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### Guidelines

**National Institute for Health and Care Excellence (NICE)**

Nocturnal enuresis (bedwetting) in children and young people
NICE quality standards [QS70] Published date: September 2014

### Cochrane Systematic Reviews

**Updated Reviews – September 2014**

Surgery for stress urinary incontinence due to presumed sphincter deficiency after prostate surgery

Topical corticosteroids for treating phimosis in boys

Types of indwelling urethral catheters for short-term catheterisation in hospitalised adults

**New Reviews – September 2014**

Intermittent catheterisation for long-term bladder management

### New from UpToDate

**What’s new in nephrology and hypertension**
New additions to UpToDate considered by the editors and authors to be of particular interest.

### Journal Articles

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1. Title: A systematic review and meta-analysis of adjuvant and neoadjuvant chemotherapy for upper tract urothelial carcinoma

Citation: European Urology, September 2014, vol./is. 66/3(529-541), 0302-2838;1873-7560 (September 2014)

Author(s): Lew J.J., Martin-Doyle W., Fay A.P., Choueiri T.K., Chang S.L., Bellmunt J.

Language: English

Abstract: The role of adjuvant chemotherapy (AC) or neoadjuvant chemotherapy (NC) remains poorly defined for the management of upper tract urothelial carcinoma (UTUC), although some studies suggest a benefit. Objective To update the current evidence on the role of NC and AC for UTUC patients. Evidence acquisition We searched for all studies investigating NC or AC for UTUC in Medline, Embase, the Cochrane Central Register of Controlled Trials, and abstracts from the American Society of Clinical Oncology meetings prior to February 2014. A systematic review and meta-analysis were performed. Evidence synthesis No randomized trials investigated the role of AC for UTUC. There was one prospective study (n = 36) investigating adjuvant carboplatin-paclitaxel and nine retrospective studies, with a total of 482 patients receiving cisplatin-based or non-cisplatin-based AC after nephroureterectomy (NU) and 1300 patients receiving NU alone. Across three cisplatin-based studies, the pooled hazard ratio (HR) for overall survival (OS) was 0.43 (95% confidence interval [CI], 0.21-0.89; p = 0.023) compared with those who received surgery alone. For disease-free survival (DFS), the pooled HR across two studies was 0.49 (95% CI, 0.24-0.99; p = 0.048). Benefit was not seen for non-cisplatin-based regimens. For NC, two phase 2 trials demonstrated favorable pathologic downstaging rates, with 3-yr OS and disease-specific survival (DSS) <93%. Across two retrospective studies investigating NC, there was a DSS benefit, with a pooled HR of 0.41 (95% CI, 0.22-0.76; p = 0.005). Conclusions There appears to be an OS and DFS benefit for cisplatin-based AC in UTUC. This evidence is limited by the retrospective nature of studies and their relatively small sample size. NC appears to be promising, but more trials are needed to confirm its utility. Patient summary After a comprehensive search of studies examining the role of chemotherapy for upper tract urothelial cancer, the pooled evidence shows that cisplatin-based adjuvant chemotherapy was beneficial for prolonging survival. 2014 European Association of Urology.

Publication type: Journal: Review
Source: EMBASE

2. Title: Adjuvant and salvage radiotherapy after prostatectomy: A systematic review and meta-analysis

Citation: PLoS ONE, August 2014, vol./is. 9/8, 1932-6203 (14 Aug 2014)

Author(s): Chen C., Lin T., Zhou Y., Li D., Xu K., Li Z., Fan X., Zhong G., He W., Chen X., He X., Huang J.

Language: English

Abstract: Purpose: In men with adverse prognostic factors (APFs) after radical prostatectomy (RP), the most appropriate timing to administer radiotherapy remains a subject for debate. We conducted a systemic review and meta-analysis to evaluate the therapeutic strategies: adjuvant radiotherapy (ART) and salvage radiotherapy (SRT). Materials and Methods: We comprehensively searched PubMed, EMBASE, Web of Science and the Cochrane Library and performed the meta-analysis of all randomized controlled trials (RCTs) and retrospective comparative studies assessing the prognostic factors of ART and SRT. Results: Between May 1998 and July 2012, 2 matched control studies and 16 retrospective studies including a total of 2629 cases were identified (1404 cases for ART and 1185 cases for SRT). 5-year biochemical failure free survival (BFFS) for ART was longer than that for SRT (Hazard Ratio [HR]: 0.37; 95% CI, 0.30-0.46; p<0.00001, l<sup>2</sup>/2</sup> = 0%). 3-year BFFS was significantly longer in the ART (HR: 0.38; 95% CI, 0.28-0.52; p<0.00001, l<sup>2</sup>/2</sup> = 0%). Overall survival (OS) was also better in the ART (RR: 0.53; 95% CI, 0.41-0.68; p<0.00001, l<sup>2</sup>/2</sup> = 0%), as did disease free survival (DFS) (RR: 0.53; 95% CI, 0.43-0.66; p<0.00001, l<sup>2</sup>/2</sup> = 0%). Exploratory subgroup analysis and sensitivity analysis revealed the similar results with original analysis. Conclusion: ART therapy offers a safe and efficient alternative to SRT with longer 3-year and 5-year BFFS, better OS and DFS. Our recommendation is to suggest ART for patients with APFs and may reduce the need for SRT. Given the inherent limitations of the included studies, future well-designed RCTs are awaited to confirm and update this analysis. 2014 Chen et al.

Publication type: Journal: Review
Source: EMBASE

Full text: Available ProQuest at PLoS ONE

3. Title: Anterior urethral valve associated with posterior urethral valves: Report of 2 cases and review of the literature

Citation: Urology, August 2014, vol./is. 84/2(469-471), 0090-4295;1527-9995 (August 2014)

Author(s): Tran C.N., Reichard C.A., McMahon D., Rhee A.

Language: English
Abstract: Anterior urethral valve (AUV) associated with posterior urethral valves (PUVs) is an extremely rare congenital urologic anomaly resulting in lower urinary tract obstruction. We present our experience with 2 children with concomitant AUV and PUV as well as a literature review. The clinical presentation of concomitant AUV and PUV is variable. Successful endoscopic management can result in improvement in renal function, reversal of obstructive changes, and improvement or resolution of voiding dysfunction. 2014 Elsevier Inc.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Elsevier at Salisbury District Hospital Healthcare Library
Full text: Available Elsevier at Urology

