

IN BRIEF

BLADDER CANCER

ML-guided decision for patient discharge location

A novel application of machine learning (ML) in urology has been reported in *Urologic Oncology*. Zhao and colleagues used pre-discharge variables from 11,881 patients who underwent radical cystectomy for bladder cancer from 2014 to 2019 to build a decision model to predict non-home discharge. The model outperformed currently available clinical index in predicting non-home discharge (area under the receiver operating characteristic curve 0.80), indicating that ML can support decision-making in clinical practice.

ORIGINAL ARTICLE Zhao, C. C. et al. Machine learning decision support model for radical cystectomy discharge planning. *Urol. Oncol.* <https://doi.org/10.1016/j.urolonc.2022.05.026> (2022)

PROSTATE CANCER

A therapy for men with previously treated mCRPC

Patients with previously treated metastatic castration-resistant prostate cancer (mCRPC) have limited therapeutic options. The efficacy of combination treatment with cabozantinib plus atezolizumab was assessed in patients who already received hormonal therapy and showed radiographic disease progression. Treatment with cabozantinib + atezolizumab showed encouraging results, with an objective response rate of 23% after 15.2 months (complete response rate: 2%). The safety profile was considered acceptable. Results from the ongoing trial CONTACT-02, in which this combination therapy is further assessed, are eagerly awaited.

ORIGINAL ARTICLE Agarwal, N. et al. Cabozantinib in combination with atezolizumab in patients with metastatic castration-resistant prostate cancer: results from an expansion cohort of a multicentre, open-label, phase 1b trial (COSMIC-021). *Lancet. Oncol.* [https://doi.org/10.1016/S1470-2045\(22\)00278-9](https://doi.org/10.1016/S1470-2045(22)00278-9) (2022)

KIDNEY CANCER

Aberrant splice variants to understand ccRCC

Actionable genomic targets in clear cell renal cell carcinoma (ccRCC) are needed, and the study of aberrant splice variants (SVs), which are common in cancer, might help identify new disease mechanisms. Starting from RNA-seq data from the Cancer Cell Line Encyclopedia, Chang and colleagues identified 16 SVs exclusively expressed in ccRCC. Data from three patient cohorts were used to assess the association of aberrant SV expression with genomic mutations, DNA methylation and survival outcomes. An SV-based survival risk score derived from the expression of five SVs was applicable to all cohorts, highlighting the potential of this approach to improve the understanding of disease mechanisms in ccRCC.

ORIGINAL ARTICLE Chang, A. et al. Proteogenomic, epigenetic, and clinical implications of recurrent aberrant splice variants in clear cell renal cell carcinoma. *Eur. Urol.* <https://doi.org/10.1016/j.eururo.2022.05.021> (2022)

ANDROLOGY

Effects of COVID-19 vaccine on semen parameters

In a retrospective, longitudinal, multicentre study published in *Andrology*, the effects of the COVID-19 BNT162b2 vaccine on semen parameters were assessed in 37 semen donors at different time points before and after vaccination. A selective decrease in sperm concentration and total motile count was reported 75–125 days after vaccination ($P=0.01$ and $P=0.007$, respectively) compared with pre-vaccination levels. However, normal levels of these parameters were recovered ≥ 145 days post-vaccination, and no changes in semen volume and sperm motility were observed.

ORIGINAL ARTICLE Gat, I. et al. Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors. *Andrology* <https://doi.org/10.1111/andr.13209> (2022)

FROM THE MEETING

BAUSing back in Birmingham

The annual meeting of The British Association of Urological Surgeons (BAUS) came bouncing back with a bang in Birmingham, UK, for 2022. The atmosphere was one of excitement, enthusiasm and joy after 3 years since the last face-to-face conference.

Diversity, equality and inclusion (DEI)

was a prominent theme throughout the meeting. During his final address as President of BAUS, Mr Tim O'Brien discussed the broad plan to widen participation in BAUS during his tenure, including the SAS project, extending BAUS membership and opening up research, to list a few elements.

A particular focus was advancing the cause of women in urology, a manifestation of which was the investiture of Ms Jo Cresswell as the first woman president of the Association, which is, as Mr O'Brien said, "a truly landmark moment in the history of BAUS." During her inaugural speech, Ms Cresswell thanked Mr O'Brien for leading BAUS successfully during the past 2 challenging years and described her pride in the members of BAUS and excitement for the future during her tenure.

Continuing the emphasis on DEI, there was not a 'manel' in sight and the participation of young urologists from diverse backgrounds as speakers and panellists was very evident. Particular highlights of this focus were the sessions on inequality in urology, Urolink and widening participation.

The session on inequality in urology, hosted by the BAUS section of trainees, started with a lively and thought-provoking debate on whether all surgeons should be titled 'Doctor', with Ms Katie Eyre arguing against the motion and Dr Fairleigh Reeves arguing for. It continued with an impassioned talk from Mr Findlay MacAskill on how the fact that sexual health patient-reported outcome



Credit: Karl Newton/Getty

measures are heteronormative is not okay. Finally, Mr Jonathan Makanjuola gave a stirring talk on tackling racial inequality in urological care in the UK.

The session on Urolink, which has the mission "to promote and encourage the provision of appropriate urological expertise and education worldwide", included an interesting talk from Dr Ian Spillman on the experience of providing universal health coverage in rural Uganda during the COVID-19 pandemic. Mr Tilaneh L. Demilov described his experience of undertaking a fellowship at KCMC, which was sponsored by Urolink. Finally, Mr Graham Watson explained how MEDIGIVE (which acts as an online intermediary for donors and recipients of medical equipment and supplies) and Urolink can work together to help supply hospitals in need with vital equipment.

During the session on widening participation — one of the key aims of BAUS — Prof. Indranil Chakravorty discussed how to tackle the gap in attainment for the medical professional, which was followed by a talk from Mr Siraj Natal-Wala about mentoring within the SAS group. Mr Nigel Borley considered leadership at BAUS and its role in DEI and, finally, Miss Yinka Gbolahan gave an update on data collection for DEI characteristics within BAUS.

Overall, this conference had an excellent programme covering all aspects of urology: the particular emphasis on DEI was encouraging and the future of urology in the UK is bright and diverse.

Louise Stone