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## IN BRIEF

### PROSTATE CANCER

#### Survival nomogram for men with progressive mCRPC

A nomogram for predicting overall survival of men with progressive metastatic castration-resistant prostate cancer (mCRPC) who receive second-line chemotherapy following first-line docetaxel has been developed using data from the TROPIC phase III trial of mitoxantrone versus cabazitaxel ( $n = 755$ ), and validated using data from the SPARC trial of satraplatin versus placebo ( $n = 488$ ). Two novel prognostic variables were among the nine used in the nomogram—time since last docetaxel use and duration of hormonal use.

**Original article** Halabi, S. *et al.* Prognostic model predicting metastatic castration-resistant prostate cancer survival in men treated with second-line chemotherapy. *J. Natl Cancer Inst.* doi:10.1093/jnci/djt280

### PROSTATE CANCER

#### Overexpression of ERG in HGPIN predicts prostate cancer

Overexpression of ERG protein, owing to *TMPRSS2:ERG* gene fusion, in the biopsies of men diagnosed with high-grade prostatic intraepithelial neoplasia (HGPIN) is associated with progression to prostate cancer. Out of 461 patients with HGPIN who enrolled in a phase III trial of the selective oestrogen receptor modulator toremifene versus placebo, 27 of 51 (53%) men with ERG-positive HGPIN and 143 of 410 (35%) men with ERG-negative HGPIN progressed to prostate cancer within the study period of 3 years.

**Original article** Park, K. *et al.* *TMPRSS2:ERG* gene fusion predicts subsequent detection of prostate cancer in patients with high-grade prostatic intraepithelial neoplasia. *J. Clin. Oncol.* doi:10.1200/JCO.2013.49.8386

### KIDNEY CANCER

#### Statins reduce risk of RCC progression after surgery

In the first study to examine the influence of statin medication on RCC progression, use of statins was associated with reduced risk of progression and mortality among 2,608 patients treated surgically for localized RCC. Over a median follow-up period of 36 months, a significant reduction in the risk of progression (HR 0.67) was seen with statin use, along with a nonsignificant reduction in overall mortality (HR 0.89). Modelling statin use as a time-dependent covariate (to account for the duration of statin treatment following surgery) altered risk reductions for both progression (HR 0.77) and mortality (HR 0.71).

**Original article** Hamilton, R. J. *et al.* The association between statin medication and progression after surgery for localized renal cell carcinoma. *J. Urol.* doi:10.1016/j.juro.2013.10.141

### STONES

#### Stone size measurement depends on CT plane

Measurement of ureteric stones by CT in the axial plane underestimates maximal stone diameter compared with measurement in the coronal reconstruction plane, according to a study of 331 patients with ureteric colic who had unenhanced multidetector CT scans. Overall, underestimation was 20% compared with axial plane measurement, whereas for stones that passed spontaneously or with medical expulsive therapy, a 17% underestimation was seen.

**Original article** Nazim, S. M. *et al.* Measurement of ureteric stone diameter in different planes on multidetector computed tomography—impact on the clinical decision making. *Urology* doi:10.1016/j.urology.2013.09.037