

## PROSTATE CANCER

Olfactory detection of prostate cancer by dogs sniffing urine: a step forward in early diagnosis

Comu, J.-N. *et al. Eur. Urol.* doi:10.1016/j.eururo.2010.10.006

Double-blind testing of a Belgian Malinois shepherd trained to discriminate between the urine of controls and prostate cancer patients has yielded a sensitivity and specificity of 91%. Operant conditioning using a 'clicker' was used during the 2-year training period. In the testing phase, 31 of 33 biopsy-proven cases were correctly identified by the dog, including one case that had been missed on initial biopsy.

## PROSTATE CANCER

Cardiovascular safety of degarelix: results from a 12-month, comparative, randomized, open label, parallel group phase III trial in patients with prostate cancer

Smith, M. R. *et al. J. Urol.* doi:10.1016/j.juro.2010.08.012

The cardiovascular safety profile of the new gonadotropin-releasing hormone antagonist degarelix does not differ markedly from that of its counterpart leuprolide acetate. Analysis of data collected during a 1-year head-to-head trial of the two drugs detected no difference in the frequency of cardiovascular adverse events. Abnormal values for Fridericia's correction of QT, arrhythmias and ischemic heart disease were rare in both groups.

## PROSTATE CANCER

A competing-risks analysis of survival after alternative treatment modalities for prostate cancer patients: 1988–2006

Abdollah, F. *et al. Eur. Urol.* doi:10.1016/j.eururo.2010.10.003

Analysis of data from 17 SEER registries has shown that radical prostatectomy is associated with the best chance of survival among men with clinically localized prostate cancer ( $n=404,604$ ). Radiation therapy was as effective as prostatectomy for men aged 70–79 years, and was associated with the best outcomes among men aged 80 years or more. Mortality was highest among patients who were managed using observation.

## PALLIATIVE CARE

Hospice use and high-intensity care in men dying of prostate cancer

Bergman, J. *et al. Arch. Intern. Med.* doi:10.1001/archinternmed.2010.394

Analysis of SEER data from almost 15,000 men with terminal prostate cancer has shown that just over half availed themselves of hospice care. Those who used hospice services were less likely to visit the emergency room, be admitted to intensive care, and require inpatient admission. Median duration of hospice use was 24 days, indicating that the timing of hospice referral remains suboptimal.