

cultured fluid samples from the implantation space, and samples of the tissue capsule that develops around IPPs.

Henry and colleagues enrolled 148 patients with clinically uninfected IPPs who underwent revision or removal and replacement operations. Paired capsule tissue samples were obtained from 65 patients, before and after thorough antiseptic lavage of the implantation space. Bacterial cultures were isolated from 43% of the prelavage samples and 25% of the postlavage samples. Lavage also decreased the number of patients whose cultures yielded multiple strains of bacteria—from four to only two individuals. In total, 97 (66%) of 148 samples of the fluid surrounding the IPP were positive for bacteria, yielding 124 isolates. Overall, IPP lifespan was 1.6 years longer in bacteria-free patients than in infected individuals, suggesting that steps to procure sterility of the implantation space could reduce the necessity for further surgery.

The authors note that bacteria can be cultured from most clinically uninfected IPPs. They suggest that the success of antiseptic lavage in reducing infection rates after IPP revision for noninfectious reasons results from mechanical debridement of an asymptomatic bacterial biofilm lining the implantation cavity.

Original article Henry GD *et al.* (2008) Revision washout decreases implant capsule tissue culture positivity: a multicenter study. *J Urol* 179: 186–190

Urologist characteristics predict whether patients with prostate cancer receive ADT

Androgen deprivation therapy (ADT) has proven benefits as an adjuvant treatment for some stages of prostate cancer, but its use as primary therapy for localized disease—though increasingly common—is of uncertain benefit, especially given its potential adverse effects. Apart from prostate cancer stage, urologists' practice style seems to affect ADT prescription. To investigate this issue, Shahinian *et al.* examined the relationship between urologist characteristics and prescription of ADT in a cohort of 82,375 men with prostate cancer.

This US study analyzed data for men aged ≥ 66 years who received a diagnosis of prostate cancer between 1992 and 2002, and for the 2,080 urologists who cared for them.

For the analysis, ADT use was defined as receipt of ADT within 6 months of diagnosis. Urologist characteristics, such as patient numbers and whether urologists had academic affiliation or board certification, were obtained from an American Medical Association database.

After adjustment for patient, tumor and urologist characteristics, likelihood of ADT use in the overall cohort was significantly increased for patients whose urologists were not academically affiliated. This same urologist characteristic was the only significant predictor of ADT use in a multivariable subgroup analysis of 18,211 patients with localized disease who had been given ADT as a primary therapy.

The authors suggest that clearer guidelines, particularly on inappropriate and appropriate use of ADT, could help reduce the variation in ADT prescription among urologists.

Original article Shahinian VB *et al.* (2007) Characteristics of urologists predict the use of androgen deprivation therapy for prostate cancer. *J Clin Oncol* 25: 5359–5365

Adult male circumcision does not reduce sexual satisfaction and performance

Male circumcision has been recommended by the WHO as an effective preventive measure against HIV. However, it is important to consider acceptability to patients when implementing such procedures. Perceived and actual effects of surgery on sexual function and satisfaction affect the decisions of men considering circumcision.

Kigozi *et al.* studied 4,456 sexually active, HIV-negative Ugandan men aged 15–49 years. An intervention group of 2,210 men was randomly assigned to circumcision and a control group of 2,246 men was assigned to circumcision after a delay of 24 months. Information on participants' sexual function and satisfaction was collected using a questionnaire and interviews at baseline and in follow-up visits at 6, 12 and 24 months.

Less than 2% of men reported sexual dissatisfaction or dysfunction during the study. At the 6-month follow-up there was a small but significant increase in men who reported problems with penetration and pain in the circumcised group. At subsequent visits no difference was reported in sexual function between the two groups. The authors