Nature Reviews Urology **12**, 64 (2015); published online 6 January 2015;
doi:10.1038/nrurol.2014.365;
doi:10.1038/nrurol.2014.366;
doi:10.1038/nrurol.2014.367;
doi:10.1038/nrurol.2014.368

IN BRIEF

PROSTATE CANCER

cT2c prostate cancer is intermediate-risk disease

Clinical stage T2c (cT2c) prostate cancer should be considered intermediate risk, according to new research. Klaassen *et al.* used data from 2,759 men in the SEARCH database and 12,900 men in the Johns Hopkins hospital database to investigate whether cT2c tumours without other high-risk factors (cT2c–NOS) are high or intermediate risk, by looking at biochemical recurrence after radical prostatectomy. They found that in men with cT2c–NOS, the risk of biochemical recurrence after radical prostatectomy was similar to that of intermediate-risk patients, and much lower than that of high-risk patients.

Original article Klaassen, Z. *et al.* Is clinical stage T2c prostate cancer an intermediate- or high-risk disease? *Cancer* doi:10.1002/cncr.29147

INFECTION

E. coli genes that promote survival during human UTI found

Researchers have identified new gene targets that might be useful for the development of novel therapies against urinary tract infection (UTI) caused by *Escherichia coli*. Subashchandrabose and co-workers used total RNA-sequencing and comparative transcriptional analysis to identify novel genes that promote survival of the bacterium within the human urinary tract during naturally occurring, uncomplicated UTI in women.

Original article Subashchandrabose, S. *et al.* Host-specific induction of *Escherichia coli* fitness genes during human urinary tract infection. *Proc. Natl Acad. Sci. USA* doi:10.1073/pnas.1415959112

BLADDER CANCER

Timing of chemotherapy after radical cystectomy

A new trial reports no improvement in overall survival with immediate versus deferred cisplatin-based combination chemotherapy after radical cystectomy and bilateral lymphadenectomy in patients with muscle-invasive urothelial carcinoma of the bladder. The open-label, randomized trial included 284 patients who were followed up for a median of 7 years after cystectomy. Subgroups of patients might still benefit from immediate treatment, according to the authors.

Original article Sternberg, C. N. *et al.* Immediate versus deferred chemotherapy after radical cystectomy in patients with pT3–pT4 or N+ M0 urothelial carcinoma of the bladder (EORTC 30994): an intergroup, open-label, randomised phase 3 trial. *Lancet Oncol.* doi:10.1016/S1470-2045(14)71160-X

PROSTATE CANCER

TXNDC5 is important in castration-resistant prostate cancer

TXNDC5 antagonists might have potential in the treatment of castration-resistant prostate cancer (CRPC), say researchers. Wang and colleagues report that TXNDC5, which is involved in protein folding and chaperone activity, is upregulated after long-term androgen deprivation therapy, and is expressed much more highly in CRPC tumours than in hormone-naive prostate cancer tumours. The researchers also found that overexpression of TXNDC5 promotes growth of androgen-dependent and castration-resistant prostate cancer xenografts, and that TXNDC5-mediated CRPC growth can be abolished by androgen receptor inhibition.

Original article Wang, L. *et al.* The role of TXNDC5 in castration-resistant prostate cancer—involvement of androgen receptor signaling pathway. *Oncogene* doi:10.1038/onc.2014.401