

The study, which ran from December 2000 to March 2004, included 32 patients with intermediate or high-risk superficial transitional-cell carcinoma of the bladder. The patients were divided into two groups. Those who had undergone complete transurethral resection of all tumors ($n=22$) were treated with a prophylactic protocol (40 mg MMC), and those with viable tumors ($n=10$) received an ablative protocol (80 mg MMC).

In the prophylactic group, 20 patients (91%) were recurrence-free after a mean follow-up of 289 days, while two patients (9%) had tumor recurrence after periods of 417 and 445 days. In the ablative group, eight patients (80%) achieved complete tumor ablation after a mean follow-up of 104.5 days, and two patients (20%) displayed a partial response to the therapy. Almost all patients tolerated the treatment well and adverse effects were localized and transient.

Although more expensive and time-consuming than routine treatments, combined thermo-chemotherapy reduces the need for repeated procedures and instillations. The authors conclude that this treatment appears to be safe and efficient for both prophylactic and ablative patients, supporting results from recent studies comparing combined thermo-chemotherapy with chemotherapy alone.

Original article Moskovitz B *et al.* (2005) Thermo-chemotherapy for intermediate or high-risk recurrent superficial bladder cancer patients. *Ann Oncol* 16: 585–589

New criteria for surgical treatment of Peyronie's disease

Peyronie's disease is a disorder of unknown etiology that is characterized by an accumulation of excess fibrous tissue in the TUNICA ALBUGINEA, resulting in curvature of the penis. In severe cases, where penile distortion prevents coitus, surgical correction is the treatment of choice. Several approaches are available to the surgeon, but no gold-standard procedure has been defined. Bokarica and co-workers have recently proposed novel selection criteria for surgical treatment of this condition, based on the literature and personal experience.

Between January 1990 and January 2000, 55 patients underwent surgery for Peyronie's disease. NESBIT'S OPERATION, which unavoidably

results in shortening of the penis, was performed in men with erect penile length of >13 cm and penile curvature of $<60^\circ$. The remaining patients, with erect penile length of ≤ 13 cm and penile curvature of $\geq 60^\circ$, were treated with PLAQUE EXCISION and polytetrafluoroethylene-patch grafts. Postoperatively, penile straightening was observed in 87.5% of patients who underwent Nesbit's operation and in 80% of those who received plaque excision with polytetrafluoroethylene-patch grafts. Erectile dysfunction was reported by 5% and 6% of patients in the two treatment groups, respectively. Penile shortening is a necessary consequence of Nesbit's operation but was subjectively reported by only 6 patients (15%) in this group. No patients in the plaque excision group reported subjective penile shortening. The authors conclude that selection of surgical procedure for Peyronie's disease should be based on both the length of the erect penis and the degree of penile curvature, and that Nesbit's operation should not be performed in patients with an erect penile length of <13 cm.

Original article Bokarica P *et al.* (2005) Surgical treatment of Peyronie's disease based on penile length and degree of curvature. *Int J Impot Res* 17: 170–174

Predicting a positive bone scan after radical prostatectomy

Dotan and colleagues have recently investigated the pattern of prostate-specific antigen (PSA) for detection of local and distal recurrence in patients who have undergone radical prostatectomy. The authors evaluated preoperative and postoperative variables, in patients with elevated serum PSA after radical prostatectomy, for association with a positive bone scan (BS) result.

The study included analysis of 414 BSs, performed in 239 patients with no history of neoadjuvant therapy. Sixty scans (14.5%) were positive for metastatic cancer. Univariate analysis demonstrated that preoperative PSA ($P=0.04$), seminal vesicle invasion ($P=0.02$), PSA velocity ($P<0.001$) and PSA levels before the BS (trigger PSA; $P<0.001$) predicted a positive BS result. Multivariate analysis showed PSA slope (odds ratio [OR] 2.71; $P=0.03$), PSA velocity (OR 0.93; $P=0.03$)

GLOSSARY

TUNICA ALBUGINEA

The tough fibrous sheath enclosing the erectile tissue of the penis

NESBIT'S OPERATION

A surgical procedure used to correct penile curvature, whereby a section of the tunica albuginea is removed from the most severely convex area of the penis

PLAQUE EXCISION

Surgical correction of penile curvature due to Peyronie's disease by total excision of fibrous plaque and patch graft of the resulting defect in the tunica albuginea