

The authors conclude that α -blocker treatment is a well-tolerated, viable alternative for improving bladder emptying in children with primary symptoms of overactive bladder and can be used in combination with biofeedback in refractory cases.

Carol Lovegrove

Original article Yucel S *et al.* (2005) Can alpha-blocker therapy be an alternative to biofeedback for dysfunctional voiding and urinary retention? A prospective study. *J Urol* 174: 1612–1615

Noninvasive measurement of bladder obstruction in men

There is currently a need for a reliable, non-invasive method for measuring bladder pressure that could be used to assess bladder outflow obstruction in men with lower urinary tract symptoms (LUTS). One such method involving the controlled inflation of a penile cuff during voiding has been described and validated by Griffiths and colleagues, and in this new study the authors set out to determine whether the technique could be used to classify outlet status in men with LUTS.

The International Continence Society pressure-flow nomogram was modified to reflect the use of the noninvasive cuff measurement rather than the 'gold-standard' invasive method. This new nomogram was then evaluated by sequentially comparing both the invasive and noninvasive techniques in 144 men with LUTS. Overall there was agreement in the results of the two methods. The positive predictive value of the modified nomogram was 68%. Adding in the second criterion of obstruction (urine flow <10ml/sec) improved diagnostic accuracy. In this case, 69% of the cases examined could be classified as either obstructed (positive predictive value 88%) or nonobstructed (negative predictive value 86%). Results for the remaining 31% of patients lay in the upper right and lower left of the nomogram, and classification was uncertain.

Prospective clinical studies are currently underway to assess the clinical usefulness of the modified nomogram in relation to outcome following prostatectomy.

Carol Lovegrove

Original article Griffiths CJ *et al.* (2005) A nomogram to classify men with lower urinary tract symptoms using urine flow and noninvasive measurement of bladder pressure. *J Urol* 174: 1323–1326

A third of phase I oncology trials remain unreported

A team of researchers in the US have expressed concern over a form of reporting bias wherein the results of clinical trials submitted to scientific meetings are never reported in peer-reviewed journals. To investigate this phenomenon, the team conducted a study to determine the publication rate of phase I trials submitted to the 1997 American Society of Clinical Oncology (ASCO) meeting.

MEDLINE searches and email questionnaires were used to determine the publication status of the studies and the reasons for non-publication. Of the 275 phase I trial abstracts submitted to ASCO, 148 (54%) were chosen for publication and at 7.5 years, 185 (67%) had been reported in peer-reviewed journals. The median time to publication was 3.4 years. Trials involving novel agents were significantly more likely to be selected for presentation, but no more likely to be published. Abstracts chosen for presentation were published more quickly than those not selected. Pharmaceutical industry sponsorship appeared to have no influence on presentation or publication rates. Of the reasons given for nonpublication, lack of time, ongoing preparation of results, and relocation of authors were the most common.

The authors stress the importance of reporting the results of phase I trials to the oncology community and urge investigators to publish their results in a timely manner. Under-reporting of clinical trials delays scientific progress and could have a negative impact on patient care.

Tamsin Osborne

Original article Camacho LH *et al.* (2005) Presentation and subsequent publication rates of phase I oncology clinical trials. *Cancer* 104: 1497–1504

Improved clinical outcome in prostate cancer: real or statistical artefact?

Over the past decade there has been a marked increase in reported survival rates for men with prostate cancer from many centers. A recent study, however, has suggested that some caution needs to be exercised when comparing historical and contemporary cases, and raises the possibility that statistical artefacts might be contributing to a "false sense of therapeutic accomplishment".