disease cycle, which might not fully reflect intraprostatic androgenicity. Prostate growth and differentiation are known to be under the control of androgens, especially dihydrotestosterone, and therefore Freedland and colleagues hypothesized that prostate size might be a better surrogate marker of long-term androgenicity than serum testosterone levels.

Data from 1,602 men who had undergone RP at five different centers were assessed, and the association between prostate weight and a range of clinical, pathologic and biochemical findings was evaluated. Prostate weight was found to be inversely associated with the outcomes of high-grade disease, positive surgical margins, extracapsular extension and biochemical progression. In addition, preoperative prostate volume as measured by ultrasound was also inversely associated with high-grade disease, positive surgical margins, extracapsular extension, seminal vesicle invasion and biochemical progression.

In this study, smaller prostate size at RP was therefore associated with more high-grade cancers, advanced disease and a greater risk of progression postsurgery. As presurgery ultrasound measurements gave similar results to those obtained using postsurgery specimen weight, the authors suggest that preoperative and postoperative measurement of prostate size may be an important prognostic marker in prostate cancer.

Carol Lovegrove

Original article Freedland S J *et al.* (2005) Prostate size and risk of high-grade, advanced prostate cancer and biochemical progression after radical prostatectomy: a search database study. *J Clin Oncol* 23: 7546–7554

Accurate urine telomerase test for detecting bladder cancer

In a recent prospective study published in *JAMA*, investigators in Italy reported that a simple test measuring the level of telomerase activity in urine can accurately detect bladder cancer in men. Conventional methods of bladder cancer detection include urine cytology and cystoscopy, but the former is limited by low sensitivity, and the invasive-nature and high cost of the latter make the development of an accurate, noninvasive and inexpensive test crucial. The test, a telomeric repeat amplification protocol assay, was devised

because telomerase activity is detected in cancerous, but not healthy, bladder cells.

For their case-control study, the authors enrolled 134 men with histologically confirmed bladder cancer and 84 healthy controls. Urine samples underwent cytological analysis, in addition to the assay. The authors found an overall sensitivity of 90% and specificity of 88%, which validated results from a previous pilot study. Sensitivity was not age dependent, whereas specificity was higher in men <75 years. Urine cytology was positive in just 46.6% of patients.

The ability of the test to identify low-grade tumors gives it a particular advantage over cytology. Owing to the low incidence of bladder cancer, the authors recommend that this test be reserved for high-risk patients such as smokers and those with hematuria. Prospective studies on larger patient populations are warranted.

Tamsin Osborne

Original article Sanchini MA *et al.* (2005) Relevance of urine telomerase in the diagnosis of bladder cancer. *JAMA* 294: 2052–2056

Delaying surgery does not affect biochemical recurrence for clinically localized prostate cancer

Prostate cancer patients are not jeopardizing their chances of cure by delaying surgery to consider their treatment options, according to a recent study in *BJU International*. The management of clinically localized prostate cancer is controversial. With so many factors to consider, patients often require time to make decisions about their treatment, and the impact of this delay on the success of therapy is unknown. In this paper, a team of American researchers retrospectively evaluated the impact of time from prostate biopsy to radical prostatectomy on biochemical recurrence, in a cohort of nearly 4,000 patients with clinically localized prostate cancer. All patients included in the study had undergone radical prostatectomy within a year of diagnosis.

Multivariate analysis revealed that, while the year of biopsy, PSA level before biopsy, clinical stage, and biopsy Gleason score were significantly associated with the probability of biochemical recurrence ($P < 0.001$), the time