

the VED on <25% of days. Overall, only 3 (8%) of the 39 men experienced significant (≥ 1 cm) penile shortening; two of these patients used the VED on <25% of allocated days. Of the 36 compliant men (VED used on $\geq 50\%$ of days), 35 (97%) maintained their preoperative penile length.

The authors conclude that, compared with the rate of penile shortening observed in their previous study, early intervention with a VED significantly reduces the rate of penis length reduction following radical prostatectomy.

Original article Dalkin BL and Christopher BA (2007) Preservation of penile length after radical prostatectomy: early intervention with a vacuum erection device. *Int J Impot Res* 19: 501–504

A shorter screening interval does not improve the detection of aggressive prostate cancer

The introduction of PSA screening for prostate cancer has resulted in an increased incidence of this disease; however, the optimum screening interval has yet to be determined. Roobol and colleagues compared the rate of interval cancers (cancers diagnosed during the interval between screenings) in Rotterdam, The Netherlands (4-year screening interval) and Gothenburg, Sweden (2-year screening interval).

Data of men aged 55–65 years at the time of their first screening were obtained from the screening arms of the Rotterdam ($n = 13,301$) and Gothenburg ($n = 4,202$) centers of the European Randomized Study of Screening for Prostate Cancer (ERSPC). All interval cancers and aggressive interval cancers (defined as any one of the following features: stage M1 or N1, plasma PSA concentration >20 ng/ml or Gleason score >7) were recorded via linkage with national cancer registries.

Over the 10-year screening period, the overall cumulative incidence of prostate cancer at the 4-year screening interval center (Rotterdam) and the 2-year interval center (Gothenburg) was 1,118 (8.41%) and 552 (13.14%), respectively ($P < 0.001$). The incidence of interval cancers at the Rotterdam and Gothenburg centers was 57 (0.43%) and 31 (0.74%), respectively ($P = 0.51$), and the incidence of aggressive prostate cancer was 15 (0.11%) and 5 (0.12%), respectively ($P = 0.72$).

The authors conclude that, although the 2-year screening interval showed a higher detection rate than the 4-year screening interval, there were no significant differences in the rates of either interval or aggressive interval prostate cancer.

Original article Roobol MJ *et al.* (2007) Interval cancers in prostate cancer screening: comparing 2- and 4-year screening intervals in the European Randomized Study of Screening for Prostate Cancer, Gothenburg and Rotterdam. *J Natl Cancer Inst* 99: 1296–1303

α -Blocker therapy improves sexual health in men with lower urinary tract symptoms

Many men aged >40 years seek medical advice about lower urinary tract symptoms that lead to erectile dysfunction, a decline in sexual activity and a reduction in quality of life. In the majority of cases, such symptoms are caused by benign prostatic hyperplasia (BPH).

The accepted treatment for BPH is moving away from transurethral prostatic resection to drug-based treatments using α -blockers such as tamsulosin, which treat BPH by specific action on the α -adrenergic receptors in the prostate. Little is known about the effects of these prescribed drugs on sexual health and quality of life. To find out more, Barqawi *et al.* have studied sexual performance in a large group of men attending a national screening programme.

A total of 7,974 men with BPH were identified from the Prostate Cancer Educational Council national database. Of this total, 234 were taking tamsulosin, 291 were taking other prescription medications for BPH and 7,449 were not taking any medication. The men taking tamsulosin, even those with more severe lower urinary tract symptoms, had a significantly higher Sexual Health Inventory for Men scores compared with the other two groups. The authors conclude that men taking this α -blocker for BPH seem to be at an advantage over men taking other α -blockers with respect to their sexual health. They recommend randomized crossover clinical trials to confirm the possible advantage of α -blockers.

Original article Barqawi AB *et al.* (2007) The effect of α -blocker and 5 α -reductase inhibitor intake on sexual health in men with lower urinary tract symptoms. *BJU Int* 100: 853–857