4. Title: Antiplatelet and anticoagulative medication during shockwave lithotripsy
Citation: Journal of Endourology, September 2014, vol./is. 28/9(1034-1039), 0892-7790;1557-900X (01 Sep 2014)
Author(s): Schnabel M.J., Gierth M., Brundl J., Chaussy C.G., Burger M., Fritsche H.-M.
Language: English
Abstract: Background and Purpose: Shockwave lithotripsy (SWL) is the gold standard treatment of patients with most renal and proximal ureteral calculi. Severe bleeding complications in SWL are extremely rare. Uncorrected bleeding diathesis might increase the risk and is considered to be an absolute contraindication for SWL. Perioperative management of anticoagulative and antiplatelet therapy has changed in the recent past. In particular, low-dose acetylsalicylic acid (ASA) is no longer a contraindication for many surgical procedures. Methods: A systematic Medline/PubMed literature search of peer-reviewed scientific articles in urology and cardiovascular medicine was performed concerning the management of anticoagulative and antiplatelet medication during SWL. Results: The literature on medically acquired and pathological bleeding diathesis and SWL in general is rare, retrospective, nonstandardized, and of low quality. Routine cessation of obligatory indicated anticoagulative or antiplatelet medication implies a significant risk for cardiovascular adverse events (CAE). Ureterorenoscopy is recommended in patients with uncorrected bleeding diathesis, although this is not based on high-level evidence. Conclusion: In patients with obligatory intake of anticoagulative or antiplatelet medication, the risk for CAE must be balanced against the SWL-induced bleeding risk. In patients with low-dose ASA-intake, SWL should be considered as an option instead of being disregarded as an absolute contraindication. Prospective randomized trials designed to define the optimal management of anticoagulants and antiplatelets during SWL are warranted. 2014 Mary Ann Liebert, Inc.

Publication type: Journal: Article
Source: EMBASE

5. Title: AUA/SUFU adult urodynamics guideline: A clinical review
Citation: Urologic Clinics of North America, August 2014, vol./is. 41/3(353-362), 0094-0143;1558-318X (August 2014)
Author(s): Collins C.W., Winters J.C.
Language: English
Abstract: The American Urological Association/Society of Urodynamics Female Pelvic Medicine and Urogenital Reconstruction Adult Urodynamics Guideline was published with the intent of guiding the clinician in the role of urodynamics in the evaluation and management of complex lower urinary tract conditions. This article examines each guideline statement and attempts to provide clinical context for each statement. Key points are emphasized in the form of clinical case scenarios, which demonstrate application of the principles stressed in this guideline. It is hoped the reader will have a better clinical frame of reference relative to each statement in these guidelines. 2014 Elsevier Inc.

Publication type: Journal: Review
Source: EMBASE

6. Title: Bipolar transurethral resection versus monopolar transurethral resection for benign prostatic hypertrophy: A systematic review and meta-analysis
Citation: Journal of Endourology, September 2014, vol./is. 28/9(1107-1114), 0892-7790;1557-900X (01 Sep 2014)
Author(s): Tang Y., Li J., Pu C., Bai Y., Yuan H., Wei Q., Han P.
Language: English
Abstract: Purpose: To evaluate the efficacy and safety of monopolar (M-TURP) and bipolar (B-TURP) transurethral resection of the prostate in benign prostatic hypertrophy (BPH) patients. Materials and Methods: Eligible randomized controlled trials (RCTs) were identified from electronic databases without language restrictions. Database search, quality assessment, and data extraction were independently performed. The primary postoperative outcomes of topical M-TURP and B-TURP were maximum flow rate (Qmax) and/or International
Prostate Symptom Score (IPSS). Safety was estimated by TUR syndrome; need for transfusion; clot retention; bladder neck contracture (BNC); urethral stricture (US); and catheter removal time. Efficacy and safety were investigated using the Review Manager. Results: Thirty-one trials met the inclusion criteria. Pooled analysis revealed significant difference in efficacy between the M-TURP and B-TURP groups. Safety analysis revealed significant improvement in the TUR syndrome with B-TURP than with M-TURP. Pooled analysis revealed that clot retention was significantly higher in M-TURP than in B-TURP. Moreover, pooled analysis revealed no significant difference between both groups in the blood transfusion frequency or late complications (urethral strictures) and bladder neck constriction. Conclusions: This systematic review indicates that B-TURP was significantly better in the result of Qmax and for decreasing the incidence of TUR syndrome and clot retention. No significant differences were observed in the nature of adverse events such as transfusions, retention after catheter removal, and urethral complications between both groups. Thus, B-TURP is the next generation "gold standard" for benign prostatic obstruction (BPO) because it is associated with a lower rate of clinically relevant complications such as TUR syndrome and clot retention. 2014 Mary Ann Liebert, Inc.

7. Title: Clinical and cost effectiveness of hexaminolevulinate-guided blue-light cystoscopy: Evidence review and updated expert recommendations
Citation: European Urology, November 2014, vol./is. 66/5(863-871), 0302-2838;1873-7560 (01 Nov 2014)
Language: English
Abstract: Context Non-muscle-invasive bladder cancer (NMIBC) is associated with a high recurrence risk, partly because of the persistence of lesions following transurethral resection of bladder tumour (TURBT) due to the presence of multiple lesions and the difficulty in identifying the exact extent and location of tumours using standard white-light cystoscopy (WLC). Hexaminolevulinate (HAL) is an optical-imaging agent used with blue-light cystoscopy (BLC) in NMIBC diagnosis. Increasing evidence from long-term follow-up confirms the benefits of BLC over WLC in terms of increased detection and reduced recurrence rates. Objective To provide updated expert guidance on the optimal use of HAL-guided cystoscopy in clinical practice to improve management of patients with NMIBC, based on a review of the most recent data on clinical and cost effectiveness and expert input. Evidence acquisition PubMed and conference searches, supplemented by personal experience. Evidence synthesis Based on published data, it is recommended that BLC be used for all patients at initial TURBT to increase lesion detection and improve resection quality, thereby reducing recurrence and improving outcomes for patients. BLC is particularly useful in patients with abnormal urine cytology but no evidence of lesions on WLC, as it can detect carcinoma in situ that is difficult to visualise on WLC. In addition, personal experience of the authors indicates that HAL-guided BLC can be used as part of routine inpatient cystoscopic assessment following initial TURBT to confirm the efficacy of treatment and to identify any previously missed or recurrent tumours. Health economic modelling indicates that the use of HAL to assist primary TURBT is no more expensive than WLC alone and will result in improved quality-adjusted life-years and reduced costs over time. Conclusions HAL-guided BLC is a clinically effective and cost-effective tool for improving NMIBC detection and management, thereby reducing the burden of disease for patients and the health care system. Patient summary Blue-light cystoscopy (BLC) helps the urologist identify bladder tumours that may be difficult to see using standard white-light cystoscopy (WLC). As a result, the amount of tumour that is surgically removed is increased, and the risk of tumour recurrence is reduced. Although use of BLC means that the initial operation costs more than it would if only WLC were used, over time the total costs of managing bladder cancer are reduced because patients do not need as many additional operations for recurrent tumours.

