Nature Reviews Urology **11**, 247 (2014); published online 22 April 2014;
 doi:10.1038/nrurol.2014.92;
 doi:10.1038/nrurol.2014.93;
 doi:10.1038/nrurol.2014.94;
 doi:10.1038/nrurol.2014.95

IN BRIEF

PROSTATE CANCER

Tadalafil does not protect erectile function from radiation

Results of a multicentre, randomized, placebo-controlled trial show that taking tadalafil while receiving radiotherapy for prostate cancer (external beam radiotherapy or brachytherapy) does not prevent erectile dysfunction. No significant difference in the ability to retain erection (according to International Index of Erectile Function score) was observed between the group of men who took 5 mg tadalafil daily and those who received placebo, at 28–30 weeks or at 1 year. Sexual satisfaction and marital adjustment were also unaffected by daily tadalafil.

Original article Pisansky, T. M. *et al.* Tadalafil for prevention of erectile dysfunction after radiotherapy for prostate cancer: the Radiation Therapy Oncology Group [0831] randomized clinical trial. *JAMA* **311**, 1300–1307 (2014)

KIDNEY CANCER

CXCR4—a prognostic factor for renal cell carcinoma?

CXC chemokine receptor 4 (CXCR4) expression has been found to correlate with prognosis in a training set of 125 patients and a validation set of 100 patients with clear cell renal cell carcinoma (ccRCC). Immunohistochemical staining intensity increased in association with TNM stage, and high levels were predictive of overall survival, especially for patients with early-stage ccRCC. Combining CXCR4 expression with TNM stage improved prediction of overall survival compared with either measure alone.

Original article An, H. *et al.* High CXC chemokine receptor 4 expression is an adverse prognostic factor in patients with clear-cell renal cell carcinoma. *Br. J. Cancer* doi:10.1038/bjc.2014.179

BLADDER CANCER

Benefits of adjuvant chemotherapy

A retrospective study of 2,044 patients with bladder cancer treated with cystectomy in the Ontario Cancer Registry showed that utilization of adjuvant chemotherapy increased from 1994–1998 (16%), to 1999–2003 (18%) and to 2004–2008 (22%), while utilization of neoadjuvant chemotherapy remained stable (mean rate 4%). Adjuvant chemotherapy was associated with improved overall survival and cancer-specific survival, and was more likely to be given to patients with T3–T4 disease or positive nodes.

Original article Booth, C. M. *et al.* Perioperative chemotherapy for muscle-invasive bladder cancer: A population-based outcomes study. *Cancer* doi:10.1002/cncr.28510

PAEDIATRICS

Risk factors for UTI with prenatal hydronephrosis

Researchers have elucidated a number of risk factors for febrile UTI in infants with prenatal hydronephrosis. Medical charts of 376 children with prenatal hydronephrosis were reviewed for UTI episodes in the first 2 years of life and presence of potential risk factors. On multivariate analysis, high-grade hydronephrosis, female gender and uncircumcised penis were found to be associated with UTI. However, antibiotic prophylaxis did not reduce the risk of UTI in this cohort, suggesting that this controversial practice should not be recommended.

Original article Zareba, P. *et al.* Risk factors for febrile urinary tract infection in infants with prenatal hydronephrosis: comprehensive single center analysis. *J. Urol.* doi:10.1016/j.juro.2013.10.035