

IN BRIEF

 **KIDNEY CANCER**
Micrometastases detectable using flow cytometry

The assessment of lymph nodes for the presence of tumour dissemination is an important aspect of the clinical evaluation of patients diagnosed with renal tumours. However, the identification of micrometastases can prove challenging. Now, data from a proof-of-principle study demonstrate that flow cytometry following immunohistochemical staining of lymph node samples for carbonic anhydrase 9 and cadherin-6 enables the detection of micrometastases: in the five patients whose lymph node samples were investigated in this study, four had micrometastases that were not detected using conventional examinations.

ORIGINAL ARTICLE Hartana, C. A. *et al.* Detection of micrometastases by flow cytometry in sentinel lymph nodes from patients with renal tumours. *Br. J. Cancer* <http://dx.doi.org/10.1038/bjc.2016.279> (2016)

 **URINARY INCONTINENCE**
Use of α -blockers plus desmopressin is safe

α_1 -adrenoceptor antagonists, also known as α -blockers, are widely used in men with certain types of lower urinary tract symptoms (LUTS), although use of such agents alone often fails to address the symptoms of nocturia. The findings of a newly published randomized controlled study reveal that the addition of desmopressin to α -blocker monotherapy in men 40–65 years of age with LUTS and persistent nocturia is safe and effective. Significant improvements in the mean number of nocturia episodes and nocturnal urine volume, relative to those of men with similar symptoms who received α -blocker monotherapy, were observed.

ORIGINAL ARTICLE Kim, J. C. *et al.* Efficacy and safety of desmopressin “add-on” therapy in men with persistent nocturia under alpha blocker monotherapy for lower urinary tract symptoms: a randomized, double-blind, placebo-controlled study. *J. Urol.* <http://dx.doi.org/10.1016/j.juro.2016.08.116> (2016)

 **TESTICULAR CANCER**
Radiotherapy increases pancreatic cancer risk

Data from a retrospective study indicate that survivors of testicular cancer whose treatment included abdominal radiotherapy have an increased risk of secondary pancreatic cancer that persists for decades after their original diagnosis. Based on estimates of the dose of radiation to the pancreas received by 80 long-term (>5-year) testicular cancer survivors and 115 matched individuals, patients with previous testicular cancer have a 2.9-fold increased risk of pancreatic cancer that increases by 0.12 for each Gy of radiation delivered to the pancreas.

ORIGINAL ARTICLE Hauptmann, M. *et al.* Increased pancreatic cancer risk following radiotherapy for testicular cancer. *Br. J. Cancer* <http://dx.doi.org/10.1038/bjc.2016.272> (2016)

 **PROSTATE CANCER**
Circulating miRNAs indicate high-risk disease

The identification of patients with very high-risk prostate cancer at an early disease stage remains challenging. Now an analysis of micro-RNA (miRNA) expression patterns in patients with high-risk disease reveals a five-miRNA signature for the identification of such patients. The prognostic value of this panel was evaluated in a total of 28 patients, with a prognostic accuracy of $\geq 89\%$ for each of the five miRNAs investigated. These data indicate a need for further clinical investigation.

ORIGINAL ARTICLE Alhasan, A. H. *et al.* Circulating microRNA signature for the diagnosis of very high-risk prostate cancer. *Proc. Natl Acad. Sci.* <http://dx.doi.org/10.1073/pnas.1611596113> (2016)