8. Title: Comparison of the efficacy of isosorbide mononitrate and doxazosin in the treatment of lower urinary tract symptoms and benign prostatic hyperplasia: A randomized clinical trial
Citation: Urologia Internationalis, July 2014, vol./is. 93/1(17-21), 0042-1138;1423-0399 (July 2014)
Author(s): Tarhan F., Celik O., Tosun C., Faydaci G., Eryildirim B.
Language: English
Abstract: Objective: We aimed to compare the efficacy of isosorbide mononitrate and doxazosin in the treatment of lower urinary tract symptoms (LUTS). Patients and Methods: 80 patients with LUTS were included in this randomized clinical study. All patients were evaluated with uroflowmetry, post-void residual (PVR) urine, prostate volume, International Prostate Symptom Score (IPSS), serum PSA, urinalysis and culture. 40 patients were prescribed
doxazosin for 4 weeks, another 40 were prescribed isosorbide mononitrate for 4 weeks. Urologic re-evaluation was done at the end of the study. Results: 74 patients completed the study. The mean age of patients was 59.6 ± 0.7 years, the mean PSA value was 1.7 ± 0.1 ng/ml and the mean prostate volume was 41.9 ± 1.7 ml. Doxazosin markedly improved IPSS (from 16.2 ± 0.7 to 9.5 ± 0.5), maximum urinary flow rate (from 10.9 ± 0.7 to 12.8 ± 0.6 ml/s) and PVR urine (from 68.1 ± 9.4 to 39.0 ± 4.4 ml) (p < 0.0001, p < 0.0001, p = 0.0004, respectively). Isosorbide only improved IPSS (from 16.5 ± 0.9 to 14.6 ± 0.8) (p = 0.032). Conclusions: Daily administration of isosorbide does not seem to be an alternative to alpha-blocker therapy. Controlled, randomized novel studies are required to establish that whether nitric oxide donors are an effective alternative in LUTS treatment. 2014 S. Karger AG, Basel.

**Publication type:** Journal: Review

**Source:** EMBASE

9. **Title:** Congenital anomalies of the kidney and urinary tract (CAKUT) associated with Hirschsprung’s disease: A systematic review

**Citation:** Pediatric Surgery International, August 2014, vol./is. 30/8(757-761), 0179-0358;1437-9813 (August 2014)

**Author(s):** Hofmann A.D., Duess J.W., Puri P.

**Language:** English

**Abstract:** Purpose: Congenital anomalies of the kidney and urinary tract (CAKUT), a term introduced in the late 1990s accounts for 30-50 % of cases of end-stage renal disease in children. The association of urogenital anomalies and Hirschsprung’s disease (HSCR) based on the common genetic background of enteric nervous system and human urinary tract development has been well described in the literature. However, the reported prevalence of HSCR associated with CAKUT seems to be underestimated. The aim of this systematic review was to determine the prevalence of this association and show its relationship to other syndromes. Methods: A systematic literature search was conducted for relevant articles published between 1955 and 2014. Two online databases were searched for the terms "Hirschsprung's disease", "congenital anomalies of the kidney and urinary tract", "urogenital anomalies" and "urological anomalies". All published studies containing adequate clinical data were included. Resulting publications were reviewed for epidemiology, genetic testing, operative treatment and morbidity. Reference lists were screened for additional cases. Results: A total of 32 articles reported 222 cases of HSCR associated with either CAKUT, "urological" or "urogenital" anomalies from 1955 to 2014. Gender was reported in a total of 68 cases, with 54 (79 %) males and 14 (21 %) females. Extent of aganglionosis was reported in 67 cases and included classical rectosigmoid disease in 38, long-segment aganglionosis in 12, total colonic aganglionosis in 12 and total intestinal aganglionosis in 5 patients. 18 articles reported 204 cases of either CAKUT, "urological" or "urogenital" anomalies in a case series of 5.693 HSCR patients, resulting in an overall prevalence of 3.6 % of this association. Within this collective of 18 studies only seven were, regardless of the date of publication compatible with CAKUT criteria introduced and published in the late 1990s. These seven studies reported a total of 72 patients with associated CAKUT among 757 HSCR patients resulting in a prevalence of 9.5 %. After introduction of the CAKUT acronym, only three studies specifically investigated the association of HSCR and CAKUT stating a prevalence of 14.3 % resulting in an almost fivefold increase compared to the reported prevalence of HSCR and associated urological and urogenital anomalies. The remaining 14 publications reported 18 single cases of HSCR patients with associated CAKUT phenotypes. Of these 18 cases, 11 (61 %) cases were associated with other syndromes or syndromatic features or reported chromosomal anomalies. Conclusion: This review confirms that the recognition of CAKUT in HSCR patients has been underestimated in the past. The results suggest that when confronted with HSCR in a patient, a thorough urological investigation may be indicated. The high prevalence of associated syndromes in HSCR with CAKUT may further suggest a syndromic association. 2014 Springer-Verlag.

**Publication type:** Journal: Article

**Source:** EMBASE

10. **Title:** Cost-effectiveness of Magnetic Resonance (MR) imaging and MR-guided targeted biopsy versus systematic transrectal ultrasound-guided biopsy in diagnosing prostate cancer: A modelling study from a health care perspective

**Citation:** European Urology, September 2014, vol./is. 66/3(430-436), 0302-2838;1873-7560 (September 2014)

**Author(s):** De Rooij M., Crienen S., Witjes J.A., Barentsz J.O., Rovers M.M., Grutters J.P.C.

**Language:** English

**Abstract:** Background The current diagnostic strategy using transrectal ultrasound-guided biopsy (TRUSGB) raises concerns regarding overdiagnosis and overtreatment of prostate cancer (PCa). Interest in integrating multiparametric magnetic resonance imaging (MRI) and magnetic resonance-guided biopsy (MRGB) into the diagnostic pathway to reduce overdiagnosis and improve grading is gaining ground, but it remains uncertain whether this image-based strategy is cost-effective. Objective To determine the cost-effectiveness of multiparametric MRI
and MRGB compared with TRUSGB. Design, setting, and participants A combined decision tree and Markov model for men with elevated prostate-specific antigen (>4 ng/ml) was developed. Input data were derived from systematic literature searches, meta-analyses, and expert opinion. Outcome measurements and statistical analysis Quality-adjusted life years (QALYs) and health care costs of both strategies were modelled over 10 yr after initial suspicion of PCa. Probabilistic and threshold analyses were performed to assess uncertainty. Results and limitations Despite uncertainty around the presented cost-effectiveness estimates, our results suggest that the MRI strategy is cost-effective compared with the standard of care. Expected costs per patient were 2423 for the MRI strategy and 2392 for the TRUSGB strategy. Corresponding QALYs were higher for the MRI strategy (7.00 versus 6.90), resulting in an incremental cost-effectiveness ratio of 323 per QALY. Threshold analysis revealed that MRI is cost-effective when sensitivity of MRGB is >20%. The probability that the MRI strategy is cost-effective is around 80% at willingness to pay thresholds higher than 2000 per QALY. Conclusions Total costs of the MRI strategy are almost equal with the standard of care, while reduction of overdiagnosis and overtreatment with the MRI strategy leads to an improvement in quality of life. Patient summary We compared costs and quality of life (QoL) of the standard "blind" diagnostic technique with an image-based technique for men with suspicion of prostate cancer. Our results suggest that costs were comparable, with higher QoL for the image-based technique. 2013 European Association of Urology.

