

PROSTATE CANCER

Diffusion-weighted MRI for monitoring prostate cancer progression in patients managed by active surveillance

Morgan, V.A. *et al. Br. J. Radiol.* **84**, 31–37 (2011)

Diffusion-weighted MRI (DW-MRI) could be used to monitor patients with early-stage prostate cancer who opt for active surveillance. 50 men were imaged using T2-weighted and echo-planar DW-MRI, and regions of interest were drawn on apparent diffusion coefficient (ADC) maps with reference to the T2 images. Size of ADC regions in the whole prostate and tumor significantly reduced over time in patients whose tumors progressed, compared to no change in nonprogressors.

PROSTATE CANCER

Pelvic anatomy on preoperative MRI can predict early continence after robot-assisted radical prostatectomy

Mendoza, P.J. *et al. J. Endourol.* **25**, 51–55 (2011)

Development of incontinence soon after robotic prostatectomy can be predicted by the appearance of the patient's anatomy on MRI. Urethral length and prostate size of men who were scheduled for robotic prostatectomy were imaged using MRI, and time to urinary continence measured postoperatively. Patients with a greater urethral length were more likely to have achieved continence at all time points postoperatively, whereas a larger prostate was associated with a longer time to achieve continence.

PAIN

Impact of patient's self-viewing of flexible cystoscopy on pain using a visual analog scale in a randomized controlled trial

Kashifuddin, Q. *et al. Urology* **77**, 21–23 (2011)

Patients who watch their cystoscopy on-screen find the procedure less painful than those who do not, according to a study published in *Urology*. In a randomized controlled trial of 76 patients undergoing cystoscopy, those who watched their cystoscopy on a video monitor reported significantly lower pain scores than those who did not.

STONES

A prospective randomized trial comparing the modified HM3 with the MODULITH SLX-F2 lithotripter

Zehnder, P. *et al. Eur. Urol.* doi:10.1016/j.eururo.2011.01.026

In a prospective study of over 800 patients, the HM3 lithotripter has been shown to be superior to its MODULITH counterpart. Patients treated with the HM3 required fewer shock waves, and stone-free rates for solitary ureteral stones and multiple stones at any location were higher than in those treated with MODULITH. Patients treated with the HM3 required fewer secondary sessions and had fewer renal hematomas.