seems pervasive in male health, as men seem to be less likely than women to seek preventive care if asymptomatic. It is interesting that the findings extend across all cancers evaluated and persist among men and women.

Samir S. Taneja, MD

Re: Cigarette Smoking is Associated with an Increased Risk of Biochemical Disease Recurrence, Metastasis, Castration-Resistant Prostate Cancer, and Mortality after Radical Prostatectomy: Results from the SEARCH Database


Cancer 2014; 120: 197–204.

Abstract available at http://jurology.com/

Editorial Comment: In this interesting report active cigarette smoking was found to be predictive of biochemical relapse, development of metastasis, progression to castration resistant prostate cancer and overall mortality among men undergoing radical prostatectomy. Men were identified from a retrospective evaluation of charts, and only those with smoking history recorded were included. Active smokers had worsened surgical pathology and disease outcomes. While a true causal relationship cannot be established from this report given the absence of data regarding duration of smoking, smoking cessation and onset, it provides another provocative suggestion that lifestyle influences the outcome of prostate cancer. Whether modifying a risk factor such as smoking would improve the outcome of these men remains to be proved.

Samir S. Taneja, MD

Geriatrics

Re: Does Comorbidity Influence the Risk of Myocardial Infarction or Diabetes During Androgen-Deprivation Therapy for Prostate Cancer?

N. L. Keating, A. J. O’Malley, S. J. Freedland and M. R. Smith

Department of Medicine, Brigham and Women’s Hospital, Boston, Massachusetts


Abstract available at http://jurology.com/

Editorial Comment: Androgen deprivation therapy (ADT) has long been a mainstay of treatment for metastatic prostate cancer, particularly in elderly men. Although it can be quite effective in limiting or delaying progression of disease, ADT is not a completely benign therapy, and a number of potential side effects such as worsening osteopenia or osteoporosis and sexual dysfunction have been identified. This population based observational study examined 185,106 men who underwent ADT for advanced prostate cancer between 1992 and 2007. ADT was identified to be associated with an increased risk of myocardial infarction even after controlling for other known risk factors such as history of coronary artery or vascular disease and prior myocardial infarction. In addition, ADT was associated with an increased risk of developing diabetes, which in turn can lead to other negative health outcomes. The findings support the need to administer ADT within the context of other health issues, and targeted use in men with high risk disease and those with metastatic cancer. The authors