**Publication type:** Journal: Review
**Source:** EMBASE

11. **Title:** Defining and treating the spectrum of intermediate risk nonmuscle invasive bladder cancer
**Citation:** Journal of Urology, August 2014, vol./is. 192/2(305-315), 0022-5347;1527-3792 (August 2014)
**Language:** English

**Abstract:** Purpose Low, intermediate and high risk categories have been defined to help guide the treatment of patients with nonmuscle invasive bladder cancer (Ta, T1, CIS). However, while low and high risk disease has been well classified, the intermediate risk category has traditionally comprised a heterogeneous group that does not fit into either of these categories. As a result, many urologists remain uncertain about the categorization of patients as intermediate risk as well as the selection of the most appropriate therapeutic option for this patient population. We review the current literature and clinical practice guidelines on intermediate risk nonmuscle invasive bladder cancer and, based on our findings, provide urologists with a better understanding of this heterogeneous risk group as well as practical recommendations for the treatment of intermediate risk patients. Materials and Methods The IBCG analyzed published clinical trials, meta-analyses and current clinical practice guidelines on intermediate risk nonmuscle invasive bladder cancer available as of September 2013. The definitions of intermediate risk, patient outcomes and guideline recommendations were considered, as were the limitations of the available literature and additional parameters that may be useful in guiding treatment decisions in intermediate risk patients. Results Current definitions and management recommendations for intermediate risk nonmuscle invasive bladder cancer vary. The most simple and practical definition is that proposed by the IBCG and the AUA of multiple and/or recurrent low grade Ta tumors. The IBCG suggests that several factors should be considered in clinical decisions in intermediate risk disease, including number (greater than 1) and size (greater than 3 cm) of tumors, timing (recurrence within 1 year) and frequency (more than 1 per year) of recurrence, and previous treatment. In patients without these risk factors a single, immediate instillation of chemotherapy is advised. In those with 1 to 2 risk factors adjuvant intravesical therapy (intravesical chemotherapy or maintenance bacillus Calmette-Guerin) is recommended, and previous intravesical therapy should be considered when choosing between these adjuvant therapies. For those patients with 3 to 4 risk factors, maintenance bacillus Calmette-Guerin is recommended. It is also important that all intermediate risk patients are accurately risk stratified at initial diagnosis and during subsequent followup. This requires appropriate transurethral resection of the bladder tumor, vigilance to rule out carcinoma in situ or other potential high risk tumors, and review of histological material directly with the pathologist. Conclusions Intermediate risk disease is a heterogeneous category, and there is a paucity of independent studies comparing therapies and outcomes in subgroups of intermediate risk patients. The IBCG has proposed a management algorithm that considers tumor characteristics, timing and frequency of recurrence, and previous treatment. Subgroup analyses of intermediate risk subjects in pivotal EORTC trials and meta-analyses will be important to validate the proposed algorithm and support clear evidence-based recommendations for subgroups of intermediate risk patients. 2014 by American Urological Association Education and Research, Inc.

**Publication type:** Journal: Review
**Source:** EMBASE
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library
**Full text:** Available Elsevier at Journal of Urology, The
12. Title: Defining the level of evidence for technology adoption in the localized prostate cancer pathway

Citation: Urologic Oncology: Seminars and Original Investigations, August 2014, vol./is. 32/6(924-930), 1078-1439;1873-2496 (August 2014)

Author(s): Valerio M., El-Shater Bosaily A., Emberton M., Ahmed H.U.

Language: English

Abstract: New technologies in prostate cancer are attempting to change the current prostate cancer pathway by aiming to reduce harms while maintaining the benefits associated with screening, diagnosis, and treatment. In this article, we discuss the optimal evaluation that new technologies should undergo to provide level 1 evidence typically required to change the practice. With this in mind, we focus on feasible and pragmatic trials that could be delivered in a timely fashion by many centers while retaining primary outcomes that focus on clinically meaningful outcomes.

2014 Elsevier Inc.

Publication type: Journal: Review

Source: EMBASE

13. Title: Does this man with lower urinary tract symptoms have bladder outlet obstruction? The rational clinical examination: A systematic review

Citation: JAMA - Journal of the American Medical Association, 2014, vol./is. 312/5(535-542), 0098-7484;1538-3598 (41857)

Author(s): D'Silva K.A., Dahm P., Wong C.L.

Language: English

Abstract: IMPORTANCE: Early, accurate diagnosis of bladder outlet obstruction in men with lower urinary tract symptoms may reduce the need for invasive testing (ie, catheter placement, urodynamics), and prompt early treatment to provide symptomatic relief and avoid complications. OBJECTIVES: To systematically review the evidence on (1) the diagnostic accuracy of office-based tests for bladder outlet obstruction in men with lower urinary tract symptoms; and (2) the accuracy of the bladder scan as a measure of urine volume because management decisions rely on measuring postvoid bladder residual volumes. DATA SOURCES AND STUDY SELECTION: MEDLINE, EMBASE, and the Cochrane Central Register of Controlled Trials (1950-March 2014), along with reference lists from retrieved articles were searched to identify studies of diagnostic test accuracy among males with lower urinary tract symptoms due to bladder outlet obstruction. MEDLINE, EMBASE, CINAHL, and the Cochrane Library (1950-March 2014) were searched to identify studies of urine volumes measured with a bladder scanner vs those measured with bladder catheterization. Prospective studies were selected if they compared 1 or more office-based, noninvasive diagnostic test with the reference test or were invasive urodynamic studies, and if urine volumes were measured with a bladder scanner and bladder catheterization. DATA EXTRACTION AND SYNTHESIS: For the bladder outlet obstruction objective, 8628 unique citations were identified. Ten studies (1262 patients among 9 unique cohorts) met inclusion criteria. For the bladder scan objective, 2254 unique citations were identified. Twenty studies (n = 1397 patients) met inclusion criteria. MAIN OUTCOMES AND MEASURES: The first main outcome and measure was the diagnostic accuracy of individual symptoms and questionnaires compared with the reference standard (urodynamic studies) for the diagnosis of bladder outlet obstruction in males with lower urinary tract symptoms. The second was the correlation between urine volumes measured with a bladder scanner and those measured with bladder catheterization. RESULTS: Among males with lower urinary tract symptoms, the likelihood ratios (LRs) of individual symptoms and questionnaires for diagnosing bladder outlet obstruction from the highest quality studies had 95% CIs that included 1.0, suggesting they are not significantly associated with one another. An International Prostate Symptom Score cutoff of 20 or greater increased the likelihood of bladder outlet obstruction (positive LR, 1.5; 95% CI, 1.1-2.0), whereas scores of less than 20 had an LR that included 1.0 in the 95% CI (negative LR, 0.82; 95% CI, 0.67-1.00). We found no data on the accuracy of physical examination findings to predict bladder outlet obstruction. Urine volumes measured by a bladder scanner correlated highly with urine volumes measured by bladder catheterization (summary correlation coefficient, 0.93; 95%CI, 0.91-0.95). CONCLUSIONS AND RELEVANCE In patients with lower urinary tract symptoms, the symptoms alone are not enough to adequately diagnose bladder outlet obstruction. A bladder scan for urine volume should be performed to assess patients with suspected large postvoid residual volumes. Copyright 2014 American Medical Association. All rights reserved.

