

SWL, to ensure removal of residual renal or ureteral fragments (15.4% vs 5.8%). A similar proportion of patients in each group developed steinstrasse (two in the tamsulosin group and nine in the control group). Tamsulosin was well tolerated, with only two patients experiencing adverse events.

The authors conclude that tamsulosin therapy is an effective strategy to facilitate early clearance of stone fragments after extracorporeal SWL.

Original article Naja V *et al.* (2008) Tamsulosin facilitates earlier clearance of stone fragments and reduces pain after shockwave lithotripsy for renal calculi: results from an open-label randomized study. *Urology* [doi:10.1016/j.urolgy.2008.05.035]

Black men in the UK have an elevated risk of developing prostate cancer

The Prostate Cancer in Ethnic Subgroups (PROCESS) study has shown that, in the UK, black men are three times more likely than white men to develop prostate cancer. Similar studies in the US have shown that black men are 2.4 times more likely to die from prostate cancer than are white men, but evidence suggests that black men have worse access to health care. Metcalfe *et al.* investigated whether this was the case in the UK, or if other factors contributed to the increased incidence of prostate cancer in black men.

The team retrospectively analyzed data from the PROCESS cohort study on men diagnosed with prostate cancer in Bristol and London. Hospital records and questionnaires were used to collect data. Black men ($n=547$) presented with prostate cancer approximately 5 years earlier than white men ($n=1,319$); the mean age at diagnosis was 67.9 years (SD 7.3 years) and 73.3 years (SD 8.8 years), respectively. No substantial differences were observed between the two groups with regard to knowledge about prostate cancer, comorbidities and symptoms, and delays in presentation of symptoms to a primary care practitioner. Black men were more likely to be referred to a hospital, and had higher PSA levels than age-matched white counterparts.

Metcalfe and colleagues found no differences in the access to diagnostic services or diagnostic pathways taken by the two groups

of patients. Consequently, the difference in incidence may be due to differences in disease biology between the two groups of men.

Original article Metcalfe C *et al.* (2008) Pathways to diagnosis for Black men and White men found to have prostate cancer: the PROCESS cohort study. *Br J Cancer* **99**: 1040–1045

CT urography accurately detects bladder cancer in patients with hematuria

Cystoscopy is the reference standard for bladder cancer detection, and is also used to monitor patients with a history of the disease. The procedure is, however, invasive, and some patients find the experience uncomfortable. In search of a noninvasive, image-based alternative, Sadow *et al.* investigated whether CT urography can accurately detect bladder cancer in patients at risk for the disease.

A total of 838 CT urograms from 779 patients (449 men, mean age 62 years; 330 women, mean age 56 years) under evaluation for hematuria (a common symptom of bladder cancer) or with a history of urothelial cancer were retrospectively analyzed. All patients underwent cystoscopy within 6 months of the CT assessment. Overall, 149 bladder cancers were detected on CT urograms (displaying bladder lesions considered as suspicious for malignancy) in 133 patients. Of the 838 CT urograms examined, 766 (91.4%) were interpreted accurately; cystoscopy was 92.6% accurate (determined using clinical follow-up or pathologic findings). CT urography was found to be as accurate as cystoscopy for patients with hematuria, (94.6% and 94.4% accurate, respectively). Both tests showed lower accuracy in the evaluation of patients with a history of urothelial cancer than in patients with hematuria, CT urography more so than cystoscopy (77.8% vs 84.8%).

Sadow *et al.* conclude that CT urography is an accurate, noninvasive technique for detecting bladder cancer, and could be particularly useful in identifying patients with hematuria who may not need further investigation with cystoscopy. Cystoscopy should still, however, be favored for patients with a history of urothelial cancer.

Original article Sadow CA *et al.* (2008) Bladder cancer detection with CT urography in an Academic Medical Center. *Radiology* **249**: 195–202