were significant predictors of tumor stage ($P=0.0001$), whereas PCNA expression was not. However, no correlation was seen between EGFR expression and tumor grade, in contrast to the findings of most previous studies.

The authors conclude that EGFR immunostaining may predict the clinical stage of bladder cancer more accurately when assessed with tumor grade in ThinPrep® processed urine samples, although further studies are warranted to confirm these results.

Tamsin Osborne

Original article Politi EN *et al.* (2005) Epidermal growth factor receptor and proliferating cell nuclear antigen expression in urine ThinPrep specimens. *Cytopathology* **16**: 303–308

HRT can cause urinary incontinence in older postmenopausal women

Randomized, controlled trials have shown conflicting results on the effects of hormone-replacement therapy (HRT) and the risk of urinary incontinence in postmenopausal women. To try to clarify this issue, Steinauer *et al.* investigated the effects on incontinence of oral conjugated estrogen plus medroxyprogesterone acetate among 1,208 women, who had enrolled in the Heart Estrogen/progestin Replacement Study (HERS).

HERS was a randomized, placebo-controlled, double-blinded trial that evaluated the effects of HRT in postmenopausal women with coronary disease. Overall, 597 women who reported no loss of urine during the 7 days before baseline were assigned to HRT and 611 to placebo. Participants were initially followed up at 4 months and thereafter at 1-year intervals.

During 4 years of treatment, 64% of women taking HRT reported weekly incontinence compared with 49% of women in the placebo group ($P<0.001$). This difference was evident at the fourth month of follow-up and throughout the 4-year study period. The odds ratio for weekly incontinence in women taking HRT compared with placebo was 1.6 (95% CI 1.3–1.9; $P<0.001$). In women under 60 years of age, the effect of HRT on the risk of urinary incontinence was minimal.

The authors conclude that women over 60 years of age taking estrogen plus medroxyprogesterone acetate have an increased risk of urinary incontinence, and suggest that women

considering this specific treatment regimen should be informed of the risk.

Marie Lofthouse

Original article Steinauer JE *et al.* (2005) Postmenopausal hormone therapy. Does it cause incontinence? *Obstet Gynecol* **106**: 940–945

Hypofractionated intensity-modulated radiotherapy effective in localized prostate cancer

Researchers at the Cleveland Clinic, Ohio, have recently published an update of their experience with high-dose hypofractionated intensity-modulated radiotherapy in a cohort of patients with localized prostate cancer. To the authors' knowledge, this study has the longest follow-up period (median 66 months) of any investigation of hypofractionated radiotherapy. This paper reports excellent relapse-free survival rates and limited late toxicity in these patients.

The study enrolled a series of 100 consecutive patients, each of whom received a radiation dose of 70 Gy at 2.5 Gy per fraction, in 28 fractions over 5.5 weeks. The prostate and seminal vesicles were targeted in 62 patients with stage T3 disease. The remaining 38 patients with stage T1–T2 disease received radiation to the prostate only. Toxicities were assessed 6 weeks after completion of therapy, then every 3 months for the first year, and every 6 months thereafter. At 5 years, the overall biochemical relapse-free survival rate (bRFS) was 85% according to the ASTRO failure definition; using an alternative definition of nadir PSA + 2 µg/l, the overall 5-year bRFS rate was 88%. The 5-year bRFS rates for patients with disease of low, medium, or high risk were comparable for both definitions. Rectal and urinary grade 2 and 3 late toxicities were 5% and 8%, respectively, when calculated from last follow-up.

From these encouraging results, the authors conclude that this regimen is highly effective for the treatment of localized prostate cancer and is substantially more convenient for the patient than longer treatment schedules.

Alexandra King

Original article Kupelian PA *et al.* (2005) Hypofractionated intensity-modulated radiotherapy (70 Gy at 2.5 Gy per fraction) for localized prostate cancer: long-term outcomes. *Int J Radiat Oncol Biol Phys* **63**: 1463–1468

GLOSSARY

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