Nature Reviews Urology **11**, 602 (2014); published online 23 September 2014; doi:10.1038/nrurol.2014.264; doi:10.1038/nrurol.2014.265; doi:10.1038/nrurol.2014.266; doi:10.1038/nrurol.2014.267

IN BRIEF

BLADDER CANCER

Intraoperative blood transfusion negatively affects outcomes

A retrospective study of two cohorts of patients who underwent radical cystectomy for bladder cancer has shown that intraoperative blood transfusion is associated with poorer outcomes than perioperative transfusion. Patients who received intraoperative transfusions were less likely survive for 5 years after surgery than those who received perioperative transfusions. 5-year recurrence-free survival was also lower for these patients. These results underline that the timing of transfusion can influence patient outcomes, as has been shown in other malignancies.

Original article Abel, J. E. *et al.* Perioperative blood transfusion and radical cystectomy: does timing of transfusion affect bladder cancer mortality? *Eur. Urol.* doi:10.1016/j.eururo.2014.08.051

SURGERY

Using imaging to predict 'difficult' partial nephrectomy

Currently used renal morphometry scores that predict the likelihood of complications during a partial nephrectomy procedure rely on tumour-specific factors, such as size and type. A newly reported method has incorporated the patientspecific factor of adherent perinephric fat (APF), measured from the CT and MRI scans, into a new risk score—the Mayo Adhesive Probability (MAP). The MAP score predicted the presence of APF in patients undergoing partial nephrectomy, a factor known to complicate the procedure. Prospective validation of the MAP score is required.

Original article Davidiuk, A. J. *et al*. Mayo Adhesive Probability Score: an accurate image-based scoring system to predict adherent perinephric fat in partial nephrectomy. *Eur. Urol.* doi:10.1016/j.eururo.2014.08.054

SCREENING

Raman-based prostate cancer detection that avoids PSA?

Research from Guangdong Medical College in China has shown that prostate cancer can be detected with high accuracy from blood samples of patients using the spectroscopic technique serum surface-enhanced Raman scattering (SERS) in combination with support vector machine multivariate analysis. Blood from 68 healthy volunteers and 93 men with prostate cancer was analysed by SERS, and cancer was diagnosed in 98.1% of the positive samples. This method has the potential to out-perform the traditional PSA test, but requires further assessment.

Original article Li, S. *et al.* Noninvasive prostate cancer screening based on serum surface-enhanced Raman spectroscopy and support vector machine. *Appl. Phys. Lett.* **105**, 091104 (2014)

BONE

Radical cystectomy associated with increased fracture risk

A population-based study of the SEER database has revealed that patients with bladder cancer who undergo cystectomy with urinary diversion are at increased risk of fracture, possibly owing to chronic metabolic acidosis. The study looked at outcomes in 4,878 patients, and showed that the incidence of fracture was higher in post-cystectomy patients than those without cystectomy. Furthermore, cystectomy was associated with a 21% higher risk of fracture than no cystectomy after controlling for various characteristics, including age, sex and cancer stage.

Original article Gupta, A. et al. Risk of fracture after radical cystectomy and urinary diversion for bladder cancer. J. Clin. Oncol. doi:10.1200/JC0.2013.54.3173