

## IN BRIEF

**URINARY INCONTINENCE****PMC lesions correlate with LUTS in MS**

Lower urinary tract symptoms (LUTS) such as urgency incontinence are a common problem in patients with multiple sclerosis (MS), and can seriously affect the quality of life of these patients. Now, data from a prospective study shows that, in patients with MS who have lesions of the pontine micturition centre (PMC), a greater lesion diameter is positively correlated with weak urinary stream, and urgency incontinence as confirmed using symptom-specific questionnaires. These data suggest that a patient's individual CNS lesion characteristics could be used to predict LUT symptoms.

**ORIGINAL ARTICLE** Weissbart, S. J. et al. The impact of pontine disease on lower urinary tract symptoms in patients with multiple sclerosis. *NeuroUrol. Urodyn.* <http://dx.doi.org/10.1002/nau.22953> (2016)

**KIDNEY CANCER****Atezolizumab: well-tolerated for mRCC**

Data from a phase I study of the safety and clinical activity of the anti-PD-L1 monoclonal antibody atezolizumab in patients with metastatic renal cell carcinoma (mRCC) indicate that atezolizumab is well tolerated: only 17% of patients had any adverse events, of which, only 4% had immune-mediated events of grade  $\leq 3$ . No grade 4 or 5 adverse events were reported. 22% of patients had an objective response to treatment, and patients had a median overall survival of 28.9 months. These data indicate a need for further testing of atezolizumab in patients with mRCC.

**ORIGINAL ARTICLE** McDermott, D. F. et al. Atezolizumab, an anti-programmed death-ligand 1 antibody, in metastatic renal cell carcinoma: long-term safety, clinical activity, and immune correlates from a phase Ia study. *J. Clin. Oncol.* <http://dx.doi.org/10.1200/JCO.2015.63.7421> (2016)

**BLADDER CANCER****Novel chemotherapy triplet for advanced UC**

Activation of the mTOR pathway occurs in a substantial number of advanced-stage urothelial carcinomas; for this reason, a phase I study was conducted in patients with advanced-stage tumours to investigate the combination of the mTOR inhibitor everolimus with gemcitabine and split-dose cisplatin. Treatment with this combination resulted in haematological toxicities at the lowest dose in one of three patients during the first treatment cycle, and in all patients receiving a moderate dose of everolimus. This rapid emergence of haematological toxicities precludes further use of this treatment regimen.

**ORIGINAL ARTICLE** Abida, W. et al. Phase I study of everolimus in combination with gemcitabine and split-dose cisplatin in advanced urothelial carcinoma. *Bladder Cancer* <http://dx.doi.org/10.3233/BLC-150038> (2016)

**KIDNEY CANCER****Laparoscopic nephrectomy as outpatient surgery?**

Refinements in nephrectomy procedures have dramatically improved the safety of these procedures. Data from a prospective study of 140 patients with kidney cancer confirm that laparoscopic nephrectomy can be safely conducted as an outpatient surgery in selected patients. Exclusion criteria for outpatient surgery included planned partial nephrectomy, a lack of adequate support at home, advanced age or the presence of substantial comorbidities. Of the 46 patients who received an early discharge following laparoscopic nephrectomy, none required readmission to hospital.

**ORIGINAL ARTICLE** Azawi, N. H. et al. Laparoscopic nephrectomy as outpatient surgery. *J. Urol.* <http://dx.doi.org/10.1016/j.juro.2015.12.088> (2016)