sublingual nitrate, 28% of men using oral nitrate, and none of the men using transdermal nitrate. There were five predictive factors for a "no" response, including patient age >65 years (relative risk [RR] 2.4), duration of nitrate use <6 months (RR 2.8), and >1 sublingual nitrate administration per year (RR 14.8).

The authors' findings suggest that it is worthwhile for urologists to seek permission for cessation of nitrate therapy, since there is a good chance that the response will be "yes".

Original article Müller A *et al.* (2007) Nitrate cessation profiles in men wishing to use sildenafil citrate. *Urology* **69:** 946–949

Extrarenal CT angiography findings in potential living kidney donors: costs and consequences

Assessment of renal anatomy with CT angiography (CTA) is part of the work-up of potential living kidney donors. CTA images the lung bases, entire abdomen and pelvis; consequently, the procedure can reveal incidental nonrenal anomalies that might have clinical relevance. In this paper, Maizlin *et al.* report on the prevalence and consequences of such findings in a cohort of 175 consecutive potential living kidney donors.

Retrospective review identified extrarenal CTA findings in 71 (40.6%) individuals. Of these, 18 had a lesion of the lung, liver, pancreas, adrenal gland or bowel that was classified as being of high clinical importance. Two people were found to be unsuitable for organ donation, and a further three donations were considerably delayed. Extrarenal findings of moderate clinical importance were detected in 31 of the potential donors.

Using 2002 Canadian (British Columbia) reimbursement data, the authors estimated that the total cost of radiologic follow-up of the 49 individuals with highly or moderately important findings was at least US$6,137 ($35.07 per potential donor screened with CTA); this figure rose to $10,192 ($58.24 per screening) if the estimated costs of MRI to confirm diagnoses were included.

Physicians should be aware that incidental nonrenal findings on CTA might necessitate additional, non-transplantation-related, evaluation and treatment of potential living donors. The implications of renal CTA extend beyond costs of radiologic follow-up to encompass other medical, as well as ethical and legal, issues.

Original article Maizlin ZV *et al.* (2007) Economic and ethical impact of extrarenal findings on potential living kidney donor assessment with computed tomography angiography. *Transpl Int* **20:** 338–342

Efficacy of escalated-dose conformal radiotherapy for prostate cancer control

Conformal radiotherapy (CRT) enables precise delivery of radiotherapy to tumors. In localized prostate cancer, CRT could increase efficacy by enabling delivery of a higher dose of radiation than that permitted by conventional radiotherapy techniques, but there have been fears of consequent increases in long-term toxicity. An analysis of data from the Medical Research Council RT01 trial shows that dose-escalated CRT with neoadjuvant androgen suppression provides considerably better prostate tumor control than does standard-dose CRT, but with a slightly higher risk of long-term adverse events.

Men (median age 67 years) with histologically confirmed localized prostate cancer and prostate-specific-antigen concentrations of <50 ng/ml (median 12.8 ng/ml) were placed on neoadjuvant androgen suppression therapy for 3–6 months before initiation of CRT, and throughout radiotherapy. Patients were randomly assigned to receive CRT of either 64 Gy in 32 fractions (standard-dose group; $n = 421$) or 74 Gy in 37 fractions (dose-escalated group; $n = 401$).

The 5-year biochemical progression-free survival rate was significantly higher for the dose-escalated group than for the standard-dose group (71% vs 60%; $P = 0.0007$), independent of risk of recurrence or seminal vesicle involvement. Local control and metastasis-free survival rates were higher in the dose-escalated group (hazard ratios 0.65 and 0.74, respectively). Furthermore, the need for salvage androgen suppression was lower in these patients. There were, however, nonsignificant increases in the risks of bowel dysfunction, late gastrointestinal toxicity and late genitourinary toxicity at 5 years in the dose-escalated group (hazard ratios 1.34, 1.05 and 1.36, respectively).

Original article Dearnaley DP *et al.* (2007) Escalated-dose versus standard-dose conformal radiotherapy in prostate cancer: first results from the MRC RT01 randomised controlled trial. *Lancet Oncol* **8:** 475–487