagnosis than age, race or family history of prostate cancer. These study conclusions are limited by the possibility of verification bias since not all men underwent prostate biopsy. Furthermore, PSA velocity was not a criterion for recommending biopsy in this screening study. **(CME credit article)**

## DORSAL ONLY BUCCAL MUCOSA VS PENILE SKIN FLAP URETHROPLASTY

Dubey et al (page 2466) from Lucknow, India performed a randomized prospective trial to evaluate reconstructive techniques for anterior urethral strictures. Outcomes of buccal mucosa dorsal onlay vs penile skin flap dorsal onlay urethroplasty were compared. The success rate was high in both groups and was not statistically different (89.9% for buccal mucosa and 85.6% for penile skin flap). However, the authors found penile skin flap urethroplasty to be associated with a longer operative time, hospital stay and higher rate of minor complications (mostly superficial penile skin necrosis) compared to buccal mucosa graft urethroplasty. **(CME credit article)**

## LONG-TERM FOLLOWUP OF BULBAR END-TO-END ANASTOMOSIS

Barbagli et al (page 2470) from Florence, Italy retrospectively analyzed a large series of patients undergoing bulbar end-to-end anastomosis for urethral stricture. Most of the strictures were idiopathic in origin. Stricture length was 1 to 2 cm in 59% of patients and 2 to 3 cm in 40%. Any need for postoperative instrumentation was considered a clinical failure. Using this criterion 91% of the operations were successful. Of the 14 patients in whom treatment failed 12 had a satisfactory final outcome with a secondary procedure. Ejaculatory dysfunction occurred in al-

most a quarter of patients and nearly 20% had some decrease in glans penis sensitivity. There was a high overall patient satisfaction rate with the surgical outcome.

## USE OF SMALL INTESTINAL SUBMUCOSA GRAFT IN THE MANAGEMENT OF PEYRONIE'S DISEASE

Knoll (page 2474) from Nashville, Tennessee evaluated surgical results in 162 patients with at least a 12-month history of Peyronie's disease and penile curvature of 60 degrees or more. Surgisis® ES, derived from porcine small intestine, was used to graft the tunical deficit after plaque incision. Surgical correction of penile curvature was achieved in 91% of patients and 79% remained potent at a mean followup of 38 months. No adverse reactions to the material were observed.

## EFFECT OF VASCULAR RISK FACTORS ON PENILE VASCULAR STATUS IN MEN WITH ERECTILE DYSFUNCTION

Erectile dysfunction is recognized as a potential marker for systemic vascular risk factors, and can serve as a stimulus for early screening and preventive measures for vascular disease. Epidemiological studies provide evidence for the association between vascular risk factors and the subsequent development of erectile dysfunction. Kendirci et al (page 2516) from New Orleans, Louisiana evaluated the relationships among penile vascular parameters using penile duplex Doppler ultrasound and various vascular risk factors in men with erectile dysfunction to predict the impact each vascular risk factor had on penile blood flow. Men with erectile dysfunction and either coronary artery disease or diabetes as sole risk factors exhibited the lowest levels of cavernosal blood flow. Furthermore, the number of vascular risk factors directly correlated with an increased likelihood of abnormal penile vascular parameters. The results from this study further strengthen the correlation between vascular risk factors and penile hemodynamics. **(CME credit article)**

## BOOK REVIEW

On page 2705 Aronson reviews *AJCC Cancer Staging Atlas*.

**Joseph A. Smith, Jr.**  
Associate Editor