

Raised levels of IGF-I increase the risk of developing prostate cancer

Some studies have indicated that levels of circulating insulin-like growth factors (IGFs) and their binding proteins (IGFBPs) are associated with the risk of developing prostate cancer, whereas other studies have shown no such relationship. Roddam *et al.* have now found that high circulating levels of IGF-I are associated with a moderately raised risk of developing prostate cancer.

The authors searched PubMed, Web of Science and CancerLit for all studies that provided prospectively collected data on circulating concentrations of IGFs or IGFBPs and prostate cancer risk. The authors of these studies were invited to submit individual participant data to a central data set.

In the 3,299 patients with prostate cancer and 4,436 control individuals assessed, the risk of prostate cancer was found to increase as circulating concentrations of IGF-I increased (odds ratio [highest vs lowest quintile] 1.38; $P < 0.001$ for trend). Elevated IGF-I concentrations were more strongly associated with low-grade disease than high-grade disease. Raised levels of IGFBP-III were also associated with increased prostate cancer risk; however, this effect was secondary to the correlation between IGFBP-III and IGF-I levels. Neither IGF-II nor IGFBP-II concentrations were associated with prostate cancer risk.

The relationship between IGF-I and prostate cancer risk could be due to the mitogenic and antiapoptotic effects of this growth factor. The authors suggest that modification of circulating IGF-I levels through dietary and lifestyle changes might reduce the risk of prostate cancer.

Original article Roddam AW *et al.* (2008) Insulin-like growth factors, their binding proteins, and prostate cancer risk: analysis of individual patient data from 12 prospective studies. *Ann Intern Med* **149**: 461–471

Suprapubic drainage is a suitable alternative to catheterization after prostatectomy

Urethral catheterization is necessary after robotic radical prostatectomy, but can, however, lead to pain, discomfort and infection. Tewari and colleagues, therefore, conducted a

pilot study to investigate whether suprapubic catheterization might be a feasible alternative.

A custom-made tube was developed with a small anastomotic splint, two balloons to prevent movement, and multiple holes for bladder drainage. The device was retractable to allow a voiding trial before removal.

The researchers assessed 30 patients undergoing robotic radical prostatectomy for early-stage prostate cancer. Of these participants, 10 patients underwent suprapubic catheterization and 20 were fitted with the conventional Foley catheter. Catheters were removed after 7 days, and urethral symptoms were recorded with patient questionnaires. No differences were observed between groups in terms of console times, blood loss, or retention rates. No patients in the suprapubic drainage group experienced pain in the penile shaft or tip, compared with 18 patients in the conventional catheterization group. Fewer catheter-less patients reported bladder spasms (1 vs 8) and discomfort walking and sleeping (2 vs 14). Neither groups experienced any complications.

Tewari *et al.* state that the benefits of suprapubic over conventional catheterization include a reduction in infection risk, an earlier return to normal function and normal activity, and improved patient satisfaction. The authors recommend that these findings be confirmed in a larger randomized study.

Original article Tewari A *et al.* (2008) Catheter-less robotic radical prostatectomy using a custom-made synchronous anastomotic splint and vesical urinary diversion device: report of the initial series and perioperative outcomes. *BJU Int* **102**: 1000–1004

Excess weight increases risk of death from prostate cancer

A large US cohort study has found that obesity and increased plasma C-peptide levels (a marker of insulin secretion) are associated with an increased risk of death from prostate cancer. The results suggest that excess weight and hyperinsulinemia adversely affect prostate cancer outcomes.

During the 24 years of follow-up of the Physicians' Health study, a randomized trial of aspirin and β -carotene in 22,071 US physicians that began in 1982, 2,546 participants were diagnosed with prostate cancer, of whom 281 died of the disease. Ma *et al.* investigated the