

*Nature Reviews Urology* **11**, 607 (2014); published online 16 September 2014;  
 doi:10.1038/nrurol.2014.254;  
 doi:10.1038/nrurol.2014.255;  
 doi:10.1038/nrurol.2014.256;  
 doi:10.1038/nrurol.2014.257

## IN BRIEF

### PROSTATE CANCER

#### **NANOG implicated in proliferation**

New research in LNCaP cells has confirmed that the ligand-bound androgen receptor (AR) interacts with the *NANOG* promoter. Homeobox protein *NANOG* is a transcriptional regulator that imparts pluripotency to embryonic stem cells and has been shown to increase the stemness of prostate cancer cells. Indeed, AR signalling led to upregulated *NANOG* mRNA and increased cell proliferation. However, this effect did not translate to increased resistance to either enzalutamide or docetaxel treatment, which raises questions regarding the role of increased stemness in prostate cancer progression.

**Original article** Kregel, S. *et al.* The pluripotency factor *nanog* is directly upregulated by the androgen receptor in prostate cancer cells. *Prostate* doi:10.1002/pros.22870

### URINARY INCONTINENCE

#### **The one-half 'rules' for sling surgery**

A new study in 123 women with stress urinary incontinence has examined the effect on urinary outcomes of incision location in sling surgery, showing that the one-half rule for calculating the incision point is superior to the one-third incision. Patients received the transobturator tape (TOT) with the incisions at either one-third the sonographically measured urethral length (comparable to a retropubic approach) or at one-half this length (more proximal). The cure rates were higher for the one-half group (83.6%) than the one-third group (62.9%) and this effect was enhanced in women with normal urethral motility.

**Original article** Viereck, V. *et al.* Do different vaginal tapes need different suburethral incisions? The one-half rule. *NeuroUrol. Urodyn.* doi:10.1002/nau.22658

### BLADDER CANCER

#### **Continent cutaneous urinary diversion: functional and safe**

A study comparing continent cutaneous urinary diversion (CCUD), orthotopic bladder substitute (OBS) and ileal conduits in patients undergoing cystectomy has shown CCUD to be associated with good functional outcomes. After a median follow-up duration of 36 months, 89% of patients who received CCUD were continent. Furthermore, the complication rates of CCUD were comparable to those of OBS and ileal conduits, suggesting this technique could be an alternative option for patients requiring cystectomy.

**Original article** Al Hussein Al Awamlh, B. *et al.* Is continent cutaneous urinary diversion a suitable alternative to orthotopic bladder substitute and ileal conduit after cystectomy? *BJU Int.* doi:10.1111/bju.12919

### BLADDER CANCER

#### **Radical trimodal therapy as an alternative to cystectomy**

For patients with locally advanced bladder cancer (T3b–T4 or N+ and M0) who are unfit or unwilling to undergo cystectomy, new research from a single centre has shown radical trimodal therapy can offer a survival benefit. Comprising tumour resection, platinum-based chemotherapy and radiotherapy, trimodal therapy was associated with 5-year and 10-year overall survival of 30% and 17%, respectively. These results require validation in a controlled study.

**Original article** Baxter, B. *et al.* Radical trimodality therapy for patients with locally advanced bladder cancer: The British Columbia Cancer Agency experience1?> *Urol. Oncol.* doi:10.1016/j.urolonc.2014.07.009