Nature Reviews Urology **11**, 302 (2014); published online 6 May 2014;
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IN BRIEF

PROSTATE CANCER

Assay to predict negative repeat biopsies validated

The DOCUMENT multicentre trial, involving 350 patients from five centres in the USA, has validated the role of an epigenetic test as an independent predictor of prostate cancer detection in a repeat biopsy collected, on average, 13 months after an initial negative result. Biopsies were epigenetically profiled for *GSTP1*, *APC*, and *RASSF1* relative to the *ACTB* reference gene using quantitative methylation-specific PCR. Upon correcting for age, PSA, DRE, histopathological characteristics of the first biopsy, and race, the test proved to be the most significant independent predictor of patient outcome, with an odds ratio of 2.69.

Original article Partin, A. W. *et al.* Clinical validation of an epigenetic assay to predict negative histopathological results in repeat prostate biopsies. *J. Urol.* doi:10.1016/j.juro.2014.04.013

BLADDER CANCER

Long-term oncological outcomes similar for RARC and ORC

In a recent study of 99 patients who underwent robot-assisted radical cystectomy (RARC) in 2005–2009 at the Roswell Park Cancer Institute, 5-year recurrence-free survival and overall survival rates (52.5% and 42.4%, respectively) were similar to those reported in the literature for open radical cystectomy (ORC). Survival outcomes for RARC were also dependent on the same oncological parameters as previously reported for open surgery, namely tumour stage, lymph node stage, and margin status.

Original article Johar Raza, S. *et al.* Oncologic outcomes following robot-assisted radical cystectomy with minimum 5-year follow-up: the Roswell Park Cancer Institute experience. *Eur. Urol.* doi:10.1016/j.eururo.2014.03.015

PROSTATE CANCER

High prevalence of screen-detected disease in Ghana

In a study designed to establish why African Americans have such high rates of prostate cancer, 1,037 healthy men from Ghana (who share genetic ancestry with African Americans but have very different lifestyles) were screened using PSA and DRE tests, followed by a transrectal-ultrasonography-guided biopsy in men with a positive DRE or PSA >2.5 ng/ml. The prevalence of prostate cancer in this population was high (7%), suggesting that genetics might have a greater role than lifestyle factors in the disparity between prostate cancer risk for black and white men living in the USA.

Original article Hsing, A. W. *et al.* High prevalence of screen-detected prostate cancer in West Africans: implications for racial disparity of prostate cancer. *J. Urol.* doi:10.1016/j.juro.2014.04.017

PROSTATE CANCER

Validated tool for predicting docetaxel response in CRPC

The Armstrong risk classification (ARC)—which classifies patients with castration-resistant prostate cancer (CRPC) into three groups (good, intermediate, and poor) according to their likelihood of responding to docetaxel—has been externally validated in a cohort of 78 Japanese men with CRPC. The good, intermediate, and poor groups according to the ARC included 51 (65%), 17 (22%), and 10 (13%) patients, respectively.

Original article Nakano, K. *et al.* External validation of risk classification in patients with docetaxel-treated castration-resistant prostate cancer. *BMC Urol.* doi:10.1186/1471-2490-14-31