Urinary Cytology Not Useful as Screen for Bladder Invasion

BY TIMOTHY F. KIRN
Sacramento Bureau

SNOWMASS, COLO. — A gonadotropin-releasing hormone agonist may be the answer for ovarian failure in lupus.

The average cumulative dose of cyclophosphamide received by the patients and controls during the study was 12.9 g.

Parents of adolescents appear to accept the idea of vaccinating their teens against sexually transmitted infections, expressing the most concern about the efficacy of the vaccine and the severity of the infection it could prevent, rather than the mode of transmission, Gregory D. Zimet, Ph.D., and his colleagues have reported.

Some surveys have suggested that pediatricians and other adolescent health providers might be reluctant to recommend STI vaccines, perhaps because of concerns about how parents might react.

Evidence suggests that by the time a patient presents with cervical dysplasia, which is why patients started on cyclophosphamide should have a Pap smear early in the course of their treatment, advised Dr. McCune, a lupus expert and the codirector of the nephrology/rheumatology vasculitis clinic at the University of Michigan, Ann Arbor.

In their prospective study, Dr. McCune and his colleagues enrolled 40 patients with lupus nephritis or severe systemic lupus erythematosus (SLE), whose average age was 23 years. Their regimen was sequential, with monthly intravenous cyclophosphamide for 6 months followed by a switch to azathioprine and then cyclophosphamide for 4.5 years.

Among the 20 patients who received GnRH agonist, 16 had ovarian failure at the end of 3 years, compared with 6 of 20 matched women who did not receive GnRH.

The mean age of children was 14 years, and 69% were female.

Parents rated vaccine acceptability based on the proximity of their children to the urban clinics and to hand washing.

For the majority of parents, sexual transmissibility had the least influence on acceptability ratings. Vaccine efficacy was the most influential factor in the ratings, followed by severity of infection and availability of behavioral protection.

The least acceptable scenario, with a mean score of about 75, was a vaccine with 50% efficacy against a non-STI that could not be prevented by hand washing.

The most acceptable scenario, with a mean score of 88.6, was a vaccine with 90% efficacy that protected against a usually fatal non-STI that could not be prevented by hand washing.

The mean score for the six STI scenarios was slightly, but not significantly, higher than the mean score for the three non-STI scenarios.

The lowest-scoring STI vaccine scenario was a vaccine that was 50% effective against a curable STI that could not be prevented with condoms (75.7). The highest-scoring STI vaccine scenario was a vaccine that was 70% effective in preventing a usually fatal STI that could be prevented by the use of condoms (84.4).

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However, 31 parents (11%) indicated a relatively strong preference for an STI vaccine, and 16 parents (6%) indicated a relatively strong opposition to it.

About a quarter (27%) of the parents gave ratings of 100 to every vaccine. High accepters were more likely to be in the urban clinics and to have only a high school diploma. Acceptability was not related to the child's age, suggesting that parents might not make decisions based on the proximity of their child's sexual activity.

Urinary Cytology Not Useful as Screen for Bladder Invasion

BY MARY ANN MOON
Contribution Writer

WASHINGTON — Urinary cytology was found to be "of limited use" in detecting whether pelvic cancer has invaded the bladder, Kelly L. Molpus, M.D., reported at the annual meeting of the Central Association of Obstetricians and Gynecologists.

He and his associates hypothesized that a pelvic tumor that has invaded the bladder might shed malignant cells that could be detected by microscopic examination of the urine, in much the same way that peritoneal "washes" are examined for the microscopic spread of ovarian or other cancers.

In a retrospective study using databases at two medical centers, the researchers reviewed the findings on urine samples collected from 93 women with pelvic cancer (mean age 48 years) who were treated between 1999 and 2004. The samples were collected when the women underwent surgery for staging of their pelvic cancer.

Most of the women had primary urogenital cancer; three each had vulvar, vaginal, or recurrent cervical cancer; one had ovarian cancer; and one had a primary rectal cancer that also involved the vagina, said Dr. Molpus.

Urinary cytology detected malignant cells in only four women (4.3%), all of whom had extensive, locally advanced tumors. It failed to detect bladder invasion in three. In contrast, biopsy confirmed cancerous invasion of the bladder in all seven subjects (7.3%).

Thus, urinary cytology showed only a 57% sensitivity as a screen for detecting bladder invasion. It yielded "no additional information on the extent of disease in any patient with known stage I or II pelvic cancer," so it was "of limited diagnostic value," Dr. Molpus said.

However, given its 100% specificity and 100% positive predictive value in this study, urinary cytology may be useful in specific situations, such as when bladder biopsy results are inconclusive or biopsy samples are inadequate or unavailable, he said.

GnRH Agonist May Curb Ovarian Failure in Lupus

BY MICHELE G. SULLIVAN
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