Publication type: Journal: Review

Source: EMBASE

14. Title: Efficacy and safety of local steroids for urethra strictures: A systematic review and meta-analysis

Citation: Journal of Endourology, August 2014, vol./is. 28/8(962-968), 0892-7790;1557-900X (01 Aug 2014)
15. Title: Evaluation and treatment of Cryptorchidism: AUA guideline
Citation: Journal of Urology, August 2014, vol./is. 192/2(337-345), 0022-5347;1527-3792 (August 2014)
Language: English
Abstract: Purpose Cryptorchidism is one of the most common pediatric disorders of the male endocrine glands and the most common genital disorder identified at birth. This guideline is intended to provide physicians and non-physician providers (primary care and specialists) with a consensus of principles and treatment plans for the management of cryptorchidism (typically isolated non-syndromic). Materials and Methods A systematic review and meta-analysis of the published literature was conducted using controlled vocabulary supplemented with key words relating to the relevant concepts of cryptorchidism. The search strategy was developed and executed by reference librarians and methodologists to create an evidence report limited to English-language, published peer-reviewed literature. This review yielded 704 articles published from 1980 through 2013 that were used to form a majority of the guideline statements. Clinical Principles and Expert Opinions were used for guideline statements lacking sufficient evidence-based data. Results Guideline statements were created to inform clinicians on the proper methods of history-taking, physical exam, and evaluation of the boy with cryptorchidism, as well as the various hormonal and surgical treatment options. Conclusions Imaging for cryptorchidism is not recommended prior to referral, which should occur by 6 months of age. Orchidopexy (orchiopexy is the preferred term) is the most successful therapy to relocate the testis into the scrotum, while hormonal therapy is not recommended. Successful scrotal repositioning of the testis may reduce but does not prevent the potential long-term issues of infertility and testis cancer. Appropriate counseling and follow-up of the patient is essential. 2014 by American Urological Association Education and Research, Inc.
Publication type: Journal: Review
Source: EMBASE
Full text: Available Elsevier at Salisbury District Hospital Healthcare Library

16. Title: Examination of the significant placebo effect in the treatment of interstitial cystitis/bladder pain syndrome
Citation: Urology, August 2014, vol./is. 84/2(321-326), 0090-4295;1527-9995 (August 2014)
Author(s): Bosch P.C.
Language: English
Abstract: Objective To examine the significant "placebo effect" in a randomized, double-blind, placebo-controlled interstitial cystitis/bladder pain syndrome trial. Randomized clinical trials are the reference standard for therapeutic impact assessment. However, proving efficacy of treatments for interstitial cystitis/bladder pain syndrome with rigorous placebo-controlled trials is difficult due to a significant effect of the placebo intervention. Methods
Interstitial cystitis/bladder pain syndrome patients were randomized to receive subcutaneous adalimumab or subcutaneous placebo every 2 weeks for 12 weeks and outcome measures were assessed. Results Of the 43 patients, 21 received adalimumab and 22 received placebo. Of the patients who received placebo, there was a statistically significant improvement demonstrated in the O’Leary-Sant Interstitial Cystitis Symptom and Problem Indexes of -8.1 (95% confidence interval [CI], 3.0-13.2), Interstitial Cystitis Symptom Index of -3.7 (95% CI, 0.9-6.5), Interstitial Cystitis Problem Index of -4.4 (95% CI, 2.0-6.8), and Pelvic Pain, Urgency, Frequency scale of -6.9 (95% CI, 2.8-11.0) at week 12 compared with baseline. Most of the significantly improved placebo patients felt their improvement was because they were more conscientious about following physician advice and feeling less stress while in the study. Conclusion Patients with moderate to severe interstitial cystitis/bladder pain syndrome had significant improvement after receiving only advice and support. This intervention is risk free and inexpensive. Physicians should review standard advice with all interstitial cystitis/bladder pain syndrome patients before starting medical therapy. 2014 Elsevier Inc.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library

**17. Title:** Functional sperm testing and the role of proteomics in the evaluation of male infertility  
**Citation:** Urology, August 2014, vol./is. 84/2(255-261), 0090-4295;1527-9995 (August 2014)  
**Author(s):** Barazani Y., Agarwal A., Sabanegh Jr. E.S.  
**Language:** English  
**Abstract:** The limitations of conventional semen analysis testing in the diagnosis and management of male factor infertility have been well documented. A number of more sophisticated assays including measurements of sperm deoxyribonucleic acid (DNA) fragmentation rates, seminal oxidative stress, and antioxidant capacity have been increasingly used in the evaluation of male infertility. Moreover, in the past few years, tremendous advancements in the burgeoning field of sperm proteomics promise to revolutionize the andrologist’s diagnostic armamentarium, as will be discussed in this review. 2014 Elsevier Inc.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library

**18. Title:** Inflammatory myofibroblastic tumors of the urinary bladder: A systematic review  
**Citation:** Urology, September 2014, vol./is. 84/3(503-508), 0090-4295;1527-9995 (September 2014)  
**Author(s):** Teoh J.Y.C., Chan N.-H., Cheung H.-Y., Hou S.S.M., Ng C.-F.  
**Language:** English  
**Abstract:** We systemically reviewed the literature on inflammatory myofibroblastic tumors (IMTs) of the urinary bladder and compared between anaplastic lymphoma kinase (ALK)-positive and ALK-negative IMTs. An extensive search of the literature was performed in Medline and Web of Science using the following terms: "inflammatory myofibroblastic tumor," "inflammatory pseudotumor," and "bladder." A manual search was also performed using the web-based search engine Google Scholar. Reference lists of the retrieved articles were reviewed for other relevant studies. Patients’ and disease characteristics of each individual case were reviewed. Further analyses were performed to compare between ALK-positive and ALK-negative IMTs. Forty-one studies were identified, and 182 patients were included for review and subsequent analyses. Of the IMTs, 65% were ALK-positive. Local tumor recurrence rate was 4%, and no cases of distant metastases have been reported. Compared with ALK-negative IMTs, ALK-positive IMTs had a female predilection with a sex ratio (male:female) of 1:1.67 (P = .048). ALK-positive IMTs also appeared to occur in younger patients (P = .072). No significant differences were noted in terms of their clinical presentations and histologic features. On immunohistochemical staining, ALK-positive IMTs had more positive results for desmin (P = .042) and p53 (P = .05), and more negative results for clusterin (P = .003). In summary, ALK-positive IMTs of the urinary bladder had a female predilection, appeared to occur more frequently in younger patients, and had different immunohistochemical staining patterns when compared with ALK-negative IMTs. Regardless of its ALK status, IMT of the urinary bladder has a good prognosis after surgical resection. 2014 Elsevier Inc. All Rights Reserved.

**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library
19. Title: It is time to abandon "expected bladder capacity." Systematic review and new models for children's normal maximum voided volumes

Citation: Neurourology and Urodynamics, September 2014, vol./is. 33/7(1092-1098), 0733-2467;1520-6777 (September 2014)

Author(s): Martinez-Garcia R., Ubeda-Sansano M.I., Diez-Domingo J., Perez-Hoyos S., Gil-Salom M.

