

Cancer Index and the American Urological Association Symptom Index. Follow-up assessments were completed by 475 patients. Men who underwent EBRT had better urinary control and sexual function than those who underwent brachytherapy or RP in the immediate post-treatment period, but sexual function improved throughout the 24-month follow-up period in RP patients, and was better in those who underwent bilateral nerve-sparing surgery. Radiation was associated with more bowel dysfunction than RP, and brachytherapy caused more irritative and obstructive urinary symptoms than other treatments. The study did not control for androgen ablation or combined radiotherapy, which might have affected the results. Sexual function comparisons were complicated by the fact that few of the brachytherapy and EBRT patients were potent at baseline.

The results show that the various prostate cancer treatments have differential effects on post-treatment QOL, and might help patients to make decisions about treatment.

Original article Litwin MS *et al.* (2007) Quality of life after surgery, external beam irradiation, or brachytherapy for early-stage prostate cancer. *Cancer* 109: 2239–2247

Reduced spermatogenesis in the contralateral testis of patients with GCTs

A large German study has shown that spermatogenesis is markedly reduced in the contralateral testis of patients with testicular germ cell tumors (GCTs). This finding supports the hypothesis of testicular dysgenesis syndrome, a cluster of characteristics including cryptorchidism, hypospadias, hypospermatogenesis and GCT that share pathogenic developmental pathways.

The investigators prospectively enrolled 2,318 GCT patients from 114 centers. To test the assumption that spermatogenesis is homogeneously distributed, patients underwent a two-site biopsy of the contralateral testicle, and spermatogenesis was histologically classified. Comparable biopsies obtained at autopsy from 1,388 presumably healthy men in a previous study were used as controls.

The histology results showed that spermatogenesis was significantly poorer in the GCT patients compared with controls. Hypospermatogenesis was significantly associated with cryptorchidism, infertility, testicular atrophy

and advanced clinical stage; in addition, spermatogenesis was not always homogeneous throughout the testis, with 5.4% of cases showing discordant findings on double biopsy. As this phenomenon was predominantly seen in patients with infertility or atrophic testes, the authors recommend that multiple biopsies are performed during the histological evaluation of male infertility.

While these results are consistent with testicular dysgenesis syndrome, another possible interpretation is that the endocrine activity of GCT leads to impaired sperm production. The authors speculate that a combination of these two mechanisms probably contributes to the reduced spermatogenesis seen in the contralateral testes of patients with GCT.

Original article Dieckmann KP *et al.* (2007) Spermatogenesis in the contralateral testis of patients with testicular germ cell cancer: histological evaluation of testicular biopsies and a comparison with healthy males. *BJU Int* 99: 1079–1085

Ending nitrate therapy to allow sildenafil treatment for men with erectile dysfunction

The co-administration of organic nitrates such as glyceryl trinitrate (used to treat angina pectoris) and sildenafil is contraindicated; therefore, men who are receiving nitrate and who want to begin therapy for erectile dysfunction must either terminate nitrate before initiating sildenafil treatment, or use second-line therapies such as intracavernosal injection. Müller and colleagues investigated the likelihood of obtaining permission to terminate nitrate use from the prescribing physician with a view to initiating sildenafil therapy for erectile dysfunction.

Letters were written to the prescribing physicians of 248 consecutive patients (mean age 64 years, mean duration of coronary artery disease 2.5 years) who presented with erectile dysfunction and who were using nitrate, to request permission to stop using nitrate. Patients were grouped according to the type of nitrate used: oral nitrate ($n=72$), as-required sublingual nitrate ($n=150$) or transdermal nitrate ($n=14$).

Responses were received to 236 (95.7%) letters, with “yes” responses received for 99 (42%) of these; “yes” responses were registered for 53% of men using as-required