Nature Reviews Urology **10**, 187 (2013); published online 19 February 2013;
doi:10.1038/nrurol.2013.30;
doi:10.1038/nrurol.2013.31;
doi:10.1038/nrurol.2013.32;
doi:10.1038/nrurol.2013.33

IN BRIEF

PROSTATE CANCER

Zibotentan fails to improve outcomes in non-mCRPC trial

A phase III trial investigating the endothelin A receptor antagonist zibotentan in patients with nonmetastatic castration-resistant prostate cancer has been stopped early after interim analysis showed that it did not meet the criteria for continuation. No differences in overall or progression-free survival were observed between the zibotentan 10 mg and placebo-treated groups, and patients who received zibotentan had a >15% higher incidence of adverse effects including peripheral oedema, headache and nasal congestion.

Original article Miller, K. *et al.* Phase III, randomized, placebo-controlled study of once-daily oral zibotentan (ZD4054) in patients with non-metastatic castration-resistant prostate cancer. *Prostate Cancer Prostatic Dis.* doi:10.1038/pcan.2013.2

PROSTATE CANCER

ERG rearrangement associated with younger diagnosis

A recent study using immunohistochemistry in radical prostatectomy samples to determine ERG overexpression (ERG+), which is found in ~50% of prostate cancers, and association with other clinical parameters showed that ERG+ was associated with a younger age at diagnosis, low serum PSA and lower prostate volume. ERG+ was most frequent in men aged ≤55 years, suggesting that acceleration of tumour development owing to ERG+ results in earlier detection in younger men.

Original article Schaefer, G. *et al.* Distinct ERG rearrangement prevalence in prostate cancer: higher frequency in young age and in low PSA prostate cancer. *Prostate Cancer Prostatic Dis.* doi:10.1038/pcan.2013.4

KIDNEY CANCER

Risk of transfusion after nephrectomy

A retrospective study has investigated the factors influencing blood transfusion after nephrectomy in 10,902 patients. The overall transfusion rate was 18.1%—higher than that reported in the literature—with highest rate observed after open radical surgery and the lowest after laparoscopic partial nephrectomy (28.2% and 8.6%, respectively). Age, Charlson score, procedure, surgeon and hospital volume were all associated with transfusion rate.

Original article Vricella, G. J. *et al.* The true risk of blood transfusion after nephrectomy for renal masses: a population-based study. *BJU Int.* doi: 10.1111/j.1464-410X.2012.11721.x

KIDNEY CANCER

Neutrophil:lymphocyte ratio for RCC prognosis

A raised neutrophil–lymphocyte ratio (NLR), an indicator of systemic inflammatory response, is thought to have a negative effect on survival in patients with cancer. In a study of 678 patients with nonmetastatic clear cell renal cell carcinoma (ccRCC), increased NLR was an independent prognostic factor for overall survival, but not cancer-specific or metastasis-free survival, suggesting that it might better reflect a risk of death from other comorbidities and that addition of NLR to predictive models might improve their accuracy.

Original article Pichler, M. *et al.* Validation of the pre-treatment neutrophil–lymphocyte ratio as a prognostic factor in a large European cohort of renal cell carcinoma patients. *Br. J. Cancer* doi:10.1038/bjc.2013.28