Language: English

Abstract: Background There is an agreement to use simple formulae (expected bladder capacity and other age based linear formulae) as bladder capacity benchmark. But real normal child's bladder capacity is unknown. Aims To offer a systematic review of children's normal bladder capacity, to measure children's normal maximum voided volumes (MVVs), to construct models of MVVs and to compare them with the usual formulae. Methods Computerized, manual and grey literature were reviewed until February 2013. Epidemiological, observational, transversal, multicenter study. A consecutive sample of healthy children aged 5-14 years, attending Primary Care centres with no urologic abnormality were selected. Participants filled-in a 3-day frequency-volume chart. Variables were MVVs: maximum of 24hr, nocturnal, and daytime maximum voided volumes. Factors: diuresis and its daytime and nighttime fractions; body-measure data; and gender. The consecutive steps method was used in a multivariate regression model. Results Twelve articles accomplished systematic review's criteria. Five hundred and fourteen cases were analysed. Three models, one for each of the MVVs, were built. All of them were better adjusted to exponential equations. Diuresis (not age) was the most significant factor. There was poor agreement between MVVs and usual formulae. Nocturnal and daytime maximum voided volumes depend on several factors and are different. Conclusions Nocturnal and daytime maximum voided volumes should be used with different meanings in clinical setting. Diuresis is the main factor for bladder capacity. This is the first model for benchmarking normal MVVs with diuresis as its main factor. Current formulae are not suitable for clinical use. 2013 Wiley Periodicals, Inc.

Publication type: Journal: Review
Source: EMBASE

20. Title: Kidney transplantation in children

Citation: New England Journal of Medicine, August 2014, vol./is. 371/6(549-558), 0028-4793;1533-4406 (07 Aug 2014)

Author(s): Dharnidharka V.R., Fiorina P., Harmon W.E.

Language: English

Abstract: Transplantation in children with kidney failure once presented many technical, immunologic, and logistic problems that led to worse patient and allograft survival, as compared with adults. Advances in all these areas and the development of pediatric-trial groups have resulted in dramatic improvements, such that young children now have the best long-term graft survival among all age groups, including adults. Copyright 2014 Massachusetts Medical Society.

Publication type: Journal: Review
Source: EMBASE

Full text: Available Massachusetts Medical Society at New England Journal of Medicine (NEJM)

21. Title: Lower urinary tract symptoms in men

Citation: BMJ (Online), August 2014, vol./is. 349/, 1756-1833 (14 Aug 2014)

Author(s): Hollingsworth J.M., Wilt T.J.

Language: English

Abstract: Benign prostatic hyperplasia (BPH) is a highly prevalent and costly condition that affects older men worldwide. Many affected men develop lower urinary tract symptoms, which can have a negative impact on their quality of life. In the past, transurethral resection of the prostate (TURP) was the mainstay of treatment. However, several efficacious drug treatments have been developed, which have transformed BPH from an acute surgical entity to a chronic medical condition. Specifically, multiple clinical trials have shown that alpha adrenoceptor antagonists can significantly ameliorate lower urinary tract symptoms. Moreover, 5alpha reductase inhibitors, alone or combined with an alpha adrenoceptor antagonist, can reverse the natural course of BPH, reducing the risk of urinary retention and the need for surgical intervention. Newer medical regimens including the use of antimuscarinic agents or phosphodiesterase type 5 inhibitors, have shown promise in men with predominantly storage symptoms and concomitant erectile dysfunction, respectively. For men who do not adequately respond to conservative measures or pharmacotherapy, minimally invasive surgical techniques (such as transurethral needle ablation, microwave thermotherapy, and prostatic urethral lift) may be of benefit, although they lack the durability of TURP. A variety of laser procedures have also been introduced, whose improved hemostatic properties abrogate many of the
complications associated with traditional surgery.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available BMJ (Clinical research ed.) at The BMJ

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**22. Title:** Moving Forward the State of the Art in Prostate Cancer Treatment: Targeted Focal Therapy  
**Citation:** Urology Practice, September 2014, vol./is. 1/3(156-164), 2352-0779 (September 2014)  
**Author(s):** Crawford E.D., Rove K.O., Stone N.N., Lucia M.S., Barqawi A.B., La Rosa F.G.  
**Language:** English  
**Abstract:** Introduction: The diagnosis and treatment of prostate cancer have changed dramatically in the prostate specific antigen era. We are now faced with the clinical dilemma of over diagnosis and overtreatment. Targeted focal therapy offers a potential middle ground between the binary choices of active surveillance and the whole gland treatments of radical prostatectomy or radiotherapy. Methods: A PubMed search was performed using the terms "targeted focal therapy," "focal therapy," "hemiablation" and "transperineal mapping biopsy" to locate studies and reviews published after 2000 pertaining to targeted focal therapy of the prostate. Key articles were selected and included in this review, which covers the practical aspects of targeted focal therapy for prostate cancer. Results: Three international, multidisciplinary consensus statements were located which provide best practice for patient selection in ongoing and future trials of targeted focal therapy. Other studies located for the review elaborate on the best techniques to properly stage a case of histologically confirmed prostate cancer under consideration for focal therapy and summarize outcomes reported to date in the literature. Conclusions: Phase I and II studies of targeted focal therapy for prostate cancer have demonstrated safety and efficacy. With improved imaging and standardized patient selection criteria, phase III study is under way, perhaps setting the stage for a new era of prostate cancer therapy for many individuals. 2014 American Urological Association Education and Research, Inc.

**Publication type:** Journal: Review  
**Source:** EMBASE

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**23. Title:** Mucosa-sparing, KTP laser coagulation of submucosal telangiectatic vessels in patients with radiation-induced cystitis: A novel approach  
**Citation:** Urology, August 2014, vol./is. 84/2(478-483), 0090-4295;1527-9995 (August 2014)  
**Author(s):** Talab S.S., McDougal W.S., Wu C.-L., Tabatabaei S.  
**Language:** English  
**Abstract:** Introduction This study aimed to evaluate the safety and feasibility of endoscopic potassium titanyl phosphate (KTP) laser application in the management of patients with radiation-induced hemorrhagic cystitis (RHC). Technical Considerations We retrospectively reviewed the records of 20 patients with RHC who underwent endoscopic KTP laser ablation of telangiectatic bladder vessels between October 2005 and January 2013. After initial cystoscopy, KTP laser was used to ablate the submucosal vasculature while preserving the overlying mucosa. The surgical outcome was evaluated by duration of hematuria-free interval, number of episodes of hematuria, and number of required medical and/or surgical interventions after initial treatment. Overall, 20 patients underwent 26 sessions of KTP laser ablation of bladder vessels. The procedure was able to stop bleeding 92% of the time and the average hematuria-free interval after ablation was 11.8 months, with a range of 1-37 months. In 13 patients (65%) hematuria resolved after 1 session of KTP laser treatment, whereas 5 patients (25%) required multiple sessions. Two patients (10%) with severe hematuria continued to have bleeding after laser treatment, which necessitated proximal diversion of urine with percutaneous nephrostomy tubes to control bleeding. Conclusion This study suggests that KTP laser, with its unique photoselectivity property, is a safe, effective, and durable treatment with minimal side effects for ablation of submucosal bladder vessels in patients with RHC. 2014 Elsevier Inc.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Elsevier at Salisbury District Hospital Healthcare Library

