Nature Reviews Urology **12**, 418 (2015); published online 21 July 2015; doi:10.1038/nrurol.2015.177; doi:10.1038/nrurol.2015.178; doi:10.1038/nrurol.2015.179; doi:10.1038/nrurol.2015.180

IN BRIEF

INFECTION

Risk factors for infection after urodynamic evaluation

A new study has investigated risk factors for infectious complications after urodynamic evaluation in women. Nóbrega and co-workers followed up 232 women who underwent urodynamic studies and reported that the rate of infectious complications was low. They found that advanced pelvic organ prolapse and hypothyroidism were associated with an increased risk of bacteriuria, and that BMI >30 was associated with an increased risk of bacteriuria and UTI.

Original article Nóbrega, M. M. et al. Bacteriuria and urinary tract infection after female urodynamic studies: risk factors and microbiological analysis. *Am. J. Infect. Control.* doi:10.1016/j.ajic.2015.05.031

PROSTATE CANCER

Abiraterone in elderly patients with CRPC

Abiraterone acetate seems to be effective and well tolerated in elderly patients with metastatic, castration-resistant prostate cancer, according to interim findings from the randomized, controlled COU-AA-302 trial. In both elderly (≥75 years) and younger (<75 years) patients, abiraterone acetate was associated with improved overall survival and progression-free survival compared with treatment with placebo. Rates of treatment interruptions and dose reductions as a result of adverse events were low in both age groups. The authors state that abiraterone might be useful in older patients unable to tolerate other, more toxic therapies.

Original article Smith, M. R. et al. Efficacy and safety of abiraterone acetate in elderly (≥75 years) chemotherapy-naïve patients with metastatic castration-resistant prostate cancer. J. Urol. doi:10.1016/j.juro.2015.07.004

KIDNEY CANCER

New prognostic scoring system in ccRCC

A novel scoring system that uses preoperative serum albumin concentration and lymphocyte-to-monocyte ratio has shown prognostic usefulness in patients with clear cell renal cell carcinoma (ccRCC) undergoing surgery. Chang *et al.* developed the systemic inflammation score (SIS) and tested it in 441 patients with ccRCC who were undergoing nephrectomy. A high SIS was associated with aggressive tumour phenotypes such as advanced stage, high Fuhrman grade, large size, necrosis and lymphovascular invasion; in addition, a high SIS was shown to be an independent predictor of reduced overall survival.

Original article Chang, Y. et al. Systemic inflammation score predicts postoperative prognosis of patients with clear-cell renal cell carcinoma. Br. J. Cancer doi:10.1038/bjc.2015.241

UROTHELIAL CARCINOMA

Validation of prognostic models for urothelial carcinoma

Taguchi and co-workers have validated three major prognostic models—the Bajorin model, the Apolo model and the Galsky model—in 200 "real-world" patients with metastatic urothelial carcinoma at different institutions. They found that all of the models showed good validity, with high concordance indices, in this patient population, in whom median survival was only 12 months.

Original article Taguchi, S. *et al.* Validation of major prognostic models for metastatic urothelial carcinoma using a multi-institutional cohort of the real world. *World J. Urol.* doi:10.1007/s00345-015-1631-3