The authors conclude that HAL fluorescence cystoscopy is effective, well tolerated, and can detect lesions that might be missed by conventional cystoscopy. Performed in combination with white-light cystoscopy, HAL cystoscopy could improve diagnosis of bladder cancer.

Original article Fradet Y *et al.* (2007) A comparison of hexaminolevulinate fluorescence cystoscopy and white light cystoscopy for the detection of carcinoma in situ in patients with bladder cancer: a phase III, multicenter study. *J Urol* **178:** 68–73

Inflammatory pseudotumors in bladder cancer patients

Carcinomas or sarcomas of the bladder are uncommonly associated with lesions composed of proliferating fibroblasts and inflammatory filtrate, known as inflammatory pseudotumors (IPT). These lesions occur either spontaneously or after surgical trauma. In this study, Gofrit *et al.* investigated the significance of IPT found in patients after resection of bladder cancer.

The authors used the hospital database to identify patients who had a history of bladder cancer and were treated with transurethral resection, had a bladder mass that was discovered during routine follow-up and histologic evidence of an IPT in the removed tissue. Of 919 patients treated for bladder cancer between 1988 and 2005, a total of 809 patients were at risk for developing IPT. The original slides of the primary bladder tumors were reviewed and stained for pancytokeratin, anaplastic large cell lymphoma and vimentin.

IPTs developed in 16 patients (2%) during follow-up. The primary tumor was a high-grade transitional cell carcinoma in all patients. In all cases, staining for vimentin was positive and anaplastic large cell lymphoma was negative. In two patients, staining for pancytokeratin was positive. After a median follow-up of 16 months, 12 patients developed tumor recurrence. The median time to progression from diagnosis of IPT was 7 months, and nine patients had tumor progression. After a median time of 26 months from diagnosis of IPT, six patients died.

The findings of this study suggest that the occurrence of IPT in patients with a history of bladder cancer is commonly associated with aggressive malignant disease.

Original article Gofrit ON *et al* (2007). Significance of inflammatory pseudotumors in patients with a history of bladder cancer. *Urology* **69:** 1064–1067

Modest efficacy of ixabepilone as second-line chemotherapy in patients with HRPC

The *de facto* standard second-line chemotherapy regimen for patients with hormone-refractory prostate cancer (HRPC) is a combination of mitoxantrone and prednisone. Ixabepilone (Bristol–Myers Squibb, New York, NY) has shown good antitumor activity as a first-line chemotherapy agent. Rosenberg and colleagues' multicenter, prospective, randomized study compared these two regimens when used as second-line chemotherapy in patients with taxane-refractory HRPC.

The study enrolled 86 patients with confirmed metastatic prostate cancer who had failed a course of taxane-based chemotherapy. The patients who underwent treatment ($n = 82$) were randomly allocated to receive either intravenous ixabepilone 35 mg/m^2 every 21 days or intravenous mitoxantrone 14 mg/m^2 every 21 days plus oral prednisone 5 mg twice daily. The study end points were objective response, time to PSA progression and unacceptable toxicity.

All patients underwent a median of three treatment cycles. Both groups showed similar values for median survival from baseline (ixabepilone 10.4 months, mitoxantrone 9.8 months) and the percentage of patients with a PSA decrease of ≥50% (ixabepilone 17%, mitoxantrone 20%). A positive response to previous taxane-based therapy increased the chance of responding to either of the study treatments; low lactate dehydrogenase level and absence of visceral metastases at baseline were independent predictors of increased survival. The most common grade 3–4 toxicity was neutropenia, which occurred in 54% of the ixabepilone group and 63% of the mitoxantrone/prednisone group.

The authors conclude that both second-line chemotherapy regimens showed modest efficacy, and they state that research must continue into novel, effective first-line chemotherapy agents.

Original article Rosenberg JE *et al.* (2007) Activity of second-line chemotherapy in docetaxel-refractory hormone-refractory prostate cancer patients: randomized phase 2 study of ixabepilone or mitoxantrone and prednisone. *Cancer* **110:** 556–563

Tramadol shows impressive results for men with premature ejaculation

In the absence of FDA-approved therapies for premature ejaculation, off-label prescriptions are