Re: Effect of Soy Protein Isolate Supplementation on Biochemical Recurrence of Prostate Cancer after Radical Prostatectomy: A Randomized Trial


Department of Pathology, College of Medicine, University of Illinois at Chicago, Chicago, Illinois


Abstract available at http://jurology.com/

Editorial Comment: Soy protein has long been postulated to carry beneficial effects in men with prostate cancer and women with breast cancer, largely due to a high content of isoflavones, a group of naturally occurring estrogens. In particular an isoflavone called genistein is known to bind to estrogen receptor-beta and exert an antiproliferative effect on prostate cancer cells. In this prospective randomized trial men at high risk for recurrence following radical prostatectomy were randomized to receive a soy protein supplement or placebo daily for up to 20 months. No decrease in the rate of biochemical recurrence was observed among men receiving soy protein. Broad interpretation of trials such as this is difficult owing to a lack of dosing studies with dietary supplements and a wide variety of available soy products with differing concentrations. It is difficult to know if soy supplementation is of no benefit or if the study design explains the result.

Samir S. Taneja, MD

Suggested Reading


Re: Consumption of Fish Products across the Lifespan and Prostate Cancer Risk


Centre of Public Health Sciences, University of Iceland, Reykjavik, Iceland


Abstract available at http://jurology.com/

Editorial Comment: This study adds to the growing number of series with mixed/contradictory outcomes regarding the influence of fish and fish oil consumption on prostate cancer risk among men in Iceland. In this group high fish consumption from early in life carried little influence on prostate
cancer risk, unless the fish consumption was salted or smoked. In the latter case a twofold increase in advanced cancer was noted at diagnosis. The effect of fish oils on prostate cancer growth is well demonstrated but the differential manner in which individuals process fish oil is not. In this study men were evaluated from a population that typically eats a great deal of fish. In this case even low fish consumption may exceed that of the typical diet in other parts of the world. Whether underlying genetics affect the metabolism of fish in this population is an important question, as this factor may directly influence risk.

Re: Strategy for Detection of Prostate Cancer Based on Relation between Prostate Specific Antigen at Age 40-55 and Long Term Risk of Metastasis: Case-Control Study


Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, New York


Abstract available at http://jurology.com/

Editorial Comment: The recent American Urological Association guidelines for prostate cancer screening suggest that prostate specific antigen (PSA) testing in men younger than 55 years should not be considered, given the absence of evidence supporting benefit in this group. This provocative study shows that PSA level obtained at age 45 to 49 years can predict the risk of prostate cancer mortality later in life. A number of previous studies from the same group have suggested the same. In this series men in Sweden were followed with infrequent PSA measurements during a 27-year period, allowing assessment of rates of advanced cancer among the cohort. As such, the observations may offer alternative strategies for screening and PSA testing individualized to the patient. The authors propose that risk thresholds may be established based on PSA concentration, and less frequent PSA testing could be used without greatly risking excessive prostate cancer mortality. It is perhaps not intuitive that PSA testing and eventual biopsy can benefit a man after age 55 but not before. While our field is heavily criticized for excessive screening and over detection, avoidance of PSA testing and acceptance of prostate cancer mortality seems to be an approach that lacks innovation or insight. As urologists, modification of our practice is warranted but the modification should be when we biopsy and when we treat, rather than when we test PSA.

Re: Urinary TMPRSS2:ERG and PCA3 in an Active Surveillance Cohort: Results from a Baseline Analysis in the Canary Prostate Active Surveillance Study


Division of Public Health Sciences, Fred Hutchinson Cancer Research Center, University of Washington School of Medicine, Seattle, Washington


Abstract available at http://jurology.com/

Editorial Comment: In this study men enrolled in a prospective active surveillance protocol were assessed with baseline urinary biomarkers to determine the correlation of biomarker level with study entry pathology. The described surveillance study (Canary PASS) is unique in that it allows men with clinically localized disease to enroll, regardless of prostate specific antigen (PSA) or
Gleason score. As such, it includes a small number of men with Gleason 7 or greater and PSA 10 ng/ml or greater.

The relationship of PCA3 to disease volume and grade has been somewhat controversial in our literature. In this study a relationship with grade and disease volume at biopsy is noted but is limited by the fact that disease volume and grade can be inaccurate on conventional biopsy. Nonetheless, a number of men in the series underwent multiple biopsies at study entry, and as such, some sampling error may have been overcome, thus improving the accuracy of grade correlation. In observing the correlations it is noteworthy that confidence intervals are widely overlapping. This finding implies that establishing biomarker cutoffs for selection of surveillance candidates would be difficult in the absence of other parameters. Certainly if validated in additional cohorts, the observation may have clinical value. A critical next question may be whether these biomarkers can improve the ability to longitudinally follow men on surveillance. The wide variability of PCA3 measurement in the individual patient has limited its use as a monitoring tool in prostate cancer.

Samir S. Taneja, MD

Suggested Reading
