

period, even as prevalence and parasitic burden decreased as a result of chemotherapy; the scores for girls, however, were not quite as good as those for boys, probably because menstrual blood was a confounder. The method was diagnostically superior to patient-reported blood in the urine and pain upon urination.

The authors recommend Hemastix® for use in future control programs because it is rapid, cost-effective, and its ease of use could increase screening coverage.

**Original article** French MD (2007) School-based control of urinary schistosomiasis on Zanzibar, Tanzania: monitoring micro-haematuria with reagent strips as a rapid urological assessment. *J Pediatr Urol* 3: 364–368

## COX-2 overexpression might predict treatment failure in patients with prostate cancer

Cyclo-oxygenase-2 (COX-2) is overexpressed in some types of human cancer, including prostate cancer, and the overexpression of COX-2 might also be involved in tumor resistance to chemotherapy and radiation therapy. Khor and colleagues analyzed data from the Radiation Therapy Oncology Group (RTOG) 92-02 trial to identify the association between COX-2 and prostate cancer outcomes.

The study population included 586 patients (median age 70 years, range 43–88 years) with locally advanced (T2c–T4) prostate cancer who were randomly assigned to receive either long-term (28 months;  $n=316$ ) or short-term (4 months;  $n=270$ ) neoadjuvant, concurrent and adjuvant androgen deprivation therapy (ADT) plus external-beam radiation therapy. Tissue samples, obtained from either transurethral resection or needle-core biopsy, were analyzed for COX-2 staining intensity.

On univariate analysis, increased COX-2 staining intensity independently predicted distant metastasis (hazard ratio [HR] 1.181,  $P=0.0004$ ), biochemical failure (for both the ASTRO definition [HR 1.073,  $P=0.008$ ] and Phoenix definition [HR 1.073,  $P=0.014$ ]), and any failure (defined as “a first event from ASTRO biochemical failure, local failure, distant metastasis, or cause-specific mortality”; HR 1.068,  $P=0.011$ ). COX-2 overexpression seemed to be most predictive of outcomes in patients who underwent short-term ADT.

The authors conclude that COX-2 staining intensity could be used to select patients who might benefit from long-term ADT rather than short-term ADT. Furthermore, the authors suggest that COX-2 inhibitors might improve patient response to radiation therapy, with or without ADT.

**Original article** Khor LY *et al.* (2007) COX-2 expression predicts prostate-cancer outcome: analysis of data from the RTOG 92-02 trial. *Lancet Oncol* 8: 912–920

## Cystectomy or conservative therapy for patients with high-risk, T1G3 bladder cancer?

The optimum treatment for high-risk T1G3 bladder cancer is controversial. Cystectomy might offer a better probability of cure than conservative therapy, but could also be associated with worse post-treatment quality-of-life (e.g. poor sexual function). Kulkarni *et al.* performed a validated decision analysis that compared the outcomes of both treatment approaches.

Published outcome probability data were used to estimate the life expectancy and quality-adjusted life expectancy (QALE; i.e. the number of years with good quality-of-life) of patients who undergo either immediate nerve-sparing cystectomy with orthotopic neobladder creation or initial conservative therapy with intravesical bacillus Calmette–Guérin. The base case was defined as a 60-year-old male with no comorbidity, good potency and newly diagnosed high-risk T1G3 transitional cell carcinoma of the bladder.

Compared with conservative management, immediate cystectomy yielded a higher mean life expectancy (14.3 years versus 13.6 years) and QALE (12.32 years versus 11.97 years) when the model was applied to the base case. Additional comorbidities and increased age reduced the benefit of immediate cystectomy: in terms of life-expectancy, conservative treatment was the preferred option above the age of 70 years; in terms of QALE, conservative treatment was preferred above the age of 65 years. In patients with significant concerns about post-cystectomy adverse effects (i.e. sexual and/or gastrointestinal dysfunction), conservative treatment yielded the best QALE.

The authors conclude that immediate cystectomy seems to result in a longer life expectancy and QALE than conservative management;