Nature Reviews Urology **10**, 431 (2013); published online 11 June 2013;
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IN BRIEF

KIDNEY CANCER

Time to recurrence ≤ 4 years after surgery predicts survival

The time to recurrence (TTR) in 1,712 patients with renal cell carcinoma—who were treated with curative intent radical or partial nephrectomy—has been shown to be a significant predictive factor for cancer-specific survival. Alongside other known independent predictors of survival, such as tumour histology, early TTR was associated with reduced survival. The longer a patient remains disease-free, the better the prognosis. However, this effect plateaued at 4 years from surgery, after which TTR was shown not to influence cancer-specific survival.

Original article Brookman-May, S. D. *et al.* Time to recurrence is a significant predictor of cancer-specific survival after recurrence in patients with recurrent renal cell carcinoma—results from a comprehensive multi-centre database (CORONA/SATURN-Project). *BJU Int.* doi:10.1111/bju.12246

SEXUAL DYSFUNCTION

Penile rehabilitation with sildenafil: nightly or on demand?

A new study could not find a difference in erectile function 1 year after prostatectomy in men taking sildenafil either on demand or nightly. The 100 preoperatively potent men (<65 years in age) underwent nerve-sparing minimally invasive radical prostatectomy, and had similar international index of erectile function (IIEF) scores at baseline (before prostatectomy) and throughout the 13-month follow-up period. No differences in other relevant measures, including attempted intercourse frequency and confidence, could be determined.

Original article Pavlovich, C. P. *et al.* Nightly vs. on-demand sildenafil for penile rehabilitation after minimally-invasive nerve-sparing radical prostatectomy: results of a randomized double-blind trial with placebo. *BJU Int.* doi:10.1111/bju.12253

PROSTATE CANCER

Reduced cancer-specific mortality with regular screening

A new report from the European Randomized Study of Screening for Prostate Cancer (ERSPC) has shown that systematic, PSA-based screening reduced cancer-specific mortality by >30% in men aged 55–69 years, after a median follow-up duration of 12.8 years. In the study, >20,000 men were included in the screening arm (in which PSA testing was conducted every 4 years), with a comparable number in the noninterventional arm. Almost twice as many cancers were detected in the screening arm.

Original article Roobol, M. J. *et al.* Screening for prostate cancer: results of the Rotterdam section of the European Randomized Study of Screening for Prostate Cancer. *Eur. J. Urol.* doi:10.1016/j.eururo.2013.05.030

PAEDIATRICS

Videourodynamics less ionizing than VCUG

Videourodynamic assessment, which provides urodynamic parameters and anatomical visualization, exposes patients to lower effective doses of ionizing radiation than voiding cystourethrogram (VCUG), according to a study of 100 children. Radiation doses were calculated from documented dose metrics in an institutional database of patients with neurogenic bladder, anatomical abnormalities and non-neurogenic disorders. Effective dose increased by 0.048 mSv with each additional 10 s of fluoroscopy and was associated with bladder capacity and BMI.

Original article Hsi, R. S. *et al.* Effective and organ specific doses from videourodynamics in children. *J. Urol.* doi:10.1016/j.juro.2013.05.023