

agents (odds ratio 1.06, 95% CI 1.00–1.13). By contrast, the use of cholesterol-lowering drugs, the vast majority of which were statins, was associated with a significantly reduced risk of advanced prostate cancer (odds ratio 0.76, 95% CI 0.64–0.91). When statins alone were evaluated, a dose-dependent reduction in the risk of advanced prostate cancer with increased statin use was observed ($P_{\text{trend}} = 0.001$).

Together, these two studies provide evidence that the use of cholesterol-lowering drugs (primarily statins) might be associated with a reduced risk of advanced prostate cancer. A need remains, however, for further studies that include detailed PSA test histories in their analyses.

Original articles Jacobs EJ *et al.* (2007) Cholesterol-lowering drugs and advanced prostate cancer incidence in a large US cohort. *Cancer Epidemiol Biomarkers Prev* **16**: 2213–2217

Murtola TJ *et al.* (2007) Cholesterol-lowering drugs and prostate cancer risk: a population-based case–control study. *Cancer Epidemiol Biomarkers Prev* **16**: 2226–2232

Time concerns might underlie Korean men's preference for tadalafil over sildenafil

Several oral phosphodiesterase type 5 inhibitors are available for the treatment of erectile dysfunction (ED) and a number of trials have previously identified a patient preference for tadalafil over sildenafil. Ahn and co-workers have investigated the underlying reasons for treatment preferences among Korean men with ED.

A total of 160 men with a history of sildenafil use were switched to tadalafil for 8 weeks. The median duration of sildenafil use before enrollment was 585 days (range 43–2,016 days). Four patients (2.5%) did not complete the study. Of the remainder, 115 (73.7%) opted to take tadalafil during a treatment-extension phase, whereas 41 (26.3%) opted for sildenafil ($P < 0.001$).

Psychosocial elements of ED were examined using the validated Psychosocial and Interpersonal Relationship Scales (PAIRS). After patients switched to tadalafil, a significant decrease in the PAIRS time-concern domain score was observed ($P = 0.002$). The time from dose to sexual attempt also indicated a larger window of opportunity for sexual activity for

men taking tadalafil (0–15 h) than for those taking sildenafil (0–6 h). Decreased concerns about time in relation to sexual activity might be a cause of the observed patient preference for tadalafil.

In contrast to previous results, including those from East Asian populations, mean PAIRS scores for spontaneity and self-confidence domains did not change when patients were switched to tadalafil, possibly, the authors suggest, owing to characteristics unique to the Korean culture.

Original article Ahn TY *et al.* (2007) Treatment preferences in men with erectile dysfunction: an open label study in Korean men switching from sildenafil citrate to tadalafil. *Asian J Androl* **9**: 760–770

Low-risk superficial bladder tumors: further observations on conservative management

Current American Urological Association guidelines recommend complete resection of any Ta or T1 bladder tumor. Growing evidence, however, suggests a role for conservative, expectant management in patients with low-risk (Ta and low-grade) superficial bladder tumors, which could reduce the burden of surgical morbidity in this population.

Pruthi *et al.* retrospectively assessed the records of 22 patients with superficial bladder cancer who had received conservative treatment (no transurethral resection of bladder tumor within the preceding 12 months). Most of these patients (77%) had experienced multiple recurrences before starting conservative treatment.

Overall, 32 recurrences were observed during the cumulative follow-up period of 550 months (mean 25 months), representing a rate of 0.7 recurrences per year. During the observation period 17 patients had no or minimal tumor growth. Fifteen patients received no intervention; office fulguration and repeat transurethral resection were performed in three and four patients, respectively. At the end of follow-up, eight patients had no observable tumor. Two men had evidence of grade progression, one of whom also exhibited stage progression (Ta to T1). These two individuals had long (6-year and 11-year) histories of low-risk disease, illustrating the importance of lifelong surveillance for all patients with bladder tumors.