suggest that incomplete keratinization of the scar can cause temporary problems with penetration, since no difference was seen at 12 and 24 months. In the intervention group, self-reported sexual satisfaction was similar at enrollment and after 2 years (98.5% versus 98.4% of patients).

These data support public health messages that promote the implementation of male circumcision as an HIV prevention strategy.

Original article Kigozi G *et al.* (2008) The effect of male circumcision on sexual satisfaction and function, results from a randomized trial of male circumcision for human immunodeficiency virus prevention, Rakai, Uganda. *BJU Int* **101:** 65–70

Hemodilution of PSA in obese men could delay diagnosis of prostate cancer

Elevated serum levels of PSA provide a good primary indicator of prostate cancer and are often used to prompt diagnostic biopsy. A recent report from Bañez *et al.* suggests that the increased plasma volume of obese men dilutes their PSA concentration, and gives a falsely low level that could delay cancer diagnosis.

This multicenter study assessed associations between preoperative BMI and serum PSA concentration in three cohorts of patients, totaling almost 14,000 men, who all underwent radical prostatectomy between 1988 and 2006. Blood plasma volume was estimated as a function of height and weight; consequently, high BMI was strongly associated with increased plasma volume in all cohorts. Obese men (BMI >35 kg/m^2) were found to have 11–21% lower PSA concentrations than nonobese men (BMI <25 kg/m^2); however, obese men in all three cohorts had circulating PSA masses (calculated by multiplying serum PSA concentration by estimated plasma volume) similar to or even higher than those of nonobese men, which suggests that hemodilution accounts for the low serum PSA values of obese men.

These findings might help to explain epidemiological observations that obesity is associated with poor outcomes and increased mortality among men with newly diagnosed prostate cancer. The authors conclude that further prospective studies in screened populations that include men without prostate cancer will be required to confirm the extent to which hemodilution influences the low PSA values of obese men.

Original article Bañez LL *et al.* (2007) Obesity-related plasma hemodilution and PSA concentration among men with prostate cancer. *JAMA* **298:** 2275–2280

Many men with prostate cancer receive mismatched therapy

The three most common treatments for prostate cancer are similarly effective but have distinct adverse-effect profiles. External radiation can cause bowel dysfunction, brachytherapy urinary problems, and surgery sexual dysfunction due to nerve damage; each treatment is contraindicated for patients with pre-existing deficits in these areas. Therapy that either does not alleviate or worsens pre-existing symptoms, has harmful adverse effects or reduces a patient's quality of life, is deemed mismatched to the patient. Pre-existing disorders should, therefore, be discussed in detail before therapy is selected.

Chen *et al*. prospectively assessed the rate of treatment mismatch in 438 patients treated for early prostate cancer at four Boston medical centers over a 6-year period. Participants completed questionnaires on demographic characteristics and urinary, bowel and sexual dysfunction at baseline, and 3, 12, 24 and 36 months after they entered the study, to monitor changes in symptoms. Of the patients enrolled, 389 (89%) reported baseline dysfunction. More than one-third received mismatched treatments that worsened bowel and urinary symptoms or showed no benefit for lost sexual function. Unexpectedly, increased symptom complexity at baseline, which narrows the choice of appropriate treatment options, did not lead to a significant increase in treatment mismatch.

The authors theorize that poor communication between patients and physicians when discussing intimate symptoms prevents an adequate assessment of pretreatment dysfunction. They suggest that patients might be more willing to reveal dysfunction in questionnaires filled in before consultation, which would reduce the risk of mismatch.

Original article Chen RC *et al.* (2008) Treatment 'mismatch' in early prostate cancer: do treatment choices take patient quality of life into account? *Cancer* **112:** 61–68