

Read all about it... It can be awkward when a patient asks you about a report in their favourite tabloid detailing an amazing research breakthrough or a 'cutting-edge' new treatment / test and you don't know what they are talking about! So this section fills you in on the facts.

How statins can boost middle-aged men in the bedroom: Drugs improved erectile dysfunction by 43%

Daily Mail – 31 August 2016

After a fair amount of bad press in the last couple of years, statins seem to be enjoying something of a resurgence as a 21st Century panacea. The *Daily Mail* (and pretty much all other newspapers) reported on a conference presentation from Dr Samentzas of Athens. Dr Samentzas and his team have been researching the role of statins in managing dyslipidaemia and the related effects on erectile dysfunction (ED). They presented their findings at The European Society of Cardiology Congress. Dr Samentzas is a cardiologist, but a PubMed search reveals a keen interest in ED. This current research is, as yet, unpublished. Therefore, we only have the press release to review. One hundred men with high cholesterol and ED were randomised to either no treatment or atorvastatin. The arm receiving atorvastatin

reported a 43% improvement in score on an International Index of Erectile Function (IIEF) questionnaire. You would be forgiven for thinking, as I did, that this effect is simply down to controlling atherosclerosis. A PubMed search reveals a 2014 scientific paper in *Archives of Italian Urology & Andrology* that suggests a mechanism for this reported finding. A Turkish research team from Cumhuriyet University reported on the effects of high serum cholesterol on nitric oxide (NO) in-vitro. We all know that NO promotes smooth muscle relaxation in the corpora and allows more blood flow during an erection. The research team showed that high circulating cholesterol actually decreases the bioactivity of NO and treating in-vivo with a statin, to reduce the cholesterol, increases the response of the smooth muscle to NO.

Prostate cancer survival rates equally high if you monitor disease rather than having surgery or radiotherapy

The Telegraph – 14 September 2016

This may just be the biggest urology newspaper story of the year. *The Telegraph* and virtually every other media outlet reported on these findings from the ProtecT study group. '10 Year Outcomes after Monitoring, Surgery, or Radiotherapy for Localized Prostate Cancer' was published in the *New England Journal of Medicine* in September 2016 and reports on 1643 men with localised prostate cancer who were randomised to either active monitoring / surveillance, radiotherapy or radical prostatectomy. The groups were balanced with regards to age and Gleason score.

Ten-year prostate-cancer-specific survival was 98.8% for active monitoring, 99% for surgery and 99.6% for radiotherapy. This is the data that made the headlines. Digging a little deeper though, we see that the active monitoring group had a couple of extra prostate cancer deaths as compared to the other

cohorts and also incidence of metastatic disease (per 1000 person-years) on active monitoring is double the radiotherapy figure and nearly triple the surgery figure. It is quite striking that the increased risk of death or metastasis is so modest. This data shows that 27 men need to be treated with prostatectomy rather than receive active monitoring to avoid one patient having metastatic disease. This is a very important story. Men are now far more educated than they have ever been in the past about prostate cancer. However, I sometimes think that exposure to all of the prostate-related news stories, editorials and campaigns also induces a level of fear. The more we are warned of something, the more afraid of it we are. This effect may have been dissuading some men for taking the active surveillance route. Hopefully, this publication and news story will redress that balance.

New hope for patients with advanced prostate cancer: Radioactive drug is given the go-ahead on the NHS

Daily Mail – 2 September 2016

The *Daily Mail* reports on the news that the National Institute for Health & Care Excellence (NICE) has now completed reappraisal of injectable radium-223 as a treatment for advanced prostate cancer. In 2015 NICE ruled that radium-223 could only be offered after chemotherapy had already been tried in advanced, castrate resistant cancer. It can now be used for patients who are not suitable for chemotherapy, as well as after chemotherapy. Radium-223 has an 11-day half-life and when it decays it emits alpha radiation. The *Daily Mail* points out that this is the same form of radiation emitted by the polonium-210 used to kill former KGB agent Alexander Litvinenko, which I am sure patients will find deeply reassuring. The key to the success of radium-223 though is that it sits four boxes directly down from calcium on the periodic table. The radium is taken up into bone metastases, as calcium would be, providing radiotherapy directly to the lesions. Radium-223 provides a good alternative to cytotoxic chemotherapeutics for men with significant co-morbidities. The ALSYMPCA trial showed that radium-223 treatment gave a longer overall survival of 3.6 months, but most importantly, it significantly delays the time to a symptomatic skeletal event. We are seeing really positive steps forward in the availability of treatments for advanced prostate cancer and although this particular treatment will not be useful for most patients, it potentially fills a significant gap in the armamentarium.

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