

between fatty-fish and lean-fish consumption and the risk of developing RCC in women.

The population-based Swedish Mammography Cohort was established between 1987 and 1990. It consisted of 61,433 women with no previous history of cancer, who completed a 67-item food-frequency questionnaire at baseline and in 1997. Fish consumption was analyzed at baseline and follow-up, with development of RCC as the main outcome measure.

During a mean of 15.3 years of follow-up, 150 cases of RCC were diagnosed. A statistically significant inverse association between fatty-fish consumption and the incidence of RCC was found ($P=0.02$); there was no association with lean-fish consumption. Women who ate at least one serving of fatty fish per week had a 44% decreased risk of developing RCC. Women who reported consistent, long-term consumption of fatty fish at baseline and 10 years later had an even greater, 74% risk reduction ($P<0.001$).

This study, although yet to be confirmed, suggests that women who regularly consume fatty fish could have a reduced risk of developing RCC.

Original article Wolk A *et al.* (2006) Long-term fatty fish consumption and renal cell carcinoma incidence in women. *JAMA* 296: 1371–1376

2:1 ratio of monosymptomatic to polysymptomatic pediatric nocturnal enuresis

Several schemes have been proposed to classify nocturnal enuresis, but not all aid appropriate, effective clinical intervention. It has recently been proposed that this condition should be classified as monosymptomatic or polysymptomatic, depending on whether bladder overactivity is also present. Butler and colleagues, therefore, conducted a large population survey in the UK to identify variables associated with these two forms of nocturnal enuresis in children.

The authors analyzed data from questionnaires completed by parents of children who participated in the Avon Longitudinal Study of Parents and Children. Complete data were available for 7,935 children aged 90–111 months; in this cohort, 135 boys and 59 girls experienced nocturnal enuresis at least twice a week (2.5%, a low prevalence attributed to the strict criteria used). Nocturnal enuresis was classified as

either monosymptomatic ($n=133$, 68.5%) or polysymptomatic ($n=61$, 31.5%)—similar proportions to those in previously published studies. There were similar numbers of boys and girls in each group.

Compared with children with monosymptomatic nocturnal enuresis, children with polysymptomatic nocturnal enuresis were more likely to have additional bladder and bowel problems: they were 11 times more likely to experience daytime wetting, were markedly more likely to fidget and to need reminders to use the toilet during the day, and they had more-severe and more-frequent bedwetting (i.e. multiple night-time wetting and more wet nights per week).

Butler *et al.* note that their findings confirm the distinction between these two forms of nocturnal enuresis.

Original article Butler R *et al.* (2006) Exploring the differences between mono- and polysymptomatic nocturnal enuresis. *Scand J Urol Nephrol* 40: 313–319

ED after conformal radiotherapy linked with radiation dose to the penile bulb

Conformal radiotherapy is less toxic than conventional radiotherapy, but could its use also reduce the occurrence of erectile dysfunction (ED) after prostate cancer treatment? Mangar and colleagues' phase III, multicenter trial has found a dose–volume relationship between radiation dose to the penile bulb and ED. It also found that conformal radiotherapy permitted high radiation doses to the prostate without concomitant high radiation doses to the penile bulb.

They assessed 51 men without baseline ED, whose treatment for localized prostate cancer comprised neoadjuvant androgen deprivation for 3–6 months, followed by conformal radiotherapy (one 64 Gy dose to the prostate and base of the seminal vesicles, with or without one 10 Gy prostate-only boost dose). Testosterone values recovered in all participants after 2 years; 17 men remained potent, 22 had intermediate potency and 12 were impotent (mean penile-bulb doses 45.5 Gy, 48 Gy and 59.2 Gy, respectively). Of the men in whom 90% of penile-bulb tissues received a mean dose ≥ 50 Gy, 83.3% became impotent and 29.4% remained potent at 2 years.