Nature Reviews Urology **10**, 252 (2013); published online 9 April 2013; doi:10.1038/nrurol.2013.72; doi:10.1038/nrurol.2013.73; doi:10.1038/nrurol.2013.74; doi:10.1038/nrurol.2013.75

# **IN BRIEF**

# **STONES**

# Struvite stones form around cutaneous vesicostomy suture

Megabladder mice that have undergone cutaneous vesicostomy could be a novel model system of struvite urolithiasis, according to a new study. 35% of male mice developed bladder stones composed chiefly of struvite (88–94%) at a median of 11 weeks after urinary diversion. The intravesical polypropylene suture is thought to have acted as the nidus of stone formation. Histopathological analysis revealed an association between struvite stones and active cystitis, pyelitis and chronic pyelonephritis.

Original article Becknall, B. et al. Struvite urolithiasis and chronic urinary tract infection in a murine model of urinary diversion. Urology doi:10.1016/ j.urology.2013.02.003

# SMALL RENAL MASSES

#### Robotic ultrasound probe OK for partial nephrectomy

Perioperative outcomes of robotic partial nephrectomy are similar, regardless of whether a laparoscopic or robotic ultrasound probe is used. A robotic probe, however, might provide advantages in terms of surgeon autonomy. Perioperative parameters including time spent in the operating room, blood loss and positive surgical margin rates were comparable between patients who underwent robotic partial nephrectomy with a laparoscopic probe (n=72) or a robotic probe (n=73).

Original article Kaczmarek, B. F. et al. Comparison of robotic and laparoscopic ultrasound probes for robotic partial nephrectomy. J. Endourol. doi:10.1089/ end.2012.0528

## SURGERY

#### Partial ureterectomy equal to radical nephroureterectomy

For patients with upper tract urothelial carcinoma, partial ureterectomy provides equivalent oncological control to radical nephroureterectomy with the added benefit of preserving renal function. In an international cohort of 835 patients, no significant difference in survival was found between the 81 patients who underwent partial surgery and the 754 patients who underwent radical nephroureterectomy. At 5 years, recurrence-free survival rates were 69.4% and 75.9% and cancer-specific survival rates were 67.5% and 72.1% for patients who underwent partial and radical surgery, respectively (P=0.06 for both).

**Original article** Bagrodia, A. *et al.* Comparative analysis of oncologic outcomes of partial ureterectomy vs radical nephroureterectomy in upper tract urothelial carcinoma. *Urology* doi:10.1016/j.urology.2012.12.059

### **PROSTATE CANCER**

#### Standard reporting guidelines for MRI-targeted biopsy

An international panel of 23 experts has produced a set of recommendations and a checklist for the standard reporting of studies of MRI-targeted biopsy. Each panel member completed a 258-item questionnaire and the results were discussed at a consensus meeting. The resulting recommendations, referred to as START, include the reporting of recruitment criteria, prior biopsy status and histological results of standard and targeted cores using Gleason score and maximum cancer core length.

**Original article** Moore, C. M. *et al.* Standards of reporting for MRI-targeted biopsy studies (START) of the prostate: recommendations from an international working group. *Eur. Urol.* doi: 10.1016/j.eururo.2013.03.030