resource wasting, the researchers recommend that men refrain from sexual intercourse for at least 12 h before dipstick urine testing.

Men ($n=22$) and women ($n=11$) tested their own urine for protein before and after sexual intercourse using dipstick tests. All subjects were physicians or had partners who were physicians.

Although none of the subjects was proteinuric before sexual intercourse, proteinuria was detected immediately after intercourse in six men (27%, 95% ci 10–50%; $P=0.008$), at a level of 0–0.3 g/l in two of the men and 0.3–1.0 g/l in the other four. Urine protein levels in all of these men normalized within 12 h. None of the women had excess protein in her urine after intercourse.

Following sexual intercourse, semen (which contains 6.3 g/l of albumin) might be excreted in the urine. Factors such as intense physical activity, fever and dehydration can also cause proteinuria and—together with sexual intercourse—should be avoided before dipstick urine testing whenever practicable.

Rachael Williams

Original article Domachevsky L *et al.* (2006) Proteinuria on dipstick urine analysis after sexual intercourse. *BJU Int* 97: 146–148

Temozolomide and thalidomide effective in treating metastatic neuroendocrine tumors

Although medical treatments for hormone-secreting neuroendocrine tumors can help normalize hormone levels, they rarely reduce tumor size. Dacarbazine has shown some

promise but is associated with marked adverse effects. Kulke *et al.*, therefore, assessed the efficacy and safety of a combination therapy comprising temozolomide and thalidomide.

This phase II trial evaluated 29 patients with histologically confirmed metastatic tumors. Thalidomide was given daily at a dose of 50–400 mg, whereas 150 mg/m² temozolomide was administered for 7 days, every other week. Doses of both agents were adjusted in response to adverse effects and the median treatment duration was 7.3 months. Overall, 16 patients discontinued therapy because of toxicity (median time to withdrawal 8.4 months). Serious treatment-related effects included neuropathy, thrombocytopenia, lymphopenia, and opportunistic infections. The radiologic response rate (complete or partial tumor regression) was 25%, with the regimen being most effective against pancreatic neuroendocrine tumors (5 out of 11 patients). The median response duration was 13.5 months. The biologic response rate, assessed by serum chromogranin a levels, was 40%. Follow-up was for a median of 26 months. Only four patients experienced progressive disease and the 1-year and 2-year survival rates were 79% and 61%, respectively.

This small trial demonstrates that temozolomide and thalidomide combination therapy could be effective for treating neuroendocrine tumors; nevertheless, larger trials will be necessary to assess the efficacy and safety of this regimen fully.

Vicky Heath

Original article Kulke MH *et al.* (2006) Phase II study of temozolomide and thalidomide in patients with metastatic neuroendocrine tumors. *J Clin Oncol* 24: 401–406

GLOSSARY

CHROMOGRANIN A

A protein stored in and released from secretory vesicles of neuroendocrine cells; used as a marker of neuropeptide secretion