

IN BRIEF

 FOCUS ON KIDNEY CANCER

Occupational exposure to ultraviolet (UV) light is associated with a markedly decreased risk of renal cell carcinoma (RCC). Analysis of data from 1,097 RCC cases and 1,476 controls in Europe revealed a risk reduction of up to 38%. Risk was further reduced following stratification according to latitude—a surrogate for sunlight exposure. Interestingly, the inverse correlation between UV exposure and RCC risk applied only to male study participants.

Original article Karami, S. *et al.* Occupational sunlight exposure and risk of renal cell carcinoma. *Cancer* doi:10.1002/cncr.24939

PROSTATE CANCER

Biopsy-induced hemorrhaging may interfere with interpretation of preoperative MRI. As such, some authors recommend waiting at least 3 weeks between biopsy and MRI to maximize the accuracy of cancer staging. On the basis of their recently published retrospective analysis of 52 patients, a Korean group contests this recommendation, and asserts that MRI need not be deferred. The team detected no difference in cancer localization between MRI and post-prostatectomy pathology on the basis of biopsy–MRI interval.

Original article Park, K. K. *et al.* The effects of the period between biopsy and diffusion-weighted magnetic resonance imaging on cancer staging in localized prostate cancer. *BJU Int.* doi:10.1111/j.1464-410X.2010.09287.x

STONES

Temporary occlusion of the ureter with BackStop™ polymer prior to lithotripsy significantly reduces the likelihood of post-fragmentation stone retropulsion. BackStop™ was dispensed into the ureter of 34 randomly-selected patients undergoing lithotripsy to remove a single proximal stone. The retropulsion rate was 9%, compared with 53% in the 34-strong control group. Conventional saline irrigation successfully dissolved and flushed out the polymer from all patients, and no adverse effects were reported.

Original article Rane, A. *et al.* The use of a novel reverse thermosensitive polymer to prevent ureteral stone retropulsion during intracorporeal lithotripsy: a randomized, controlled trial. *J. Urol.* **183**, 1417–1421 (2010)

INFECTION

The etretinate metabolite acitretin can induce clinically significant improvements in men with severe, long-standing lichen sclerosus of the genitals. During a double-blind trial performed in Greece, 52 patients were randomized 2:1 to receive 35 mg acitretin per day or placebo for 20 weeks. More than a third of the acitretin group achieved a complete response (versus 1 man in the placebo group); the symptoms of 36% acitretin-treated patients resolved partially (versus 13% of the placebo group). The drug was well-tolerated.

Original article Ioannides, D. *et al.* Acitretin for severe lichen sclerosus of male genitalia: a randomized, placebo controlled study. *J. Urol.* **183**, 1395–1399 (2010)