

A bold enterprise – The final chapter

Robert Kalina, Publisher

Pulsus Group has enjoyed 20 years of new beginnings and new journals. It is always exciting and rewarding to start up a new publication, however, a disappointing reality check when new ventures do not fare well.

The title of my Letter from the Publisher in the premiere issue of *Journal of Sexual & Reproductive Medicine* was "The beginning of an enterprise...". I quoted The Canadian Oxford Dictionary's definition of 'enterprise': "an undertaking, especially a bold or difficult one" (1). It aptly described what we were about to undertake. Little did we realize just how difficult this venture would turn out to be.

Sexual Medicine is a relatively new field and we have learned that there is not as much material written on this topic as there is in other, more established, disciplines. Also, we were not able to transmit our enthusiasm to Canadian researchers and authors enough to compensate for this shortage of material. The painful result is that the number of papers submitted to the *Journal* were not sufficient to sustain it.

Although it is disheartening to see the *Journal* cease publishing, it served a useful role through a time where the specialty of Sexual Medicine evolved to a new level. We are extremely grateful to the editorial board members, authors, committed readers and pharmaceutical companies that chose to support the publication. Our greatest thanks go to Dr Richard Casey for taking on the challenging role of Editor-in-Chief.

The enterprise of publishing peer review medical journals is both "bold" and "difficult"; however, we are not giving up the hope that one day this publication may be reincarnated, perhaps in another form, at another time.

Please enjoy this last issue of the *Journal*...our final chapter.

REFERENCE

1. Barr K, ed. The Canadian Oxford Dictionary, Toronto: Oxford University Press, 1998.

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COMMENTARY

Window of opportunity...

Richard W Casey MD FRCS Urology, *Editor-in-Chief*

The erectile dysfunction (ED) market now has three acceptable oral therapies available that improve erectile function. Each agent, having different specificities and pharmacokinetic profiles, provides unique opportunities to our patients. At least, that is what the promotional materials would like us to believe. Let us explore the practicality of the different properties of these agents and what they mean to our patients. Much like in the auto industry, will consumers be purchasing (and paying dearly for) unnecessary options when all we need is basic transportation?

Men with ED have lost an activity that can contribute significantly to the quality of life for themselves and their partners. Not all men with ED require a return to function and they develop coping mechanisms and sexual techniques which allow them to function and enjoy a nonpenetrative world. Those who wish a return to function have a number of treatments available, each with unique properties. How will a physician choose which agent is most appropriate and provide sound advice to patients, outside the marketing spin of the pharmaceutical industry?

Sildenafil, the first effective oral agent, has shown its effectiveness in a majority of patients. Side effects are mild and tolerable in most instances. Patients need to plan sexual activity because the 'window of opportunity' is between 15 min and approximately 4 h. Refill rates are about 50%.

Vardenafil, a new agent, is similar to sildenafil in structure and clinical effect. Side effects are mild and tolerable. Patients need to plan sexual activity because the 'window of opportunity' is between 15 min and 4 h. It appears that gastric absorption of vardenafil is less affected by food.

Tadalafil, a new agent in the same class as sildenafil, has also demonstrated effectiveness in a majority of patients tested in Phase III trials. Side effects are mild and tolerable in most instances. Patients have less need to plan sexual activity because the 'window of opportunity' is between 30 min and 36 h.

Until we have head-to-head trials, it is impossible to determine which, if any, of these drugs produces a superior response and provides our patients with an improved quality of life index.

It is a novel concept to see in print, 'window of opportunity'. As a man, I have definite thoughts about what a window of opportunity means when discussing sexual activity with my partner. Easily defined, it represents the time period during which my partner is amenable to sexual activity. It is difficult to determine when this period may occur, because after 20 years of marriage I still cannot predict it more than 1 h in advance, and a majority of my patients would be loathe to spend \$15 today with the expectation of sexual activity tomorrow.

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