Patient anxiety influences prostate cancer treatment decisions

Men diagnosed with localized prostate cancer have a range of treatment options; many older patients with low risk disease choose to opt for surveillance. The factors that affect the decision to move from surveillance to treatment are not well known. Latini and colleagues investigated the impact of patient anxiety on the decision to initiate treatment for prostate cancer patients on surveillance.

Patients with biopsy-proven prostate cancer, who selected surveillance rather than treatment, were drawn from the CAPSURE study. A total of 105 patients were eligible for inclusion. A 3-item scale was used to measure cancer anxiety. The authors calculated the change in PSA with time, as this often guides the decision to move from surveillance to treatment.

Men who sought treatment had higher PSA velocities than men who did not. These men also had larger differences in the anxiety change rate (P<0.01), suggesting that the patient's anxiety may be linked to his increasing PSA. Statistical analysis revealed that change in anxiety and PSA velocity were independent predictors for treatment initiation (P<0.01). Patients with higher PSA velocities were significantly more likely to receive treatment than patients with lower PSA velocities (hazard ratio 3.18, 95% CI 1.122–9.016).

The authors conclude that cancer-related anxiety can influence decisions regarding treatment for some patients with prostate cancer. Psychosocial support for these patients could delay treatment; further studies are needed to confirm this.

Original article Latini D *et al.* (2007) The relationship between anxiety and time to treatment for patients with prostate cancer on surveillance. *J Urol* **178:** 826–832

Is surgical outcome for prostate cancer patients associated with a surgeon's experience?

It is generally accepted that there is a learning curve associated with surgery and that more experienced surgeons achieve better outcomes; however, outcome data supporting this theory are rarely published. Vickers and colleagues carried out an investigation of the relationship between a surgeon's previous experience of performing radical prostatectomies (RPs) and biochemical recurrence of prostate cancer, which enabled them to construct a surgical learning curve.

The study included 72 surgeons and 7,765 patients with clinically localized prostate cancer who were treated with radical prostatectomy at one of four institutions between 1987 and 2003. Surgical experience was defined as the number of radical prostatectomies performed by the surgeon before the study. Serum PSA levels were measured every 3–4 months during the first postoperative year, and recurrence was defined as a PSA > 0.4 ng/ml followed by a higher PSA value. The authors created a multivariable, parametric survival-time regression model to evaluate the results.

Analysis of the learning curve showed that increasing surgical experience of up to 250 previous operations was associated with a striking improvement in cancer control, but further surgical experience had little effect on recurrence. The probability of recurrence at 5 years in patients treated by surgeons with limited experience (10 previous operations) was 17.9%, versus 10.7% in patients treated by experienced surgeons (250 previous operations).

The authors conclude that more experienced surgeons achieve better outcomes after radical prostatectomy. Further research into the specific surgical techniques associated with positive outcomes is needed.

Original article Vickers A *et al.* (2007) The surgical learning curve for prostate cancer control after radical prostatectomy. *J Natl Cancer Inst* **99:** 1171–1177

Ageing is associated with poorer ESWL outcomes in patients with renal calculi

The effect of increased age on the outcome of extracorporeal shock wave lithotripsy (ESWL) has not been fully characterized, although a recent report suggested that the stone fragmentation rate is decreased in elderly patients. Ng and colleagues, therefore, performed a multivariate analysis to examine the relationship between ageing and ESWL outcomes.

Records of 2,192 adult patients (age ≥18 years) who were treated with primary ESWL for a solitary urinary stone (5–15 mm