$\textit{Nature Reviews Urology $\textbf{11}$, 660 (2014); published online 21 October 2014;}$ 

doi:10.1038/nrurol.2014.295;

doi:10.1038/nrurol.2014.296;

doi:10.1038/nrurol.2014.297;

doi:10.1038/nrurol.2014.298

# IN BRIEF

#### PROSTATE CANCER

#### LHRH-receptor-targeted doxorubicin shows promise

A new study examined the toxicity and efficacy of intravenous AEZS-108, a conjugate of a peptide targeting the luteinizing-hormone-releasing hormone (LHRH) receptor and doxorubicin, in patients with castration-resistant and taxane-resistant prostate cancer. The maximum tolerated dose was  $210\,\text{mg/m}^2$  and the dose-limiting adverse event was persistent neutropenia. Nine of 10 patients evaluable by RECIST achieved stable disease. Three patients had a PSA response and 10 patients had PSA stable disease.

**Original article** Liu, S. V. et al. Phase I, dose-escalation study of the targeted cytotoxic LHRH analog AEZS-108 in patients with castration- and taxane-resistant prostate cancer. *Clin. Cancer Res.* doi:10.1158/1078-0432.CCR-14-0489

#### **BLADDER CANCER**

#### Sequential mitomycin C and BCG decreases relapse rate

Toxicity and disease recurrence are common in patients with non-muscle-invasive bladder cancer (NMIBC) treated with intravesical BCG. Results from a prospective randomized trial in 407 patients with NIMBC show that sequential treatment with mitomycin C and BCG increased the disease-free interval compared with BCG alone (HR=0.57) and reduced the relapse rate by 13.3%. However, higher toxicity might restrict its use to patients with a high probability of recurrence.

Original article Solsona, E. et al. Sequential combination of mitomycin C plus bacillus Calmette-Guérin (BCG) is more effective but more toxic than BCG alone in patients with non-muscle-invasive bladder cancer in intermediate- and high-risk patients: final outcome of CUETO 93009, a randomized prospective trial. Eur. Urol. doi:10.1016/j.eururo.2014.09.026

## **PROSTATE CANCER**

## Early PSA measurement can predict recurrence

A study in 116 patients with positive surgical margins after prostatectomy for localized disease examined whether early postoperative PSA levels can be used to stratify the risk of disease progression. 47% of patients had biochemical recurrence during 31.4 months median follow-up. PSA levels 30 days after prostatectomy had predictive accuracy; concentrations >0.073 ng/ml significantly increased the risk of biochemical recurrence (HR=4.35). Predictive accuracy was further significantly increased for PSA measurements on day 60, but not for later measurements.

Original article Vesely, S. et al. The use of early postoperative prostate-specific antigen to stratify risk in patients with positive surgical margins after radical prostatectomy. BMC Urol. 14, 79 (2014)

### **PAIN**

## OnabotulinumtoxinA to treat chronic scrotal pain

In a pilot open-label study, 18 patients with chronic scrotal pain who had failed other treatment but had temporary symptom relief after standard cord block received 100 U of onabotulinumtoxinA to asses long-term pain relief. Decreases in pain measured by 10-point analogue scale pain score, scrotal tenderness by physical examination and reduction in Chronic Epididymitis Symptom Index score were reported for up to 3 months after treatment. After 6 months, most men returned to baseline levels of pain and tenderness.

**Original article** Khambati, A. *et al.* OnabotulinumtoxinA (Botox) nerve blocks provide durable pain relief for men with chronic scrotal pain: a pilot open-label trial. *J. Sex. Med.* doi:10.1111/jsm.12707