

($p=0.04$). Similarly, in patients with pT4N0/x disease, BCE omission resulted in a 1.45-fold increase ($p=0.02$). The main limitation of our study is the lack of data on disease recurrence.

Conclusions: Nephroureterectomy with BCE remains the standard of care in the treatment of UC of the renal pelvis and should invariably be performed in patients with locally advanced disease. Conversely, patients with pT1 and pT2 disease could be considered for NU without compromising CSM. However, recurrence data are needed to fully confirm the validity of this option.

Editorial Comment

Bladder cuff excision was regarded standard in all upper urinary tract urothelial tumors. Recently, however, this standard was challenged by reports that did not show any benefit from this procedure. Therefore, this large international, multi-institutional analysis from Canada, Italy and Germany including more than 4200 patients with urothelial cancer of the renal pelvis is very helpful in re-establishing the standard of care for this patient group.

Two important observations were made. First, in patients with positive lymph nodes, and in those with $>pT2$ tumors of the renal pelvis, cancer-specific mortality was significantly higher if bladder cuff excision (BCE) was omitted. Second, no survival benefit was seen in the group with smaller (pT1-2), node-negative tumors. Therefore, BCE may be omitted in select patients of this group.

A drawback of the study to my opinion was the lack of inclusion of ureteral cancers and I would hope that the authors will perform another analysis for this important subgroup, too. Still, these data re-establish the standard and strongly support routine BCE in cases with urothelial renal pelvis tumors.

Dr. Andreas Bohle
Professor of Urology
HELIOS Agnes Karll Hospital
Bad Schwartau, Germany
E-mail: boehle@urologie-bad-schwartau.de

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Prevention and management of complications following radical cystectomy for bladder cancer

Lawrentschuk N, Colombo R, Hakenberg OW, Lerner SP, Månsson W, Sagalowsky A, Wirth MP
Division of Urology, Department of Surgical Oncology, Princess Margaret Hospital, University of Toronto, Toronto, Canada
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Context: This review focuses on the prevention and management of complications following radical cystectomy (RC) for bladder cancer (BCa). OBJECTIVE: We review the current literature and perform an analysis of the frequency, treatment, and prevention of complications related to RC for BCa.

Evidence Acquisition: A Medline search was conducted to identify original articles, reviews, and editorials addressing the relationship between RC and short- and long-term complications. Series examined were published within the past decade. Large series reported on multiple occasions (Lee [1], Meyer [2], and Chang and Cookson [3]) with the same cohorts are recorded only once. Quality of life (QoL) and sexual function were excluded.

Evidence Synthesis: The literature regarding prophylaxis, prevention, and treatment of complications of RC in general is retrospective, not standardised. In general, it is of poor quality when it comes to evidence and is thus difficult to synthesise.

Conclusions: Progress has been made in reducing mortality and preventing complications of RC. Postoperative morbidity remains high, partly because of the complexity of the procedures. The issues of surgical volume and standardised prospective reporting of RC morbidity to create evidence-based guidelines are essential for further reducing morbidity and improving patients' QoL.

Editorial Comment

Radical cystectomy (RC) is the treatment of choice for muscle-invasive bladder cancer. RC is a major procedure with an inherent rate of complications and morbidity. This collaborative multi-institutional international review of the literature on prevention and management of complication is recommended reading not only for surgeons involved in such operations but also for urologists in training. Many aspects are covered in detail and reflect the large experience of the authors and their institutions, e.g. fast-track surgery, bowel preparation, perioperative and postoperative complications. Recommendations for prevention and treatment of typical situations are given such as blood loss, urinary extravasation, pneumonia, ileus, lymphocele, metabolic disorders. In summary, it evolves that radical cystectomy is a procedure for experienced urologists only which should be performed in high-volume centers. Many factors before, during and after the operation have to be considered to provide good outcomes for our patients.

Dr. Andreas Bohle
Professor of Urology
HELIOS Agnes Karll Hospital
Bad Schwartau, Germany
E-mail: boehle@urologie-bad-schwartau.de

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Prevalence and characteristics of sexual hookups among first-semester female college students

Fielder RL, Carey MP

Center for Health and Behavior, Syracuse University, Syracuse, New York, USA

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First-semester female college students (N = 118) completed surveys to estimate the prevalence of sexual hookups and event-level assessments to clarify the behavioral characteristics of their most recent hookup. Hookups involving oral, vaginal, or anal sex were reported by 51% before college, 36% during their first semester, and 60% by the end of their first semester. Event-level analyses revealed that hookups were more likely to involve friends (47%) or acquaintances (23%) rather than strangers (14%); alcohol use (median = 3 drinks) preceded 64% of hookups. Condoms were used during 69% of vaginal sex hookups.

Editorial Comment

This article allows the reader to veritably gaze through the proverbial looking glass at the behavior of young female students just beginning their college career. The article states in its first paragraph that one of its goals is to describe what exactly "a hookup" is and how common are these hookups. The authors state that the use of the word hookup is not relegated only to oral or vaginal sex. In fact, they only describe 27% of the