GLOSSARY**INTERNATIONAL INDEX OF ERECTILE FUNCTION (IIEF)**

A 15-item, self-administered questionnaire specifically used for the assessment of male erectile function; six questions (1–5, 15) are related to erectile function; three (6–8) to satisfaction with intercourse, two (9, 10) to orgasm, two (11, 12) to sexual desire and two (13, 14) to overall satisfaction

SEXUAL ENCOUNTER PROFILE (SEP)

A diary with seven questions that enables patients to record sexual events

In all, six patients fulfilled the trial endpoint of freedom from disease progression at 6 months; this number was insufficient to show that treatment had any effect. Of 47 evaluable patients, 1 had a partial response and 19 had stable disease followed by disease progression (median duration 5.1 months). The authors concluded that carboxyamidotriazole had minimal to no activity.

Median survival, however, was 12.5 months—comparable to that expected for newly diagnosed patients with RCC. Advanced RCC can be an indolent disease in some patients, and those who have adequate organ function and performance status (and are thus eligible for clinical trials of second-line treatments) have a more prolonged survival than previously thought.

Caroline Barranco

Original article Dutcher JP *et al.* (2005) Phase II study of carboxyamidotriazole in patients with advanced renal cell carcinoma refractory to immunotherapy. *Cancer* **104**: 2392–2399

Tadalafil preferred to sildenafil as treatment for erectile dysfunction

An open-label, crossover study conducted by Eardley *et al.* in the UK and Italy compared the effect of two phosphodiesterase-5 inhibitors, sildenafil and tadalafil, on the treatment of erectile dysfunction. After a 4-week pretreatment assessment, 367 men were randomized in a 1:1 ratio to receive sildenafil for 12 weeks followed by tadalafil for 12 weeks, or vice versa, with a 7–10-day washout period between treatments. Patients could choose to alter the treatment dose during the first 8 weeks of treatment in each period. After the completion of both 12-week periods and a 4-day washout period, patients chose which treatment and dose to follow during an 8-week extension. Effectiveness of treatment was assessed by the IIEF scores and the SEP diary.

Sildenafil and tadalafil differ in their pharmacokinetics. The absorption of sildenafil is affected by high-fat foods, while tadalafil is unaffected. Tadalafil has a half-life of 17.5 h, while for sildenafil the half-life is 4–5 h. Patients taking sildenafil were therefore informed that the dose could be taken between 4 h and 30 min before sexual activity, and that food could affect the

onset of activity, while those taking tadalafil were advised to take the drug between 12 h and 30 min before sexual activity, and that the effects could last for up to 24 h.

Both drugs were well tolerated, with few patients reporting adverse effects. Of the patients who completed both treatments, 29% chose sildenafil and 71% chose tadalafil for the extension period. For both treatments, large improvements from the baseline were recorded in the IIEF scores and SEP diary.

Jim Casey

Original article Eardley I *et al.* (2005) An open-label, multicentre, randomized, crossover study comparing sildenafil citrate and tadalafil for treating erectile dysfunction in men naïve to phosphodiesterase 5 inhibitor therapy. *BJU Int* **96**: 1323–1332

Tumor grade and EGFR expression predict disease stage in urine ThinPrep® specimens

Politi and colleagues in Greece investigated the expression of epidermal growth factor receptor (EGFR) and proliferating cell nuclear antigen (PCNA) in ThinPrep® (Cytoc Corp., Boxborough, Massachusetts) urine samples and tissue sections from 42 patients with newly diagnosed bladder cancer. Their aim was to determine the predictive value of these markers in bladder cancer staging.

Patients were divided into two groups according to clinical stage. Patients in the muscle invasive (MI) group ($n=24$) had a clinical stage of $T \geq 2$, whereas patients with a clinical stage of T_0 or T_1 ($n=18$) were classified as nonmuscle-invasive (NMI).

ThinPrep® processed urine samples and bladder biopsy tissue sections were prepared, and immunocytochemical and immunohistochemical studies were performed by an automated immunostainer using EGFR and PCNA primary antibodies, along with appropriate positive and negative controls.

When the immunocytochemistry results from the ThinPrep® slides were compared to the immunohistochemistry results from the tissue sections, a striking concordance was seen in the immunopositivity status of EGFR and PCNA, as well as in the percentage of immunoreactive cells.

Univariate analysis revealed that both the grade of malignancy and EGFR expression