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IN BRIEF

PROSTATE CANCER

mpMRI and MRI/TRUS fusion in men with negative biopsy

Multiparametric MRI (mpMRI) and MRI/transrectal-ultrasonography (TRUS)-guided fusion biopsy could improve detection of clinically significant prostate cancer in men with previous negative biopsy findings. A study published in *BJU International* prospectively enrolled men with elevated or rising PSA and/or abnormal digital rectal examination findings to undergo 3T mpMRI. Suspicious lesions were then assessed via either MRI/TRUS-fusion biopsy or standard 12-core biopsy, finding that fusion biopsy was more likely to detect clinically significant cancer than 12-core biopsy, and using fusion biopsy only in men with Gleason score >4 tumour would miss only 3.5% of significant cancers.

Original article Salami, S. S. *et al.* In patients with a previous negative prostate biopsy and a suspicious lesion on MRI, is a 12-core biopsy still necessary in addition to a targeted biopsy? *BJU Int.* doi:10.1111/bju.12938

PROSTATE CANCER

Rare snp predisposes men to aggressive disease

A rare single nucleotide polymorphism (snp) at 8q24 is significantly more likely to be carried by North American men with prostate cancer than those without, conferring a sevenfold risk of developing the disease. Patients carrying the rs188140481 snp also had a tendency to develop more aggressive tumours with extracapsular extension.

Original article Grin, B. *et al.* A rare 8q24 single nucleotide polymorphism (SNP) predisposes North American men to prostate cancer and possibly more aggressive disease. *BJU Int.* doi:10.1111/bju.12847

KIDNEY CANCER

Prognostic nutritional index predicts survival

A review of 1,344 patients with renal cell carcinoma (RCC) who underwent partial or radical nephrectomy between 1991 and 2012 has shown that a one-unit increase in prognostic nutritional index (PNI) was associated with a 7% decrease in the risk of death from RCC.

Original article Hofbauer, S. L. *et al.* The preoperative prognostic nutritional index is an independent predictor of survival in patients with renal cell carcinoma. *Urol. Oncol.* doi:10.1016/j.urolonc.2014.08.005

PROSTATE CANCER

Final analysis of early-access protocol trial to enable worldwide preapproval access to abiraterone

A multicentre, open-label, early-access protocol trial across 23 countries has reported no new safety signals or unexpected adverse events in men with metastatic castration-resistant prostate cancer who progressed after chemotherapy. Participants whose cancer had progressed after taxane therapy received oral abiraterone (1000 mg od) and prednisone (5 mg bd) in 28-day cycles until disease progression, development of side effects, or availability of abiraterone in their country of residence. Further work will be needed to determine the most effective abiraterone regimens to optimize outcomes.

Original article Sternberg, C. N. *et al.* Abiraterone acetate for patients with metastatic castration-resistant prostate cancer progressing after chemotherapy: final analysis of a multicentre, open-label, early-access protocol trial. *Lancet Oncol.* **15**, 1263–1268 (2014)