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## IN BRIEF

### SURGERY

#### Vaginal apical support reduces prolapse recurrence

Analysis of data relating to 2,756 US Medicare beneficiaries who underwent repair surgery for pelvic organ prolapse in 1999 revealed 10-year reoperation rates of 20.2% for isolated anterior colporrhaphy compared with 11.6% for repair surgery accompanied by a concomitant vaginal apical support procedure. Appropriate use of apical support might reduce the 30% long-term rate of recurrence associated with this type of surgery.

**Original article** Eilber, K. S. *et al.* Outcomes of vaginal prolapse surgery among female medicare beneficiaries: the role of apical support. *Obstet. Gynecol.* doi:10.1097/AOG.0b013e3182a8a5e4

### BLADDER CANCER

#### Localized radiotherapy for muscle-invasive bladder cancer

Targeting a full radiation dose to a bladder tumour, with an 80% dose to the surrounding uninvolved bladder tissue, has no obvious detriment to local disease control or survival compared with a full radiation dose to the whole bladder. A multicentre phase III trial demonstrated a low overall incidence of late toxicity (13%), with no significant difference between patients receiving standard radiotherapy ( $n=108$ ) and those on the reduced dose protocol ( $n=111$ ).

**Original article** Huddart, R. A. *et al.* Randomized noninferiority trial of reduced high-dose volume versus standard volume radiation therapy for muscle-invasive bladder cancer: results of the BC2001 trial (CRUK/01/004). *Int. J. Radiat. Oncol. Biol. Phys.* doi:10.1016/j.ijrobp.2013.06.2044

### BLADDER CANCER

#### TERT mutations as urine biomarkers of neoplasia

Mutations in the promoter of the *TERT* gene were present in 74% of 76 noninvasive urothelial neoplasms in a recent study. Analysis of 14 patients treated for early bladder neoplasms with *TERT* mutations detected these mutations in follow-up urine analysis for seven of the eight patients with disease recurrence, but none of the six patients without recurrence, suggesting a potential role in the early detection and monitoring of neoplastic bladder disease.

**Original article** Papadopoulos, N. *et al.* TERT promoter mutations occur early in urothelial neoplasia and are biomarkers of early disease and disease recurrence in urine. *Cancer Res.* doi:10.1158/0008-5472.CAN-13-2498

### BLADDER CANCER

#### Intracorporeal vs extracorporeal urinary diversion

Intracorporeal urinary diversion following robot-assisted radical cystectomy is associated with reductions in perioperative blood transfusion (7% vs 16%), and 90-day rates of hospital readmission (12% vs 19%) and postoperative mortality (1.6% vs 4.9%) compared with extracorporeal diversion. Surgical data collected at 18 international centres between 2003 and 2011, comparing 167 intracorporeal and 768 extracorporeal procedures, also showed that operative time, hospital stay and rates of postoperative complications were comparable in the two groups.

**Original article** Ahmed, K. *et al.* Analysis of intracorporeal compared with extracorporeal urinary diversion after robot-assisted radical cystectomy: results from the international robotic cystectomy consortium. *Eur. Urol.* doi:10.1016/j.eururo.2013.09.042