IN BRIEF

ANDROLOGY

Endocrine regulation of male fertility by the skeleton

Oury, F. *et al. Cell* **144**, 1–14 (2011)

A US–Canadian team has published the first evidence supporting a role for the skeleton in endocrine regulation of male reproduction. Their study showed that the osteoblast-derived hormone osteocalcin can trigger testosterone production by the testes (but not estrogen synthesis in the ovaries). Osteocalcin exerts this effect in a CREB-dependent manner after binding to G-protein-coupled receptors in Leydig cells.

SEXUAL DYSFUNCTION

Long-term infection rates in diabetic patients implanted with antibiotic-impregnated versus nonimpregnated inflatable penile prostheses: 7-year outcomes

Mulcahy, J. J. & Carson, C. C. *Eur. Urol.* doi:10.1016/j.eururo.2011.01.046

The use of antibiotic-coated three-piece inflatable penile prostheses is associated with fewer serious infections in men with diabetes in the long term. The incidence of infection-related revision procedures was significantly lower at 7 years in the 6,071-strong cohort implanted with minocycline/rifampin-treated prostheses (1.6%, compared with 4.2% in the group who received nonimpregnated prostheses).

INCONTINENCE

Transcutaneous posterior tibial nerve stimulation for treatment of the overactive bladder syndrome in multiple sclerosis: results of a multicenter prospective study

de Sèze, M. *et al. Neurourol. Urodyn.* doi:10.1002/nau.20958

Daily 20-min sessions of transcutaneous posterior tibial nerve stimulation can markedly improve symptoms of overactive bladder in a majority of patients with multiple sclerosis. The noninvasive procedure was tested in 70 patients, 83% of whom reported clinical improvement after 1 month of intervention. This improvement was maintained throughout the 3-month study period, with no evidence of adverse effects.

KIDNEY CANCER

Preoperative nutritional status is an important predictor of survival in patients undergoing surgery for renal cell carcinoma

Morgan, T. M. *et al. Eur. Urol.* doi:10.1016/j.eururo.2011.01.034

Clinicians should consider resolving nutritional deficits of patients with renal cell carcinoma prior to radical or partial nephrectomy. Todd Morgan and colleagues from Vanderbilt University Medical Center have shown that poor nutritional status (defined as BMI <18.5 kg/m^2, albumin <3.5 g/dl, or ≥5% preoperative weight loss) is associated with an increased risk of death (hazard ratio 2.4), regardless of tumor stage and grade, nodal status, age, comorbidity and preoperative anemia.

RESEARCH HIGHLIGHTS