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**24. Title:** Radical prostatectomy or radiotherapy in high-risk prostate cancer: A systematic review and metaanalysis  
**Citation:** Clinical Genitourinary Cancer, August 2014, vol./is. 12/4(215-224), 1558-7673;1938-0682 (August 2014)  
**Author(s):** Petrelli F., Vavassori I., Coinu A., Borgonovo K., Sarti E., Barni S.  
**Language:** English  
**Abstract:** Background Radical prostatectomy (RP) is one of the treatment options for localized, high-risk prostate cancer (PC), but it has never been compared with external beam radiotherapy (RT), which is an alternative approach, in a large randomized trial. To compare the outcomes of patients treated with surgery versus RT, we performed a
Reducing the risk of infection for transrectal prostate biopsy with povidone-iodine: A systematic review and meta-analysis

Citation: International Urology and Nephrology, 2014, vol./is. 46/9(1691-1698), 0301-1623;1573-2584 (2014)

Abstract: Purpose: To evaluate the efficacy of povidone-iodine (PI) in reducing the risk of infectious complications following transrectal prostate biopsy (TRPB). Methods: Eligible randomized controlled trials (RCTs) were identified from electronic databases (Cochrane CENTRAL, MEDLINE, and EMBASE). The database search, quality assessment, and data extraction were performed independently by two reviewers. The main outcome for the efficacy of PI was the incidence of infectious complications after TRPB. Results: Seven trials, including 2,049 patients, met the inclusion criteria. Data from the seven included RCTs favored the use of PI before TRPB to prevent infectious complications. PI for "PI versus blank control" significantly reduced fever, bacteriuria, and bacteremia compared with that for control [relative risk (RR) 0.31; 95 % confidence interval (CI) 0.21-0.45, P < 0.00001]. With PI versus antibiotics (ATB), patients treated with ATB alone had a significantly greater risk of bacteremia (RR 0.38; 95 % CI 0.16-0.90, P = 0.03).

In "PI plus ATB versus ATB" trials, the risk of fever (RR 0.11; 95 % CI 0.02-0.85, P = 0.03) and bacteremia (RR 0.25; 95 % CI 0.08-0.75, P = 0.01) was diminished in the "PI plus ATB" group. Conclusions: Rectal disinfection with PI provides a safe and effective method to reduce the risk of infectious complications following TRPB, regardless of monophylaxis and combined prophylaxis with PI and ATB. Large, multicenter, and prospective RCTs of good quality trials are needed to confirm the efficacy of PI. 2014 Springer Science+Business Media.

Surgical indications for unilateral neonatal hydronephrosis in considering ureteropelvic junction obstruction

Citation: Urological Science, September 2014, vol./is. 25/3(73-76), 1879-5226 (September 2014)

Abstract: Prenatal hydronephrosis is one of the most common urological congenital abnormalities detected by ultrasound. The incidence ranges from 0.59% to 0.69%. Approximately 50% of these fetuses do not have hydronephrosis on postnatal examination, whereas 25-33% of the rest have persistent hydronephrosis leading to the diagnosis of ureteropelvic junction (UPJ) obstruction. Renal ultrasonography and renal radionuclide scanning are the major modalities used for assessment and follow-up. Three main criteria used to determine the presence of obstruction are: (1) the magnitude of hydronephrosis present on ultrasound, (2) the relative renal function (RRF) measured by renography, and (3) the response of radionuclide washout with furosemide. Unfortunately, it is not always easy to determine obstruction; different types of management have been developed. Without depending on the severity of renal pelvis dilation, percentage of RRF, and response of radionuclide washout in the initial presentation, early surgery to preserve renal function and aggressive observation to prevent unnecessary surgery are two extremes on the spectrum of management for neonatal UPJ obstruction. Relying on renal function in renography, <35-40% or 5-10% of a decrease in the percentage of RRF or on the enlarging of hydronephrosis, respectively, and parenchymal thinning on ultrasonography are the indications for the surgical management to recover renal function in time. In addition to renal function change and imaging progression, the follow-up protocol and family compliance are the other considerations in prevention of impaired renal function. Through more than 40
years of development in the field of UPJ obstruction in infants, there have been several advances in management but controversies remain to be resolved. In this review, we focus on the surgical indications for the UPJ obstruction in this cohort. 2014.

**Publication type:** Journal: Review

**Source:** EMBASE

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**27. Title:** Systematic review and meta-analysis of candidate gene association studies of lower urinary tract symptoms in men

**Citation:** European Urology, October 2014, vol./is. 66/4(752-768), 0302-2838;1873-7560 (October 2014)

**Author(s):** Cartwright R., Mangera A., Tikkinen K.A.O., Rajan P., Pesonen J., Kirby A.C., Thiagamoorthy G., Ambrose C., Gonzalez-Maffe J., Bennett P.R., Palmer T., Walley A., Jarvelin M.-R., Khullar V., Chapple C.

**Language:** English

**Abstract:** Context Although family studies have shown that male lower urinary tract symptoms (LUTS) are highly heritable, no systematic review exists of genetic polymorphisms tested for association with LUTS. Objective To systematically review and meta-analyze studies assessing candidate polymorphisms/genes tested for an association with LUTS, and to assess the strength, consistency, and potential for bias among pooled associations. Evidence acquisition A systematic search of the PubMed and HuGE databases as well as abstracts of major urologic meetings was performed through to January 2013. Case-control studies reporting genetic associations in men with LUTS were included. Reviewers independently and in duplicate screened titles, abstracts, and full texts to determine eligibility, abstracted data, and assessed the credibility of pooled associations according to the interim Venice criteria. Authors were contacted for clarifications if needed. Meta-analyses were performed for variants assessed in more than two studies. Evidence synthesis We identified 74 eligible studies containing data on 70 different genes. A total of 35 meta-analyses were performed with statistical significance in five (ACE, ELAC2, GSTM1, TERT, and VDR). The heterogeneity was high in three of these meta-analyses. The rs731236 variant of the vitamin D receptor had a protective effect for LUTS (odds ratio: 0.64; 95% confidence interval, 0.49-0.83) with moderate heterogeneity (I² = 27.2%). No evidence for publication bias was identified. Limitations include wide-ranging phenotype definitions for LUTS and limited power in most meta-analyses to detect smaller effect sizes. Conclusions Few putative genetic risk variants have been reliably replicated across populations. We found consistent evidence of a reduced risk of LUTS associated with the common rs731236 variant of the vitamin D receptor gene in our meta-analyses. Patient summary Combining the results from all previous studies of genetic variants that may cause urinary symptoms in men, we found significant variants in five genes. Only one, a variant of the vitamin D receptor, was consistently protective across different populations. 2014 The Authors.

