Nature Reviews Urology **11**, 423 (2014); published online 15 July 2014;
doi:10.1038/nrurol.2014.176;
doi:10.1038/nrurol.2014.178;
doi:10.1038/nrurol.2014.177;
doi:10.1038/nrurol.2014.175

IN BRIEF

PROSTATE CANCER

Linked brachytherapy seeds to prevent migration

A newly published study has examined whether the use of intraoperatively built custom-linked (IBCL) seeds is beneficial over the use of loose seeds in men receiving prostate brachytherapy. 140 patients with low-risk or intermediate-risk prostate cancer were prospectively allocated to receive either IBCL or loose seeds and the dose received and degree of seed migration were measured at 1 month after treatment. Dose received did not differ significantly between the two groups, but seed migration was markedly reduced in the IBCL group compared with loose seeds (0% versus 55%; $P<0.001$).

Original article Ishiyama, H. *et al.* A prospective quasi-randomized comparison of intraoperatively built custom-linked seeds versus loose seeds for prostate brachytherapy. *Int. J. Radiat. Oncol. Biol. Phys.* doi:10.1016/j.ijrobp.2014.05.009

STONES

Thiazide prophylaxis does not increase diabetes risk

The use of thiazide diuretics to prevent kidney stone formation does not increase diabetes risk, according to a study in the *Journal of Urology*. Data from 2,350 incident stone formers was retrospectively assessed to determine their long-term risk of developing diabetes. Incidence of diabetes was 9.2% in patients who had received thiazides, compared with 4.2% in those who did not, but multivariate adjustment attenuated this risk (HR = 1.20) and adjustment for use of thiazides solely for kidney stone prevention further reduced it (HR = 0.8).

Original article Singh, P. *et al.* Thiazide diuretic prophylaxis for kidney stones and the risk of diabetes mellitus. *J. Urol.* doi:10.1016/j.juro.2014.06.078

TESTICULAR CANCER

Circulating tumour cells predictive of stage

Despite being a common malignancy, little data exist regarding circulating tumour cells (CTCs) in testicular cancer. Nastaly *et al.* enriched CTCs from the bloodstream, finding that CTCs in the peripheral blood correlated with clinical stage; blood samples from 41% of patients with metastasized tumours were CTC-positive, a value that rose to 100% of samples isolated from patients with relapsed and chemotherapy-refractory disease.

Original article Nastaly, P. *et al.* Circulating tumor cells in patients with testicular germ cell tumors. *Clin. Cancer Res.* doi:10.1158/1078-0432.CCR-13-2819

ANDROLOGY

Low risk of prostate cancer after testosterone therapy

Testosterone therapy is a common treatment for hypogonadism, but concerns have been raised that it increases a man's risk of developing prostate cancer. In three parallel prospective studies, 1,023 men received testosterone therapy, either from a urologist (two groups) or at an academic andrology centre. 11 patients in total were diagnosed with prostate cancer, with incidence per 10,000 patient years of 54.4 and 30.76 in the urology settings, and 0.00 in the andrology centre setting, suggesting that testosterone therapy is not associated with increased prostate cancer risk.

Original article Haider, A. *et al.* Incidence of prostate cancer in hypogonadal men receiving testosterone therapy: observations from five year-median follow-up of three registries. *J. Urol.* doi:10.1016/j.juro.2014.06.071