

GLOSSARY**3D-CRT**

Three-dimensional conformal radiation therapy

LHRH

Luteinizing hormone-releasing hormone

recommend that strain identification and sensitivity testing should be carried out before treatment, except in the most highly symptomatic cases.

Original article Hinkel A *et al.* (2004) Increasing resistance against antibiotics in bacteria isolated from the lower urinary tract of an outpatient population of spinal cord injury patients. *Urol Int* 73: 143–148

Survival benefit with 6-month androgen suppression and 3D-CRT

The addition of 3 years of androgen suppression therapy (AST) to 70 Gy radiation therapy has been shown to improve survival in patients with high-grade, clinically localized prostate cancer. Long-term AST, however, is associated with considerable toxicity. D'Amico and colleagues performed a prospective study to determine whether the addition of 6 months of AST to 70 Gy 3D-CRT also confers a survival benefit.

Patients with clinically localized prostate cancer ($n=206$) were randomized to receive 70 Gy 3D-CRT alone ($n=104$) or in combination with six months of AST ($n=102$). AST consisted of an LHRH agonist (leuprolide acetate or goserelin) in combination with flutamide. Salvage AST was initiated in all patients following PSA failure, once the PSA level reached 10 ng/ml. Median follow-up was 4.52 years.

Patients treated with 3D-CRT plus AST had a twofold reduction in risk of death compared with those treated with 3D-CRT alone. Overall 5-year survival was estimated at 88% (95% CI 80–95%) and 78% (95% CI 68–88%) for the two groups, respectively. This survival benefit was related to a lower cumulative incidence of prostate cancer-specific mortality (PCSM) in the 3D-CRT plus AST group ($P=0.02$), since there was no significant difference in non-PCSM ($P=0.31$). Additionally, survival free of salvage AST was significantly higher in the 3D-CRT plus AST group than in patients treated with 3D-CRT only ($P=0.002$).

In conclusion, the addition of a 6-month course of AST to 70 Gy 3D-CRT gave an overall survival benefit in this study. This approach may minimize the adverse events associated with long-term AST.

Original article D'Amico AV *et al.* (2004) 6-month androgen suppression plus radiation therapy vs radiation therapy alone for patients with clinically localized prostate cancer. *JAMA* 292: 821–827

Urine dipstick testing for hematuria

A negative urinalysis for microscopic hematuria is reported in up to 18% of cases of urolithiasis. Argyropoulos and colleagues have carried out a single-center, retrospective study to investigate whether testing in the emergency department with a urine dipstick test (UDT) gives similar results.

The authors reviewed the records of patients who had been diagnosed with renal colic and who had been examined in the emergency department. A urine sample from each patient was tested with a UDT. This was followed by a formal urinalysis if the UDT result was negative or showed only traces of blood.

A subset of patients ($n=609$) with at least one ureteral or renal stone >3 mm in diameter were included in the analysis. Hematuria was detected by dipstick testing in 566 patients (92.9%). Formal urinalysis was positive for hematuria in a further 12 (2.0%) patients whose UDT was negative. A positive urinalysis was observed in all patients whose UDT showed only traces of blood.

The authors suggest that UDT should be used as a first-line, low cost approach in patients presenting with symptoms of renal colic in the emergency department, and that formal urinalysis should be reserved for those cases in which the UDT is negative or ambiguous.

Original article Argyropoulos A *et al.* (2004) The presence of microscopic hematuria detected by urine dipstick test in the evaluation of patients with renal colic. *Urol Res* 32: 294–297

Bone complications in prostate cancer

Androgen deprivation therapy (ADT), often using luteinizing hormone-releasing hormone (LHRH) agonists, is common in the treatment of progressive prostate carcinoma. The resulting therapeutic hypogonadism is suspected, however, of further increasing the risk of bone complications. Krupski and colleagues have recently reported on their large, longitudinal study of the natural history of bone complications in men receiving ADT for prostate carcinoma.

A random 5% sample was taken of all US Medicare claims made in 1992–1994. This