GLOSSARY

URETHRAL RETRO-RESISTANCE PRESSURE (URP)

The pressure required to achieve and maintain an open urethral sphincter at rest; assessed by infusion of sterile fluid along the urethra into the bladder

chemotherapeutic agent mitomycin plus BCG has shown potential: electromotive administration is thought to make the bladder mucosa more permeable, thereby helping mitomycin reach its target. Italian researchers have conducted a randomized study comparing the efficacy of BCG plus electromotive mitomycin with that of BCG alone in patients with stage pT1 transitional-cell carcinoma of the bladder.

Patients received one course of treatment per week, of either BCG alone for 6 weeks ($n=105$), or three cycles of BCG (2 weeks) and mitomycin (1 week) ($n=107$). Patients in the sequential group had a longer disease-free interval than those in the BCG group (69 months versus 21 months, $P=0.0012$), lower overall ($P=0.045$) and disease-specific ($P=0.01$) mortality rates, and a longer time to progression ($P=0.0047$). Adverse event profiles were similar in both groups.

The authors conclude that BCG plus electromotive mitomycin was more effective than BCG alone. They recommend that further studies be undertaken to establish an optimum regimen of BCG and the precise mechanism by which BCG and mitomycin operate together. They also suggest that all patients with stage T1 bladder cancer undergo restaging trans-urethral resection, and that perioperative mitomycin should be used to reduce intraoperative seeding of malignant cells.

Katherine Sole

Original article Di Stasi SM *et al.* (2006) Sequential BCG and electromotive mitomycin versus BCG alone for high-risk superficial bladder cancer: a randomised controlled trial. *Lancet Oncol* 7: 43–51

Urethral function assessment without catheterization

Several methods exist for assessing urethral function in patients with lower-urinary-tract symptoms, but most require catheterization, or, in the case of ultrasound, specialized equipment and trained personnel. There is a simple-to-perform alternative that avoids catheterization: measurement of URETHRAL RETRO-RESISTANCE PRESSURE (URP). This promising technique has now been prospectively assessed in an unselected group of 185 consecutive women with lower-urinary-tract symptoms, who were referred to three European teaching hospitals.

The authors found that URP performed poorly as a diagnostic tool, but they suggest it might be useful to assess urethral function and, therefore, direct treatment, or to predict the outcome of continence surgery. The highest mean URP values were seen in women with detrusor overactivity, and the lowest in those with urodynamic stress incontinence. Intermediate mean URP values were seen in women with mixed urodynamic incontinence and those with normal urodynamics. When the mean URP value for women with urodynamic stress incontinence was compared with the mean URP values for those with detrusor overactivity, normal urodynamics and mixed incontinence, the differences were all statistically significant ($P<0.05$).

URP measurement cannot replace the 'gold standard' of urodynamic studies, especially before undertaking continence surgery; however, the authors conclude that URP could provide a useful 'scientific' evaluation of the urethral sphincter at rest, as it measures different aspects of urethral function from those assessed by urethral pressure profiling. They suggest that assessing urethral function with URP might be useful before undertaking conservative management strategies such as physiotherapy, and call for more studies further evaluating URP.

Caroline Barranco

Original article Digesu DA *et al.* (2006) Urethral retro-resistance pressure and urodynamic diagnoses in women with lower urinary tract symptoms. *BJOG* 113: 34–38

Beneficial effect of statins in patients with prostate cancer

Statins have been associated with a reduced risk of cancer, possibly acting by inhibiting the activation of oncoproteins. In a retrospective study, Moyad *et al.* investigated the impact of statin therapy on the clinical presentation and long-term biochemical progression-free survival (bPFS) of 512 consecutive patients who underwent brachytherapy for prostate cancer, 65 of whom were taking statins. The authors defined bPFS as a serum PSA level of 0.4 ng/ml or less after nadir.

Pretreatment PSA levels and percentage of positive biopsies were statistically significant predictors of patient outcome. Statin users presented with lower PSA levels, lower