

were identified. Nonetheless, these data suggest that prostate cancer is more likely to be associated with premenopausal than postmenopausal breast cancer.

The results of this study confirm previous findings in the overall population. African-American men with a history of breast cancer and/or prostate cancer in their first-degree relatives might benefit from early screening for prostate cancer.

Original article Beebe-Dimmer JL *et al.* (2006) Association between family history of prostate and breast cancer among African-American men with prostate cancer. *Urology* **68**: 1072–1076

Testosterone replacement therapy has no harmful effect on prostate tissue

Adverse effects caused by the decrease in testosterone production in aging men (including depression and changes in muscle and bone tissue) are commonly treated with testosterone replacement therapy (TRT). Marks and colleagues have performed a randomized, double-blind, placebo-controlled trial to assess whether TRT had any harmful effect on the prostate gland, the development and function of which is predominantly regulated by androgens.

The study included 44 men (aged 44–78 years) with low serum testosterone levels (<300 ng/dl or <10.4 nmol/l) and symptoms of late-onset hypogonadism, but no symptoms of prostate cancer on initial biopsy. Participants were randomly assigned to receive intramuscular injections of either testosterone enanthate (150 mg) or placebo every 2 weeks for 6 months. Of these 44 men, 40 were included in the final analysis.

TRT for 6 months increased serum testosterone levels to the mid-normal range (median 640 ng/dl or 22.2 nmol/l). The levels of testosterone and dihydrotestosterone in prostate tissue, however, did not change significantly during the trial. No significant effect of TRT was observed on the histology and gene-expression profile of the prostate gland, or on voiding symptoms, urinary flow and incidence of prostate cancer.

The authors conclude that 6 months of TRT, which efficiently normalizes serum androgen levels, does not have any harmful effect on the

prostate gland. They emphasize, however, that studies with large sample sizes and extended treatment duration are required to establish the safety of TRT in aging men.

Original article Marks LS *et al.* (2006) Effect of testosterone replacement therapy on prostate tissue in men with late-onset hypogonadism: a randomized controlled trial. *JAMA* **296**: 2351–2361

Asymptomatic bacteriuria does not accelerate renal impairment in diabetic women

Previous studies in women with diabetes mellitus suggested that greater declines in renal function occurred over 18 months in those who had asymptomatic bacteriuria, compared with those who did not. These results suggested a potential link between urinary-tract infection and diabetic nephropathy. Meiland and colleagues carried out a large, prospective study to investigate this link, but they found no association between asymptomatic bacteriuria and accelerated renal decline after 6 years of follow-up.

Their study prospectively evaluated 296 women with type 1 and 348 women with type 2 diabetes mellitus, who were followed up for 1.0–8.3 years (mean 6.1 years). At baseline, 50% of the cohort had hypertension. Asymptomatic bacteriuria was diagnosed in 17% of the cohort—that is, in those whose first urine sample collected was positive for microorganisms (predominantly *Escherichia coli*) in the absence of fever or symptoms suggestive of urinary-tract infection. Irrespective of whether they had type 1 or type 2 diabetes mellitus, the women with asymptomatic bacteriuria had a steeper decline in creatinine clearance and lower absolute creatinine clearance values at the study end, and were more likely to have hypertension, than patients without asymptomatic bacteriuria; however, these differences were mainly explained by the effects of patient age and duration of diabetes, and were absent on multivariate analysis.

The authors conclude that screening for and treatment of asymptomatic bacteriuria (in women with diabetes) is unjustified, because it is unlikely to reduce the incidence of diabetic nephropathy.

Original article Meiland R *et al.* (2006) Asymptomatic bacteriuria in women with diabetes mellitus. *Arch Intern Med* **166**: 2222–2227