relationship between BMI, C-peptide levels and death from prostate cancer in men diagnosed with the disease. Compared with men who had a healthy weight at baseline, overweight and obese men (BMI >25 kg/m^2 and ≥30 kg/m^2, respectively) had respective hazard ratios (HRs) for death from prostate cancer of 1.47 and 2.66. The association remained strong even after controlling for age, smoking status and disease severity. Analysis of C-peptide levels revealed that men with C-peptide levels in the highest quartile had a HR for prostate cancer death of 2.38 compared with those in the lowest quartile. In analysis of the combined impact of BMI and C-peptide levels on prostate cancer outcome, overweight or obese men in the highest quartile for C-peptide levels were over four times more likely to die from their disease than were normal-weight men in the lowest quartile.

The results suggest possible roles for insulin-lowering drugs and insulin receptor antagonists in prostate cancer therapy.

Original article Ma J *et al.* (2008) Prediagnostic body-mass index, plasma C-peptide concentration, and prostate cancer-specific mortality in men with prostate cancer: a long-term survival analysis. *Lancet Oncol* [doi:10.1016/S1470-2045(08)70235-3]

Genetic polymorphism identified in men with lifelong premature ejaculation

New research has identified a gene involved in serotonin (5-hydroxytryptamine [5-HT]) control that can delay ejaculation, and determines whether a man is likely to experience premature ejaculation (PE). In response to earlier studies linking decreased 5-HT neurotransmission and/or 5-HT receptor dysfunction to PE, Janssen *et al.* investigated polymorphisms of the 5-HT transporter-linked promoter region (5-HTTLPR) gene. This gene has a short (S) allele and a long (L) allele; men with the LL genotype are likely to have decreased 5-HT neurotransmission, which might predispose them to PE.

Janssen *et al.* prospectively assessed 181 Dutch Caucasian men (89 with lifelong PE, mean age 36.0 years; 92 normal controls, mean age 53.6 years). All participants underwent genotyping by means of DNA isolation and PCR analysis. No significant difference was observed in the 5-HTTLPR polymorphisms between the two groups; however, among men with PE, those who possessed the LL genotype had a shorter mean time until ejaculation (13.2 s) than those with the SL or SS genotypes (25.3 s and 26.04 s, respectively). Time to ejaculation was determined over the course of 1 month by the female partners of men with PE; the women used a stopwatch to measure the time until ejaculation each time they had intercourse.

The authors suggest that other genetic factors also determine the time until ejaculation, and are continuing to investigate the role of 5-HT receptors and metabolic pathways in the regulation of ejaculation.

Original article Janssen PKC *et al.* (2008) Serotonin transporter promoter region (5-HTTLPR) polymorphism is associated with the intravaginal ejaculation latency time in Dutch men with lifelong premature ejaculation. *J Sex Med* [doi:10.1111/j.1743-6109.2008.01033.x]

Tamsulosin improves clearance of renal calculi fragments after shockwave lithotripsy

Agents such as α_1-adrenergic anatagonists and calcium channel blockers improve the expulsion rate of ureteral stones. Naja *et al.* have now investigated the α_1-adrenergic antagonist tamsulosin, to determine whether it improves the passage of renal calculi fragments after extracorporeal shockwave lithotripsy (SWL).

This open-label, prospective study enrolled patients with a single radiopaque renal stone measuring 5–20 mm. Patients were randomly assigned to extracorporeal SWL alone, or to extracorporeal SWL with tamsulosin 0.4 mg/day from the first day of therapy up to either 3 months or success of treatment. All patients were followed up at 3-week intervals.

The success rate at 3 weeks was greater in patients who received tamsulosin ($n = 67$) after extracorporeal SWL than in patients who underwent extracorporeal SWL alone ($n = 72$; 52.9% vs 30.8%; $P = 0.016$). Patients receiving tamsulosin required significantly fewer extracorporeal SWL sessions for success ($P = 0.005$), and experienced considerably less procedural pain ($P = 0.0001$), than did patients in the control group. After completion of extracorporeal SWL, more control patients than tamsulosin-treated patients required auxiliary procedures, including additional extracorporeal