

patients died of advanced urothelial carcinoma during follow-up and two died from other causes (one from myocardial infarction and the other from biopsy-proven lung cancer)—an overall survival rate of 90% and a disease-specific survival rate of 94%. Three patients experienced long-term complications in the form of a stomal hernia.

The authors conclude that the short-term clinical and oncologic outcomes reported in patients with bladder cancer treated with robotic radical cystectomy are acceptable, and do not differ notably from those seen in patients who have undergone open cystectomy.

Original article Pruthi RS and Wallen EM (2008) Is robotic radical cystectomy an appropriate treatment for bladder cancer? Short-term oncologic and clinical follow-up in 50 consecutive patients. *Urology* 72: 617–620

NSAIDs and acetaminophen might reduce serum PSA levels

Inflammation has been implicated in the pathogenesis of prostate cancer; therefore, the use of NSAIDs and/or acetaminophen might decrease the risk of this malignancy. Singer *et al.* found that regular consumption of either of these agents lowers serum PSA levels, which indicate prostate injury and are believed to predict the risk of developing prostate cancer.

In this substudy of the US National Health and Nutrition Examination Study 2001–2002, the authors examined levels of total and free serum PSA in 1,319 men aged >40 years. Average PSA levels in current, regular (“nearly every day”) users of NSAIDs (19.8% of the study population) were 10% lower than those of patients who were not taking any of the drugs of interest ($P=0.038$). Patients who regularly took acetaminophen (1.3% of the sample population) also had PSA levels consistently lower than the control participants who were not taking either of the study drugs. Conversely, individuals who took both NSAIDs and acetaminophen regularly (1.0% of the study population) had higher PSA levels than the control group, but this difference was not statistically significant.

Whether this decrease in PSA levels associated with regular NSAID or acetaminophen use indicates a protective effect of these agents against prostate cancer, or whether it does

not affect the natural history of this disease at all and instead acts to mask pathological increases in PSA levels, is not known.

Original article Singer EA *et al.* (2008) Prostate-specific antigen levels in relation to consumption of nonsteroidal anti-inflammatory drugs and acetaminophen: results from the 2001–2002 National Health and Nutrition Examination Survey. *Cancer* [doi:10.1002/cncr.23806]

Reduced risk of prostate cancer in men with diabetes is not due to antidiabetic therapy

The decreased risk of prostate cancer observed in some studies of men with diabetes has previously been suggested to be the result of a possible effect of the use of antidiabetic medications. In the first study of its kind, Murtola *et al.* have evaluated the risk of prostate cancer in men receiving antidiabetic drugs.

The authors identified all incident prostate cancer cases in Finland between 1995 and 2002 from the Finnish Cancer Registry, which were matched with controls randomly selected by the Population Register Center of Finland to produce 24,723 matched case–control pairs. Medication use by the study population during this period was established using the nationwide prescription database of the Social Insurance Institution of Finland.

The risk of prostate cancer was lower in men using any antidiabetic drug than in those not receiving such medication (odds ratio 0.89, 95% CI 0.84–0.94). This association was strengthened when the analysis was adjusted for age, place of residence and use of other medications commonly prescribed along with antidiabetic drugs (e.g. aspirin, cholesterol-lowering drugs or antihypertensive drugs; odds ratio 0.84, 95% CI 0.79–0.90). Overall prostate cancer risk correlated inversely with amount of oral drugs or insulin used and duration of medical treatment.

Given that a reduction in prostate cancer risk was seen in men receiving multiple oral antidiabetic drugs and also in insulin users, the association between diabetes and low prostate cancer risk is probably not an effect of antidiabetic drug therapy but rather of the underlying diabetes itself.

Original article Murtola TJ *et al.* (2008) Antidiabetic medication and prostate cancer risk: a population-based case-control study. *Am J Epidemiol* [doi:10.1093/aje/kwn190]