Nature Reviews Urology **10**, 126 (2013); published online 12 February 2013;
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IN BRIEF

SEXUAL DYSFUNCTION

Folic acid improves ED in men with diabetes mellitus

A small clinical trial ($n=83$) has found that folic acid given in combination with tadalafil significantly improved erectile dysfunction (ED)—assessed using the International Index of Erectile Function (IIEF) score—in men with type 2 diabetes mellitus. The improvement in the IIEF scores in men given folic acid (5 mg daily) with tadalafil (10 mg every other day) were better than the improvement in men given tadalafil and placebo. The men in the experimental group also had higher IIEF scores than those in the control arm.

Original article Madani, A. H. *et al.* Assessment of the efficacy of combination therapy with folic acid and tadalafil of the management of erectile dysfunction in men with type 2 diabetes mellitus. *J. Sex. Med.* doi:10.1111/jsm.12047

PROSTATE CANCER

β -blocker use associated with lower mortality

An observational study in Norway of 3,651 men with high-risk or metastatic prostate cancer has demonstrated an association with β -blocker use and reduced cancer-specific mortality (adjusted HR 0.79, 95% CI 0.68–0.91, $P=0.001$). This reduced mortality was evident after a follow-up period of 39 months and was not associated with the use of statins or aspirin. Additional studies are needed to confirm the association and determine any additional benefits of β -blocker use in these patients.

Original article Grytli, H. H. *et al.* Association between use of β -blockers and prostate cancer-specific survival: a cohort study of 3561 prostate cancer patients with high-risk or metastatic disease. *Eur. Urol.* doi:10.1016/j.eururo.2013.01.007

STONES

Nomogram for success of percutaneous nephrolithotomy

Data from 96 centres around the world has been used to develop a nomogram to predict treatment success after percutaneous nephrolithotomy. Success was defined by the stone-free status in patients, and was evaluated using abdominal radiography. Stone burden was found to be the strongest predictor of the stone-free rate, but other factors such as prior stone treatment and stone location also influenced the success of the surgery. The nomogram had an area under the curve of 0.76.

Original article Smith, A. *et al.* A nephrolithometric nomogram for predicting treatment success in percutaneous nephrolithotomy. *J. Urol.* doi:10.1016/j.juro.2013.01.047

PROSTATE CANCER

HIFU safe for men with localized prostate cancer

A retrospective study of 538 men who underwent high-intensity focused ultrasound (HIFU) treatment for localized prostate cancer has shown that the treatment is a good therapeutic option for men with a life expectancy of 10 years. The biochemical disease-free survival at 5 years was 81%, and was highest amongst men with low-risk and intermediate-risk disease. Metastatic disease was reported in 15% of high-risk patients after a mean follow-up duration of 8.1 years. HIFU should be weighed against the risk of adverse effects such as bladder outlet obstruction, which was experienced by 28% of patients in this study.

Original article Ganzer, R. *et al.* Fourteen-year oncological and functional outcomes of high-intensity focused ultrasound in localized prostate cancer. *BJU Int.* doi:10.1111/j.1464-410X.2012.11715.x