

IN BRIEF

CLINICAL TRIALS

Many systematic reviews in the urological literature fall short of established methodologic standards. Two independent reviewers assessed the methodologic quality of 57 eligible reviews published in 4 major urology journals and found that over half of these articles failed to search multiple databases, include unpublished studies or list the included studies. Only two-thirds of reviews evaluated the methodologic quality of the individual included studies.

Original article MacDonald, S. L. *et al.* Assessment of the methodological quality of systematic reviews published in the urological literature from 1998 to 2008. *J. Urol.* **184**, 648–653 (2010)

SURGERY

Virtual reality (VR) training improved the outcomes of flexible cystourethroscopy among interns in a Dutch trial. 100 participants were randomized to receive training on the URO Mentor™ (Symbionix, Cleveland, OH) or no VR training. Mean Global Rating Scale scores were higher in the VR-trained interns than in the untrained group; analysis showed a significant moderate-to-large effect of training. Thus, the URO Mentor™ can be recommended for cystourethroscopy training.

Original article Schout, B. M. A. *et al.* Transfer of cysto-urethroscopy skills from a virtual-reality simulator to the operating room: a randomized controlled trial. *BJU Int.* **106**, 226–231 (2010)

SURGERY

Formal training in robotic surgery might improve perioperative outcomes of robot-assisted laparoscopic prostatectomy (RALP) during implementation of new robotic surgery programs. 286 RALPs were performed by 12 surgeons—4 with formal training in RALP and 8 formally trained in conventional laparoscopic surgery. RALP-trained surgeons had lower rates of positive margins overall and for T3 tumors, as well as lower rates of apical and lateral positive margins. These surgeons also completed operations 10–15% more quickly.

Original article Kwon, E. O. *et al.* Impact of robotic training on surgical and pathologic outcomes during robot-assisted laparoscopic radical prostatectomy. *Urology* doi:10.1016/j.urology.2009.09.085

SURGERY

Laparoscopic pyeloplasty is a safe and feasible option in children with ureteropelvic junction obstruction. Among 39 patients aged 1–18 years, similar outcomes were found between those randomized to laparoscopic and open procedures. Operative time tended to be longer in the laparoscopic group, whereas the duration of hospitalization tended to be shorter. Significant differences in these parameters might become apparent as more results accrue.

Original article Penn, H. A. *et al.* Laparoscopic versus open pyeloplasty in children: preliminary report of a prospective randomized trial. *J. Urol.* **184**, 690–695 (2010)