Nature Reviews Urology **11**, 187 (2014); published online 11 March 2014;
doi:10.1038/nrurol.2014.62;
doi:10.1038/nrurol.2014.61;
doi:10.1038/nrurol.2014.59;
doi:10.1038/nrurol.2014.60

IN BRIEF

INCONTINENCE

Overweight, diabetic men lose weight, reduce incontinence

Compared with diabetes support and education, intensive lifestyle intervention to reduce caloric intake and increase physical exercise for 1 year led to significant weight loss (0.7% versus 9.4%) and reduced the prevalence of urinary incontinence (1.9% increase versus 2.3% decrease) in a study of 1,910 men with type 2 diabetes (mean BMI = 35.2) who were participants in the Look AHEAD trial. No differences were seen in frequencies of nocturia or daytime voiding.

Original article Breyer, B. N. *et al.* Intensive lifestyle intervention reduces urinary incontinence in overweight/obese men with type 2 diabetes: results from the Look AHEAD trial. *J. Urol.* doi:10.1016/j.juro.2014.02.036

SEXUAL DYSFUNCTION

Early prosthesis insertion for priapism, better outcomes

In patients with ischaemic priapism refractory to treatment by blood aspiration and α -adrenergic drugs, early penile implant insertion avoids surgical difficulties owing to penile fibrosis and enables preservation of penile length. In 68 patients with early insertion (median 7 days from onset of priapism), the satisfaction rate was 96% and only six patients needed revision surgery, whereas in 27 patients with delayed insertion (median 5 months from onset), seven required revision and the satisfaction rate was 60%.

Original article Zacharakis, E. *et al.* Penile prosthesis insertion in patients with refractory ischemic priapism: early versus delayed implantation. *BJU Int.* doi:10.1111/bju.12686

INCONTINENCE

Dose-response of overactive bladder to fesoterodine

Two doses of the antimuscarinic drug fesoterodine were compared with placebo and each other in a 12-week, randomized, double-blind study of 1,955 patients (men and women aged ≤ 18 years) with overactive bladder symptoms. Fesoterodine treatment with either dose resulted in improvements in symptoms, such as urgency urinary incontinence, and in quality of life measures. An 8 mg daily dose was more effective than a 4 mg dose, but caused more dry mouth cases (26.1% versus 12.9%).

Original article Chapple, C. *et al.* Superiority of fesoterodine 8 mg versus fesoterodine 4 mg in reducing urgency urinary incontinence episodes in subjects with overactive bladder: results of the randomized, double-blind, placebo-controlled EIGHT trial. *BJU Int.* doi:10.1111/bju.12678

UROTHELIAL CARCINOMA

hCG β prognostic of survival in chemotherapy-treated TCC

Human chorionic gonadotropin β (hCG β) is an independent prognostic factor in patients with urothelial transitional cell carcinoma (TCC) who receive chemotherapy. In a retrospective analysis of 235 patients, serum hCG β <2 IU/l on completion of neoadjuvant chemotherapy was associated with significantly higher median overall survival than hCG β $\geq$ 2 IU/l (4.27 versus 0.42 years, $P < 0.001$). With first-line chemotherapy, the survival benefit of low hCG β was 1.68 versus 0.84 years ($P < 0.001$).

Original article Douglas, J. *et al.* Serum total hCGbeta level is an independent prognostic factor in transitional cell carcinoma of the urothelial tract. *Br. J. Cancer* doi:10.1038/bjc.2014.89