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## IN BRIEF

### KIDNEY CANCER

#### Safety and efficacy of sunitinib in elderly patients

A multicentre study reviewed 68 patients (mean age 74 years) treated with sunitinib for metastatic renal cell cancer. Fatigue (81%), mucositis (62%) and hypertension (59%) were common. Cardiac events occurred in 9 patients and therapy was stopped early in 10 patients owing to rapidly progressive disease or severe toxicity. Overall, sunitinib was effective, but a lower starting dose escalated in the absence of toxicity should be recommended.

**Original article** Brunello, A. *et al.* Safety and efficacy of sunitinib in elderly patients ( $\geq 70$  years) with metastatic renal cell carcinoma: a multicenter study. *Ann. Oncol.* doi:10.1093/annonc/mds431

### SEXUAL DYSFUNCTION

#### Restoring glans sensation in men with spinal cord lesions

30 men with groin sensation but no penile sensation (owing to spina bifida or spinal cord injury) underwent the TOMAX procedure—microsurgical unilateral connection of the sensory ilioinguinal nerve to the dorsal nerve of the penis. 80% regained unilateral sensation to the glans, which was initially felt as ‘groin sensation’ but evolved into real glans sensation in 33%. These men described better sexual function and increased satisfaction and were also better able to manage their continence and hygiene. TOMAX should be used as a standard-of-care in such men.

**Original article** Overgoor, M. L. *et al.* Increased sexual health after restored genital sensation in male patients with spina bifida or a spinal cord injury: the TOMAX procedure. *J. Urol.* doi:10.1016/j.juro.2012.10.020

### KIDNEY CANCER

#### Single-surgeon robotic versus laparoscopic nephrectomy

A single-surgeon’s experience of robotic (RPN) versus laparoscopic partial nephrectomy (LPN) has been reported. Despite patients having RPN being more morbid with more-complex tumours, operative time, intraoperative and postoperative complications and positive margin rates were all lower in the RPN group. The better operative outcomes and lower morbidity suggest that RPN is likely to become the standard technique for partial nephrectomy.

**Original article** Khalifeh, A. *et al.* Comparative outcomes and assessment of “trifecta” in 500 robotic and laparoscopic partial nephrectomies: a single surgeon experience. *J. Urol.* doi:10.1016/j.juro.2012.10.021

### BPH

#### Monopolar and bipolar TURP: multicentre randomized trial

Short-term data suggest that bipolar transurethral resection of the prostate (B-TURP) is safer than the monopolar technique (M-TURP). Mid-term (36 months) safety comparisons have now been reported from a large trial. Safety was estimated by rates of urethral strictures and bladder neck contractures (BNCs). Efficacy was quantified by urodynamic changes from baseline and was similar between M-TURP and B-TURP: 10 urethral strictures were reported in each arm; 2 men receiving M-TURP and 8 receiving B-TURP experienced BNC. At one of the longest durations studied thus far, M-TURP and B-TURP are similar in terms of efficacy and safety.

**Original article** Khalifeh, A. *et al.* Midterm results from an international multicentre randomized controlled trial comparing bipolar with monopolar transurethral resection of the prostate. *Eur. Urol.* doi:10.1016/j.eururo.2012.10.003