**Publication type:** Journal: Review

**Source:** EMBASE

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**28. Title:** Target ablation-Image-guided therapy in prostate cancer

**Citation:** Urologic Oncology: Seminars and Original Investigations, August 2014, vol./is. 32/6(912-923), 1078-1439;1873-2496 (August 2014)

**Author(s):** Marien A., Gill I., Ukimura O., Nacim B., Villers A.

**Language:** English

**Abstract:** Introduction: Current treatment options for prostate cancer, other than active surveillance, are limited to entire prostate gland destruction through removal (radical prostatectomy), radiation (external beam, brachytherapy, or a combination of both), or thermal ablation (cryoablation, high-intensity focused ultrasound, or radiofrequency). There has been a demand to develop ablative therapies that attempt to reduce treatment burden while retaining cancer control and avoiding the psychological morbidity associated with surveillance. Materials and methods: We reviewed the literature to concentrate on the practical aspects of focal therapy for Pca with the following key words: photodynamic therapy, HIFU, cryotherapy, focal laser ablation, electroporation, radiofrequency, external beam radiation, organ-sparing approach, focal therapy, prostate cancer. The aim of this article is to review these energy modalities’ functional and oncologic results. Results: Prostatic tumor ablation can be achieved with different energies: freezing effect for cryotherapy, thermal effect using focalized ultrasound for HIFU and using thermal effect of light for FLA and activation of a photosensitizer by light for PDT, among others. Radiofrequency and microwave therapy have been tested in this field and demonstrated their usefulness. Electroporation is currently being developed on preclinical models. External beam radiation with microboost on neoplastic foci is under evaluation. HIFU and cryotherapy require the use of sophisticated and expensive machines. However, series published short term effective with low morbity, reversible therapy. Conclusion: Several energy modalities are being developed to achieve the trifecta of continence, potency, and oncologic efficiency. Comparison of the different focal approaches is complex owing to important heterogeneity of the trials. In the future, it seems likely that each technique will have its
own selective indications. 2014 Elsevier Inc.

**Publication type:** Journal: Review

**Source:** EMBASE

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**29.Title:** Target detection: Magnetic resonance imaging-ultrasound fusion-guided prostate biopsy  
**Citation:** Urologic Oncology: Seminars and Original Investigations, August 2014, vol./is. 32/6(903-911), 1078-1439;1873-2496 (August 2014)  
**Author(s):** Sonn G.A., Margolis D.J., Marks L.S.  
**Language:** English

**Abstract:** Recent advances in multiparametric magnetic resonance imaging (MRI) have enabled image-guided detection of prostate cancer. Fusion of MRI with real-time ultrasound (US) allows the information from MRI to be used to direct biopsy needles under US guidance in an office-based procedure. Fusion can be performed either cognitively or electronically, using a fusion device. Fusion devices allow superimposition (coregistration) of stored MRI images on real-time US images; areas of suspicion found on MRI can then serve as targets during US-guided biopsy. Currently available fusion devices use a variety of technologies to perform coregistration: robotic tracking via a mechanical arm with built-in encoders (Artemis/Eigen, BioJet/Geoscan); electromagnetic tracking (UroNav/Philips-In vivo, Hi-RVS/Hitachi); or tracking with a 3D US probe (Urostation/Koels). Targeted fusion biopsy has been shown to identify more clinically significant cancers and fewer insignificant cancers than conventional biopsy. Fusion biopsy appears to be a major advancement over conventional biopsy because it allows (1) direct targeting of suspicious areas not seen on US and (2) follow-up biopsy of specific cancerous sites in men undergoing active surveillance.  
2014 Elsevier Inc.

**Publication type:** Journal: Review

**Source:** EMBASE

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**30.Title:** The role of focal therapy in the management of localised prostate cancer: A systematic review  
**Citation:** European Urology, October 2014, vol./is. 66/4(732-751), 0302-2838;1873-7560 (October 2014)  
**Language:** English

**Abstract:** Context The incidence of localised prostate cancer is increasing worldwide. In light of recent evidence, current, radical, whole-gland treatments for organ-confined disease have been questioned with respect to their side effects, cancer control, and cost. Focal therapy may be an effective alternative strategy. Objective To systematically review the existing literature on baseline characteristics of the target population; preoperative evaluation to localise disease; and perioperative, functional, and disease control outcomes following focal therapy. Evidence acquisition Medline (through PubMed), Embase, Web of Science, and Cochrane Review databases were searched from inception to 31 October 2012. In addition, registered but not yet published trials were retrieved. Studies evaluating tissue-preserving therapies in men with biopsy-proven prostate cancer in the primary or salvage setting were included. Evidence synthesis A total of 2350 cases were treated to date across 30 studies. Most studies were retrospective with variable standards of reporting, although there was an increasing number of prospective registered trials. Focal therapy was mainly delivered to men with low and intermediate disease, although some high-risk cases were treated that had known, unilateral, significant cancer. In most of the cases, biopsy findings were correlated to specific preoperative imaging, such as multiparametric magnetic resonance imaging or Doppler ultrasound to determine eligibility. Follow-up varied between 0 and 11.1 yr. In treatment-naive prostates, pad-free continence ranged from 95% to 100%, erectile function ranged from 54% to 100%, and absence of clinically significant cancer ranged from 83% to 100%. In focal salvage cases for radiotherapy failure, the same outcomes were achieved in 87.2-100%, 29-40%, and 92% of cases, respectively. Biochemical disease-free survival was reported using a number of definitions that were not validated in the focal-therapy setting. Conclusions Our systematic review highlights that, when focal therapy is delivered with intention to treat, the perioperative, functional, and disease control outcomes are encouraging within a short- to medium-term follow-up. Focal therapy is a strategy by which the overtreatment burden of the current prostate cancer pathway could be reduced, but robust comparative effectiveness studies are now required. 2013 European Association of Urology.

**Publication type:** Journal: Review

**Source:** EMBASE

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**31.Title:** Transitional Urology: An Evolving Paradigm for Care of the Aging Adolescent  
**Citation:** Current Bladder Dysfunction Reports, September 2014, vol./is. 9/3(209-213), 1931-7212;1931-7220 (September 2014)
Abstract: Congenital genitourinary anomalies present an interesting challenge to many pediatric urologists. Patients with these conditions require complex care early in life and continued urologic follow-up into adulthood to optimize their function and quality of life. There is a growing awareness that continuity of care beginning in adolescence and progressing through adulthood can have a positive impact on these patients in a number of domains. This may include condition-specific surgical reconstruction, psychosocial development, health economics, and health policy. The process of transitioning care between adolescence and adulthood is evolving as a unique opportunity in urology as congenital genitourinary conditions pose a lifelong challenge for patients, families, caregivers, and health systems. This manuscript highlights the current state of development for this niche as well as future opportunities for education, discovery, and delivery of care for transitional urology.

Publication type: Journal: Review
Source: EMBASE
News

NHS Choices

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