

The study was relatively short and was not powered to detect differences in the frequency of fractures. While acknowledging these limitations, the authors conclude that once-weekly treatment with alendronate prevents bone loss and substantially increases bone mass in addition to decreasing bone turnover in men with prostate cancer receiving ADT. They caution that, given the high incidence of osteoporosis and low bone mass in men with prostate cancer, skeletal integrity should be assessed and managed in these patients.

Original article Greenspan SL *et al.* (2007) Effect of once-weekly oral alendronate on bone loss in men receiving androgen deprivation therapy for prostate cancer: a randomized trial. *Ann Intern Med* **146**: 416–424

α -Blocker treatment promotes ureteral stone expulsion

Urolithiasis is usually treated with the expensive procedures shock-wave lithotripsy and ureteroscopy. Recent trials have suggested that α -blockers can cause selective relaxation of ureteral smooth muscle and consequently spontaneous distal ureteral stone expulsion.

A meta-analysis of randomized clinical trials of α -blocker therapy performed by Parsons *et al.* has demonstrated that α -blocker therapy does significantly increase the incidence of distal ureteral stone expulsion ($P < 0.001$). The authors performed their analysis by conducting separate searches of 4 different databases. Overall stone expulsion rate was the primary outcome, and only patients with stones or fragments located in the distal part of the ureter were included. The search results provided 11 studies that met the criteria for analysis, a total of 911 patients.

Patients who were treated with the α -blocker tamsulosin (0.4 mg), terazosin (5 mg), or doxazosin (4 mg), daily for a mean of 24 days, were 44% more likely to expel ureteral stones than patients who received fluid and pain control therapy alone ($P < 0.001$). Subgroup analyses established that α -blocker type, previous treatment with shock-wave lithotripsy, stone size and concomitant corticosteroid use did not significantly alter the positive effect of α -blockers on stone expulsion.

The authors conclude that treatment with α -blockers results in significantly increased rates of expulsion of ureteral stones.

Publication bias, resulting in overestimation of the effect of treatment, could be a potential limitation of the study.

Original article Parsons JK *et al.* (2007) Efficacy of α -blockers for the treatment of ureteral stones. *J Urol* **177**: 983–987

Modified RPLND templates can miss residual testicular cancer

Retroperitoneal lymph node dissection (RPLND) is an effective diagnostic and therapeutic procedure for low-stage, nonseminomatous germ cell tumor (NSGCT) of the testis. Various modified dissection templates have been developed that limit contralateral dissection to minimize rates of retrograde ejaculation associated with the procedure; however, there is a lack of data on postoperative recurrence of disease in sites outside these modified templates. Eggener *et al.* have used anatomical disease mapping to determine the incidence of NSGCT metastases outside five different modified RPLND templates.

A cohort of 500 men with clinical stage I–IIA NSGCT underwent RPLND with therapeutic intent. Anatomically labeled lymph-node samples were submitted for pathological analysis. Median follow-up after RPLND was 54 months. In the 191 patients who had pathological stage II disease, the incidence of disease in sites outside the template was 3–23%, depending on the template used. Anatomical mapping showed that if three additional regions of the right-side template (para-aortic, preaortic and right common iliac region) had been dissected, the incidence of disease outside the template could have been reduced to 2%. For the left-side template, if four additional regions (interoaortocaval, pre-caval, paracaval and left common iliac) had been dissected, incidence of disease outside the template could have been reduced to 3%.

To meet the dual aims of cancer control and minimization of retrograde ejaculation, the authors advocate the use of infrahililar nerve-sparing RPLND templates.

Original article Eggener SE *et al.* (2007) Incidence of disease outside modified retroperitoneal lymph node dissection templates in clinical stage I or IIA nonseminomatous germ cell testicular cancer. *J Urol* **177**: 937–943