

## IN BRIEF

## PROSTATE CANCER

T2-weighted and diffusion-weighted MRI can reliably distinguish prostate tumors from hemorrhagic areas created during biopsy. Two observers determined T2 signal intensities and apparent diffusion coefficients for different sections of the peripheral zone of 45 men with prostate cancer. Both parameters were significantly lower for cancerous tissue relative to benign hemorrhagic and nonhemorrhagic areas (tumor patterns determined after prostatectomies were the reference).

**Original article** Rosenkrantz, A. B. *et al.* Prostate cancer vs. post-biopsy hemorrhage: diagnosis with T2- and diffusion-weighted imaging. *J. Magn. Reson. Imaging* **31**, 1387–1394 (2010)

## PROSTATE CANCER

A modeling study using data from the UK population-based ProtecT trial and the ERSPC-Rotterdam study has generated estimates of the progressive potential of screen-detected prostate cancers. The Gleason score of approximately 20%, 30% and 65% of tumors identified following PSA-based screening of men aged 55–59 years, 60–64 years and 65–69 years, respectively, can be expected to increase in the preclinical phase.

**Original article** Pashayan, N. *et al.* PSA-detected prostate cancer and the potential for dedifferentiation—estimating the proportion capable of progression. *Int. J. Cancer* doi:10.1002/ijc.25471

## TESTICULAR CANCER

One-tenth of men whose testicular cancer has been treated chemotherapeutically have symptoms of peripheral neuropathy or Raynaud phenomenon at long-term follow-up. In a cross-sectional study of more than 700 patients treated between 1982 and 1992, cumulative doses of cisplatin and carboplatin were shown to be associated with peripheral neuropathy, and bleomycin with Raynaud phenomenon. The incidence of asymptomatic high-frequency auditory deficits was higher among men who received cisplatin or vincristine.

**Original article** Glendenning, J. L. *et al.* Long-term neurologic and peripheral vascular toxicity after chemotherapy treatment of testicular cancer. *Cancer* **116**, 2322–2331 (2010)

## IMAGING

A significant proportion of follow-up imaging studies recommended by radiologists are not ordered by urologists. The radiology reports of almost 1,000 patients were retrospectively reviewed by a team in the USA. The interpreting radiologist indicated that follow-up studies (CT, MRI, ultrasonography or excretory urography) would be needed for 20% of patients; only one-third of these studies were ordered. Conversely, the urologist ordered follow-up imaging for 11% of patients in the absence of a radiologist's recommendation.

**Original article** Cho, J. S. *et al.* Followup imaging after urological imaging studies: comparison of radiologist recommendation and urologist practice. *J. Urol.* doi:10.1016/j.juro.2010.03.016