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IN BRIEF

TESTICULAR CANCER

Extragenital germ cell tumour location and cause of death

Analysis of SEER data has revealed that men with extragenital germ cell tumours (GCTs) are more likely to die from cardiovascular disease or haematopoietic malignancy than those with gonadal GCTs. Mediastinal location was associated with higher risk of death owing to haematopoietic cancer (HR 8.84, 95% CI 3.16–24.0; $P < 0.0001$) or cardiovascular disease (HR 4.45, 95% CI 2.52–8.0; $P < 0.0001$), and nonmediastinal GCTs were linked to cardiovascular disorders (HR 2.75, 95% CI 1.67–4.51; $P < 0.0001$).

Original article Alane, S.R. *et al.* Long-term mortality in patients with germ cell tumors: Effect of primary cancer site on cause of death. *Urol. Oncol.* doi:10.1016/j.urolonc.2012.09.003.

PROSTATE CANCER

Exercise lowers risk for white men but not black men

In a prospective study of 307 American men with prostate cancer, participants were asked to report the amount of exercise they took per week, measured in metabolic equivalent hours. Total exercise time was no different between black and white men ($P = 0.12$), but adjusted logistic regression analysis revealed a race-specific association between hours of exercise and reduced risk of prostate cancer for white men only ($P = 0.04$).

Original article Singh, A. A. *et al.* Association between exercise and primary incidence of prostate cancer. *Cancer* doi:10.1002/cncr.27791.

BLADDER CANCER

Performance of urine cytology might be lower than expected

Researchers at McGill University Health Center in Montreal, Canada, assessed the sensitivity and specificity of urine cytology for detecting bladder cancer in 1,114 consecutive patients at their institution. After 2 years of follow-up monitoring, they found that cytology had a sensitivity of 10% for low-grade bladder cancer and 51% for high-grade disease and a specificity of 83–88%. The authors state this specificity is lower than previously reported and urge others to evaluate the performance of urine cytology at their own institutions.

Original article Yafi, F. A. *et al.* Is the performance of urinary cytology as high as reported historically? A contemporary analysis. *Urol. Oncol.* doi:10.1016/j.urolonc.2012.09.011

PROSTATE CANCER

Kamat definition is best measure of biochemical recurrence

Measuring biochemical failure with PSA might not be appropriate in the first 2 years after external beam radiation therapy (EBRT) and hormone therapy owing to the occurrence of PSA bounce. Although most of the methods used to define biochemical failure (American Society of Radiation Oncology, Vancouver and American Society of Radiation Oncology–Phoenix) do not take this into account, the Kamat definition does. Accordingly, a retrospective comparison of these methods for prediction of clinical outcome after EBRT and hormone therapy revealed that only the Kamat definition provided accurate prediction of clinical outcome.

Original article Vigna-Taglianti, R. *et al.* Reliability of prostate-specific antigen-marker in determining biochemical failure during the first 2 years after external beam radiation therapy and hormone therapy in patients with non-operated prostate cancer. *Urol. Oncol.* doi:10.1016/j.urolonc.2012.10.011