

In this scenario of cancer time line paralleling the human aging process there are many irrefutable biases acting on the numbers coming from population based studies such as lead time and selection biases, adding to those for treatment or tumor characteristics.

It is obvious that people that score higher ages are selected from population when they fail of perishing from many other conditions. Authors have speculated more aggressive disease (e.g., faster growing tumors) in the elderly and/or less frequent use of PSA testing and further diagnostic evaluation (such as biopsy for an elevated PSA) in older men compared with younger men. Furthermore, among a compilation of possible biases, two mechanisms were well recognized: 1) over diagnosis of nonaggressive PC in younger patients and 2) delay in diagnosis of aggressive disease in the elderly.

Until nowadays, PC natural history is complex and unpredictable in a large number of cases. The aging process will naturally culminate with death, and it is not surprisingly that virtually all cause of death will increase with age considering the cumulative co-morbidities and the innately decreasing functional status.

While it should be viewed with caution, better understandings of the aging process as well as prostate cancer natural history will add to the understanding of the illustrated scenario.

Dr. Leonardo Oliveira Reis
Assistant Professor of Urology
University of Campinas, Unicamp
Campinas, São Paulo, Brazil
E-mail: reisleo@unicamp.br

Clinically relevant fatigue in men with hormone-sensitive prostate cancer on long-term androgen deprivation therapy

Storey DJ, McLaren DB, Atkinson MA, Butcher I, Frew LC, Smyth JF, Sharpe M
Edinburgh Cancer Research UK Centre, University of Edinburgh, Edinburgh
Ann Oncol. 2011; 17. [Epub ahead of print]

Background: The purpose of the study was to determine the prevalence and associations of clinically relevant fatigue (CRF) in men with biochemically controlled prostate cancer on long-term androgen deprivation therapy (ADT).

Patients and Methods: One hundred and ninety-eight men were surveyed and the prevalence of CRF (Brief Fatigue Inventory score > 3) determined. Associations with other measures (Hospital Anxiety and Depression Scale; International Prostate Symptom Score; European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; Brief Pain Inventory worst pain; clinical and demographic information) were explored in univariate and multivariate analyses.

Results: Eight-one per cent (160 of 198) of questionnaires were analysable. CRF prevalence was 43% (68 of 160). CRF associations included moderate/severe urinary symptoms, anxiety and medical co-morbidities; the strongest associations were depression [odds ratio (OR) 9.8, 95% confidence interval (CI) 4.3-22.8] and pain (OR 9.2, 95% CI 4.0-21.5). After controlling for other factors, the independent associations were depression (OR 4.7, 95% CI 1.6-14.0) and pain (OR 3.1, 95% CI 1.0-8.9). There was no association with age, disease burden or treatment duration.

Conclusions: Two-fifths of men with biochemically controlled prostate cancer on long-term ADT report CRF that interferes with function. Management aimed at improving CRF should address depression and pain.

Editorial Comment

This study though based on a cross-sectional survey with small patient numbers restraining its power, adds to the limited literature concerning clinically relevant fatigue (CRF) in men with biochemically controlled prostate cancer on long term GnRH-based ADT.

The main findings were as follows:

- CRF prevalence in the sample was 43% (95% CI 35% to 50%) and the difference in scores between those with and without CRF far exceeded the 20 points described as a 'large' clinically significant;

- CRF was associated with moderate/severe pain, depression, anxiety, concurrent co-morbidities and moderate/severe urinary symptoms but the only independent associations of CRF were depression and pain.

Fatigue may be attenuated optimizing depression and pain treatments.

Dr. Leonardo Oliveira Reis
Assistant Professor of Urology
University of Campinas, Unicamp
Campinas, São Paulo, Brazil
E-mail: reisleo@unicamp.br

PEDIATRIC UROLOGY

Surgical outcome in children undergoing hypospadias repair under caudal epidural vs penile block

Kundra P, Yuvaraj K, Agrawal K, Krishnappa S, Kumar LT

Department of Anaesthesiology & Critical Care, Jawaharlal Institute of Postgraduate Medical Education and Research (J.I.P.M.E.R), Pondicherry, India *Department of Plastic Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research (J.I.P.M.E.R), Pondicherry, India* *Department of Paediatric surgery, Jawaharlal Institute of Postgraduate Medical Education and Research (J.I.P.M.E.R), Pondicherry, India*

Paediatr Anaesth. 2011; 29. doi: 10.1111/j.1460-9592.2011.03702.x. [Epub ahead of print]

Aim and Objective: To evaluate the effect of penile block vs caudal epidural on the quality of analgesia and surgical outcome following hypospadias repair.

Background: Intraoperative penile engorgement because of caudal epidural may result in tension on surgical sutures and alter surgical outcome.

Methods: Fifty-four ASA I and II children were randomly allocated to group P (penile block, 0.25% bupivacaine, 0.5 mg·kg⁻¹; n = 27) and group C (caudal epidural, 0.25% bupivacaine, 0.5 mL·kg⁻¹; n = 27), respectively. Quality of analgesia was assessed by visual analog scale (VAS) score recorded at 0, 0.5, 3, 6, 12, 24 h, and once a day for the next 4 days. Duration of analgesia was calculated from the institution of block to the first analgesic demand by child or VAS > 5. Total morphine consumption in the first 48 h and oral paracetamol consumption till 5th day were recorded. Children were regularly followed up in their respective outpatient clinic for early or late complications.

Results: In group P, lower mean VAS scores were seen from 0.5 h after surgery till day 3 and analgesia lasted for significantly longer duration (82 min) when compared with caudal epidural, P < 0.001. Incidence of urethral fistula formation after primary hypospadias repair was 19.2%, and all had received caudal epidural. An increase of 27% in penile volume from baseline value was observed 10 min after caudal epidural placement, P < 0.05.