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IN BRIEF

INCONTINENCE

Incontinence more likely in men who serve in the military

A study of data from the US National Health and Nutrition Examination Surveys has shown an association between military service and urinary incontinence in men. Of the >5,000 male respondents of the survey, >1,200 reported having served in the US armed forces. These men were more likely to report any level of incontinence than men who did not serve. After adjusting for ethnicity, education, body mass index, prostate conditions (in men ≥ 40 years) and a range of other variables, the analysis showed that prior military service was associated with incontinence in men ≤ 55 years.

Original article Vaughan, C. P. *et al.* Military exposure and urinary incontinence among U.S. men. *J. Urol.* doi:10.1016/j.juro.2013.07.016

PROSTATE CANCER

Whole-blood cancer-specific transcript assay validated

Several prostate-cancer specific transcripts—*KLK3*, *KLK2*, *HOXB13*, *GRHL2* and *FOXA1*—can now be detected from the whole blood of men with metastatic castration-resistant prostate cancer using reverse transcription PCR. Researchers used the assay to detect ≥ 2 genes in 53% of the patients ($n = 97$). These genes were detected in 11 of 52 men with favourable (low) levels of circulating tumour cells, for whom prognostication is difficult. The transcripts also predicted overall survival in a combined model.

Original article Danila, D. C. *et al.* Analytic and clinical validation of a prostate cancer-enhanced messenger RNA detection assay in whole blood as a prognostic biomarker for survival. *Eur. Urol.* doi:10.1016/j.eururo.2013.07.006

BLADDER CANCER

Preoperative factors predict outcomes after cystectomy

A study of 1,964 patients who underwent radical cystectomy for bladder cancer has shown that low preoperative serum albumin (< 3.5 g/dl) and high preoperative American Society of Anesthesiologists (ASA) score (3 or 4) were associated with a high rate of complications 90 days postsurgery. Low albumin was also independently associated with recurrence-free survival, whereas high ASA score was associated with increased 90-day complication rate. These variables might have clinical importance when assessing patients for surgery.

Original article Djaladat, H. *et al.* The association of preoperative serum albumin level and American Society of Anesthesiologists (ASA) score on early complications and survival of patients undergoing radical cystectomy for urothelial bladder cancer. *BJU Int.* doi:10.1111/bju.12240

PROSTATE CANCER

Atrasentan does not improve survival in metastatic CRPC

A large phase III trial of atrasentan (an endothelin receptor antagonist) plus docetaxel ($n = 498$) has shown that the combination does not improve overall survival or progression-free survival (PFS) compared with docetaxel alone ($n = 496$) in men with castration-resistant prostate cancer (CRPC) and bone metastases. The trial was halted early after a planned interim analysis failed to reveal a difference between the two groups. Median PFS was 9.2 months in the atrasentan group and 9.1 months in the control arm ($P = 0.81$).

Original article Quinn, D. I. *et al.* Docetaxel and atrasentan versus docetaxel and placebo for men with advanced castration-resistant prostate cancer (SWOG S0421): a randomised phase 3 trial. *Lancet Oncol.* doi:10.1016/S1470-2045(13)70294-8