IN BRIEF

FOCUS ON KIDNEY CANCER

Diet probably does not have a major role in the development of renal cell carcinoma, at least among male smokers. During almost 20 years of follow-up, 255 of 27,000 Finnish men surveyed as part of the Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC) Study developed the disease. Analysis of responses to a 276-item dietary questionnaire completed at baseline found no association between risk of disease development and consumption of fruit, vegetables, carotenoids, flavonoids, vitamin E or vitamin C.

Original article Bertoia, M. *et al*. No association between fruit, vegetables, antioxidant nutrients and risk of renal cell carcinoma. *Int. J. Cancer* **126**, 1504–1512 (2010)

FOCUS ON KIDNEY CANCER

Low serum sodium level has been validated as an independent predictor of poor outcome in patients with metastatic renal cell carcinoma. A team from Aarhus University Hospital in Denmark studied 120 patients who were receiving interleukin 2 and interferon α. Median survival was approximately 15 months. Serum sodium levels ranged from 126 to 144 mM; one-fifth of study participants were hyponatremic. The predictive power of this factor was validated in a separate 120-strong cohort.

Original article Jeppesen, A. N. *et al*. Hyponatremia as a prognostic and predictive factor in metastatic renal cell carcinoma. *Br. J. Cancer* **102**, 867–872 (2010)

STONES

Several common carbonated beverages—Diet Sunkist® Orange, Diet 7 Up®, Sprite Zero, Diet Canada Dry® Ginger Ale, Sierra Mist® Free, Diet Orange Crush®, Fresca®, and Diet Mountain Dew®—contain an amount of citrate equivalent to that of a lemonade frequently recommended for the treatment of hypocitraturic calcium nephrolithiasis. By contrast, cola drinks analyzed by Brian Eisner and colleagues had low levels of total alkali. This information should help when making dietary recommendations to calcium stone formers.

Original article Eisner, B. H. *et al*. Citrate, malate and alkali content in commonly consumed diet sodas: implications for nephrolithiasis treatment. *J. Urol*. **183**, 2419–2423 (2010)

STONES

Investigators who conducted a prospective randomized trial have concluded that extracorporeal shockwave lithotripsy is the optimal treatment for patients with a single distal ureteric stone up to 1 cm in size. By contrast, the trial team recommends ureteroscopy be the first-line approach to stones greater than 1 cm. Their conclusions are based on data—including need for re-treatment and auxiliary procedures, as well as stone-free and complication rates—collected from 273 patients in Italy.

Original article Verze, P. *et al*. Extracorporeal shockwave lithotripsy vs ureteroscopy as first-line therapy for patients with single, distal ureteric stones: a prospective randomized study. *BJU Int*. doi:10.1111/j.1464-410X.2010.09338.x