

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



European Association of Urology



Letter to the Editor

Re: Christopher R. Chapple, Francesco Montorsi, Teuvo L.J. Tammela, et al. Silodosin Therapy for Lower Urinary Tract Symptoms in Men with Suspected Benign Prostatic Hyperplasia: Results of an International, Randomized, Double-Blind, Placebo- and Active-Controlled Clinical Trial Performed in Europe. Eur Urol 2011;59:342–52

It is interesting to learn that silodosin and tamsulosin shared comparable effects on lower urinary tract symptoms in men [1]. The authors are to be admired for conducting such a large-scale multicenter randomized controlled trial. However, some points need further clarification.

Because the enrollment criterion was peak flow rate (Q_{max}) between 4 and 15 ml/s, the range of Q_{max} of the enrolled patients should not be 4–28.3 ml/s and 4–20.8 for the silodosin and tamsulosin groups, respectively (Table 1 [1]). We think the authors need to clarify the wide range of baseline Q_{max} .

One of the key observations is the change in Q_{max} , and the authors defined those with a 30% increase of Q_{max} as responders. It would be interesting to know how many patients had such an increase in Q_{max} during the washout period. Because Q_{max} depends on voided volume [2,3], the increase in Q_{max} in both the treatment and placebo groups may be secondary to the increase in voided volume rather than improvement of bladder outlet obstruction. Many experts suggest that a voided volume of ≥ 150 ml is adequate for interpretation of uroflowmetry, including Q_{max} [2,4]. It is unclear why the authors chose a smaller volume of 125 ml. Was the increase in Q_{max} in the placebo group just secondary to the increase in voided volume?

Finally, we doubt that the heterogeneity of the patients due to inadequate screening of uroflowmetry may account for the relatively higher responder rate (50.8% responder rate for International Prostate Symptom Score and 40.5%

responder rate for Q_{max}) in the placebo group compared with historical series [5].

Conflicts of interest: The authors have nothing to disclose.

References

- [1] Chapple CR, Montorsi F, Tammela TLJ, Wirth M, Koldewijn E, Fernández Fernández E, on behalf of the European Silodosin Study Group. Silodosin therapy for lower urinary tract symptoms in men with suspected benign prostatic hyperplasia: results of an international, randomized, double-blind, placebo- and active-controlled clinical trial performed in Europe. *Eur Urol* 2011;59:342–52.
- [2] Drach GW, Layton TN, Binard WJ. Male peak urinary flow rate: relationships to volume voided and age. *J Urol* 1979;122:210–4.
- [3] Yang SS, Chang SJ. The effects of bladder over distention on voiding function in kindergarteners. *J Urol* 2008;180:2177–82.
- [4] Drach GW, Steinbronn DV. Clinical evaluation of patients with prostatic obstruction: correlation of flow rates with voided, residual or total bladder volume. *J Urol* 1986;135:737–40.
- [5] Schagen van Leeuwen JH, Castro R, Busse M, Bemelmans BLH. The placebo effect in the pharmacologic treatment of patients with lower urinary tract symptoms. *Eur Urol* 2006;50:440–53.

Stephen Shei-Dei Yang
Shang-Jen Chang*

Division of Urology, Buddhist Tzu Chi General Hospital,
Taipei Branch, Taipei Taiwan, and Medical College of
Buddhist Tzu Chi University, Hualien, Taiwan

*Corresponding author. #289, Chienkuo Road, 16F, Division of Urology,
Buddhist Tzu Chi General Hospital, Taipei Branch,
Xindian, Taipei, Taiwan. Tel. +886 2 6628 9779x2241;
Fax: +886 2 6628 9009
E-mail address: p98842007@ntu.edu.tw (S.-J. Chang)

April 22, 2011

Published online on May 6, 2011