Nature Reviews Urology **12**, 179 (2015); published online 3 March 2015;
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IN BRIEF

STONES

Optimizing ESWL delivery rate improves outcomes

A randomized trial has shown that optimizing delivery rates of extracorporeal shockwave lithotripsy (ESWL) is associated with improved outcomes in treatment of ureteral stones. Nguyen *et al.* randomly assigned 254 consecutive patients to ESWL at shockwave delivery rates of either 60 pulses ($n=130$) or 90 pulses ($n=124$) per minute. They found that the stone-free rate at 3 months was significantly higher in patients who underwent ESWL at the higher shockwave delivery rate than in those receiving 60 pulses per minute (91% versus 80%). Proximal and mid-ureter stones accounted for the difference.

Original article Nguyen, D. P. *et al.* Optimization of extracorporeal shock wave lithotripsy delivery rates achieves excellent outcomes in ureteral stones. Results of a prospective, randomized trial. *J. Urol.* doi:10.1016/j.juro.2015.01.110

PROSTATE CANCER

BCR risk decreases with time after radical prostatectomy

The risk of subsequent biochemical recurrence (BCR) in patients with high-risk prostate cancer treated with radical prostatectomy alone decreases with increasing time after surgery, say researchers. Briganti and co-workers' study followed up 2,065 patients with high-risk prostate cancer treated with radical prostatectomy and found that the 5-year BCR-free survival was 55.2%. Patients who showed BCR within 3 years of radical prostatectomy had higher cancer-specific mortality than those experiencing late BCR. Time to BCR was an independent predictor of cancer-specific mortality.

Original article Briganti, A. *et al.* Natural history of surgically treated high-risk prostate cancer. *Urol. Oncol.* doi:10.1016/j.urolonc.2014.11.018

KIDNEY CANCER

IMDC prognostic model is valid in second-line treatment

The International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) model (designed for patients on first-line targeted therapy) can also be used in patients who receive second-line targeted therapy, according to Ko and colleagues, who validated the model in 1,021 patients with metastatic renal cell carcinoma. In their cohort, the six-factor IMDC model had a better concordance index than the three-factor Memorial Sloan Kettering Cancer Center (MSKCC) model (0.70 versus 0.66, respectively).

Original article Ko, J. J. *et al.* The International Metastatic Renal Cell Carcinoma Database Consortium model as a prognostic tool in patients with metastatic renal cell carcinoma previously treated with first-line targeted therapy: a population-based study. *Lancet Oncol.* doi:10.1016/S1470-2045(14)71222-7

PROSTATE CANCER

ASCO endorses ACS Survivorship Care Guidelines

The American Society of Clinical Oncology (ASCO) Endorsement Panel endorsed the 2014 American Cancer Society (ACS) Survivorship Care Guidelines document with addition of some qualifying statements and modifications. Although high-quality evidence for many of the guideline recommendations is limited, the panel concluded that the guidelines were clear, thorough and relevant.

Original article Resnick, M. J. *et al.* Prostate cancer survivorship care guidelines: American Society of Clinical Oncology Clinical Practice Guideline Endorsement. *J. Clin. Oncol.* doi:10.1200/JCO.2014.60.2557