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IN BRIEF

PROSTATE CANCER

Choice of treatment for coexisting diabetes affects survival

A new study has shown that patients with coexisting type 2 diabetes mellitus and prostate cancer had significantly improved overall survival if they received thiazolidinediones (Kaplan–Meier log-rank, $P=0.005$) or metformin ($P=0.035$) but not if they received insulin or an insulin secretagog for their diabetes. Antidiabetic therapy in these patients could, therefore, be tailored to improve their survival.

Original article He, X.-X. *et al.* Thiazolidinediones and metformin associated with improved survival of diabetic prostate cancer patients. *Ann. Oncol.* 22, 2640–2645 (2011)

BLADDER CANCER

Long-term screening is recommended after BCG

Cystoscopy follow-up should be conducted for around 10–15 tumor-free years after BCG treatment, according to a new retrospective study. Based on data from 542 patients, the risk of recurrence after 10 years and 15 years was 12.5% and 20.5%, respectively. Additionally, recurrences were 8.5 times more common after a tumor-free period of 5 years for patients who had recurrent tumors before BCG treatment.

Original article Holmdän, S. & Ströck, V. Should follow-up cystoscopy in Bacillus Calmette–Guérin-treated patients continue after five tumour-free years? *Eur. Oncol.* doi:10.1016/j.eururo.2011.11.011

BIOMARKERS

Treat constipation before measuring PSA levels

Constipation has been identified as a factor that affects PSA levels in men. Bayraktar *et al.* showed that serum total PSA levels were significantly higher in constipated patients ($n=136$) compared to control patients ($n=45$) (2.29 ± 1.29 ng/ml versus 1.28 ± 0.86 ng/ml, $P<0.0001$). After treating constipation, this difference was no longer significant. Constipation should be treated before a PSA measurement is obtained, and should be considered in patients with borderline high serum PSA.

Original article Bayraktar, Z. *et al.* Effect of constipation on serum total prostate-specific antigen levels in men. *Int. J. Urol.* doi:10.1111/j.1442-2042.2011.02882.x

BLADDER CANCER

A new preoperative staging score for lymph node status emerges

A new clinical nodal staging score (cNSS) has been designed to help determine the minimum number of lymph nodes to remove at radical cystectomy in order to ensure true nodal status in patients with refractory non-muscle-invasive and muscle-invasive bladder cancer. Shariat *et al.* devised the system based on retrospective data from over 4,000 patients across 12 centers. The cNSS provides the probability that a pathologic N0 status is accurate as a function of the number of nodes examined. For example, in a patient with stage cT2 cancer, the cNSS predicts a >90% probability of determining true nodal status if 25 lymph nodes are removed.

Original article Shariat, S. F. *et al.* Clinical nodal staging scores for bladder cancer: a proposal for preoperative risk assessment. *Eur. Urol.* doi:10.1016/j.eururo.2011.10.011