New tables allow calculation of risk of bladder cancer recurrence and progression

EBM

A Belgian–Dutch team has conducted a meta-analysis of seven randomized, phase III EORTC (European Organization for Research and Treatment of Cancer) trials, in order to identify the main prognostic factors for recurrence and progression of superficial bladder cancer; they also created simple tables based on these variables, to allow clinicians to calculate a patient's 1-year and 5-year risks of bladder cancer recurrence and progression.

Data from a total of 2,596 patients with stage Ta, T1 bladder cancer were analyzed. Sylvester *et al.* found that the most important prognostic factors for recurrence were the number and size of tumors and the previous recurrence rate, whereas T stage, grade and the presence of carcinoma *in situ* were the most important prognostic factors for progression to muscle-invasive disease.

The authors compiled reference tables using these factors, which are routinely assessed in clinical practice. An important limitation of this study is that the trials included predate the common use of bacillus Calmette–Guérin maintenance therapy, which is known to reduce recurrence and progression rates. The authors believe that the tables produced are valuable, however. They call for clinicians to apply the tables both retrospectively, to validate these results, and prospectively, to guide treatment decisions.

Katherine Sole

Original article Sylvester RJ *et al.* (2006) Predicting recurrence and progression in individual patients with stage Ta T1 bladder cancer using EORTC risk tables: a combined analysis of 2596 patients from seven EORTC trials. *Eur Urol* **49**: 466–477

Citalopram is effective for the treatment of premature ejaculation

Citalopram, a highly potent selective serotonin reuptake inhibitor (SSRI), has yielded inconsistent results when used for the treatment of premature ejaculation. Safarinejad and Hosseini conducted a randomized, double-blind, placebo-controlled, 12-week study, in which 29 men received 20 mg oral citalopram daily and 29 men received placebo. All the study participants suffered from

premature ejaculation, defined as an intravaginal ejaculatory latency time (IVELT) of <2 min that occurred in >90% of intercourse attempts.

Analysis showed that citalopram had a significantly greater effect on IVELT than placebo ($P<0.001$). In the citalopram group, mean IVELT increased from 32 s at baseline to 268 s at 12 weeks, compared with an increase from 28 s to 38 s in the placebo group. In addition, citalopram increased the frequency of intercourse and satisfaction with intercourse. Although, as expected, the effects of citalopram declined over the follow-up period, men in the citalopram group still reported longer IVELT, more frequent intercourse and greater sexual satisfaction at 3-month and 6-month follow-up than those in the placebo group. The treatment was associated with minimal adverse effects; one patient from the citalopram group withdrew from the study because of gastrointestinal disturbance.

In contrast to findings that SSRIs require 30 days for their antidepressant effects to appear, improvements in premature ejaculation are seen from the first week of citalopram administration. The authors call for further studies to confirm citalopram's efficacy in this indication, and for research on its mechanism of action.

Katherine Sole

Original article Safarinejad MR and Hosseini SY (2006) Safety and efficacy of citalopram in the treatment of premature ejaculation: a double-blind placebo-controlled, fixed dose, randomized study. *Int J Impot Res* **18**: 164–169

BCG therapy reduces risk of recurrence in superficial bladder cancer

A previous meta-analysis suggested that recurrence of superficial bladder cancer occurs in two phases: early (≤ 500 days) and late (>500 days). A Japanese group conducted a prospective, randomized trial to determine in which phase intravesical instillation of bacillus Calmette–Guérin (BCG) has its effect.

All patients had histologically confirmed transitional-cell carcinoma and had undergone transurethral resection of bladder tumor (TURBT). Patients were allocated to treatment with either BCG ($n=40$) for 6 weeks without maintenance, or doxorubicin ($n=40$) for 15 weeks with 8 months' maintenance. The risk of tumor recurrence for the BCG group was found to be approximately half of that for the