common for men with this condition. Recent findings, however, suggest that tramadol, an opioid analgesic, might be an effective treatment. Salem and colleagues conducted a single-blind, placebo-controlled crossover study in 60 men with primary premature ejaculation to evaluate the efficacy of tramadol.

The mean age of the participants was 36 years (range 22–62 years). Intravaginal ejaculation latency time (IELT) was <2 min in 80% of sexual intercourse attempts during the 4-week test period in all the patients. For the first 8-week treatment period, half of the patients were supplied with 25 mg doses of tramadol (for use 1–2 hours before sexual activity) and the other half were issued with placebo; the groups swapped to the alternate treatment program for the second 8 weeks, following a 1-week washout period. Patients were required to undergo at least one session of sexual intercourse per week, recording IELT on each occasion.

Mean IELT at baseline was 1.17 ± 0.39 min. There was a significant (6.3-fold) increase in mean IELT during tramadol treatment (7.37 ± 2.53 min), compared with a 1.7-fold increase during placebo treatment (2.01 ± 0.71 min). All patients, save one, reported marked increases in ejaculatory control and sexual satisfaction with tramadol; there were no serious adverse effects of treatment.

The authors conclude that tramadol is effective at extending IELT. Further studies are required to understand optimum dosages and the mechanisms of action involved in the activity of this drug in men with premature ejaculation.

Original article Salem EA *et al.* (2007) Tramadol HCL has promise in on-demand use to treat premature ejaculation. *J Sex Med* [doi: 10.1111/j.1743-6109.2006.00424.x]

Biochemical recurrence is not affected by delayed treatment for prostate cancer

Whether the outcomes of patients diagnosed as having clinically localized prostate cancer are affected by a delay before initiation of definitive therapy is a subject of current debate. Phillips and colleagues, therefore, retrospectively evaluated the effect of such a delay before radical prostatectomy or radiation therapy on biochemical recurrence-free survival in patients treated between 1991 and 2004.

Radical prostatectomy was performed in 245 of the 393 patients (mean age 63.1 years, range 39.7–79.5 years) included in the final analysis; the remaining 148 underwent radiation therapy (external beam radiation therapy [$n = 62$], brachytherapy [$n = 78$] or both [$n = 8$]). Patients in the final analysis did not receive any systemic therapy. Follow-up involved visits every 3 months during year 1, every 6 months during year 2 and annually thereafter.

Median follow-up was 2.3 years (range 0.1–14.0 years). The median delay between diagnosis and treatment was 57 days (range 8–2,927 days); 79% of patients were treated within 3 months. Univariate and multivariate analyses showed that delayed treatment (>3 months) did not affect biochemical recurrence-free survival; only pretreatment serum PSA risk category (PSA <10 ng/ml, low risk; PSA 10–20 ng/ml, intermediate risk; PSA >20 ng/ml, high risk) was associated with biochemical recurrence-free survival.

The authors conclude that, in their cohort of predominantly low-risk and intermediate-risk patients, there is no association between a treatment delay of >3 months and biochemical recurrence-free survival. Further studies that include patients with high-risk Gleason scores and pretreatment PSA levels are warranted.

Original article Phillips JJ *et al.* (2007) Does a delay in initiating definitive therapy affect biochemical recurrence rates in men with clinically localized prostate cancer? *Urol Oncol* **25:** 196–200

Androgen suppression therapy increases the risk of myocardial infarction in older men

Combined radiation therapy (RT) and androgen suppression therapy (AST) is the current standard care for men with newly diagnosed or recurrent prostate cancer. Although clinical evidence suggests that use of AST in men of advanced age could increase their risk of fatal myocardial infarction (MI), evidence from randomized trials is lacking. D'Amico *et al.*, therefore, used a pooled analysis of three randomized trials to assess whether AST use in men with prostate cancer is associated with an earlier onset of fatal MI.

The study cohort comprised 1,372 men with prostate cancer who had been randomly assigned to receive RT and different