Obesity-Related Biomarkers Obscure PSA Findings

BY FRAN LOWRY
Orlando Bureau

LOS ANGELES — Contrary to conventional wisdom among many urologists, brachytherapy is a good option for younger prostate cancer patients, according to investigators who reviewed outcomes for 1,763 men treated with radiation seed implants. Five years after treatment, men 60 years of age and younger had “excellent” biochemical control rates that were comparable with those of older men, Dr. Alice Ho reported at the annual meeting of the American Society for Therapeutic Radiology and Oncology.

At a median follow-up of 59 months, 96% of younger men maintained biochemical freedom from failure (BFFP), she said. In comparison, men aged 61-75 had a control rate of 92% at 62 months of follow-up. For those 76 years of age and older, the rate was 88% at 54 months.

These differences were statistically significant on univariate analysis, but the rate was 88% at 62 months. For those 76 years of age and older, the rate was 92% at 62 months.

In contrast, C-peptide was not associated with PSA level among white men. In this group, PSA levels were 50% lower in men with higher levels of HbA1c.

The association between HbA1c and PSA seemed to be stronger among white men with a body mass index of less than 30 kg/m². “We did not find any trend or pattern between HbA1c and PSA among African American men,” he said.

The finding suggests that there may be differences between white and black men in the way PSA responds to obesity.

In an interview, Dr. Fowke said these are basic research findings that do not indicate a need to change current screening recommendations. However, the findings do suggest that clinicians who manage obese and overweight patients should be aware that PSA level may not be as sensitive for the detection of prostate cancer in these patients.

“They may want to put more emphasis on a digital rectal exam, for example. Or they might want to follow these patients more carefully and do PSA velocity testing to see if there’s a large change in PSA over time.” Dr. Fowke said he had no conflicts of interest to declare. The study was sponsored by the National Cancer Institute.

Brachytherapy Is of Benefit in Young Prostate Cancer Patients

BY JANE SALODOF MacNEIL
Senior Editor

WASHINGTON — “You’re not going to die of prostate cancer.” That’s the first thing Dr. Tanya B. Dorff, a specialist in genitourinary oncology, tells most of the patients with localized prostate cancer who are referred to her.

That simple sentence “opens the mind of the patient to receive all the other information and process it to make an informed, calculated decision,” she said at the annual Community Oncology Conference.

Another clinical pearl: Many patients have had a biopsy done at a community hospital that lacks specialists in prostate pathology. Whenever there is a question or inconsistency, Dr. Dorff sends the specimen for a second opinion pathology review to a center such as Johns Hopkins or Bostwick Laboratories that has expertise in the area.

In earlier years, “we were not even seeing young men in our clinic,” she said at a press briefing. Later on, with improved (prostate-specific antigen) screening, urologists began diagnosing more prostate cancers in younger men.

Radiation techniques also improved, she said, so “it is very possible to deliver high radiation doses safely and effectively.”

“Radiation oncologists in prostate cancer … tend to get the patients who have the worse prognosis because the common belief always has been that surgery is better,” she said.

“When offering radiation to a younger population of patients the second malignancy is something that needs to be considered very carefully,” she said.

Physicians might want to do PSA velocity testing to see if there is a large change in PSA values over time.

Dr. Fowke

Direct Talk, Practical Advice Help Put Prostate Cancer in Perspective

BY MIRIAM E. TUCKER
Senior Writer

Wilmington — “You’re not going to die of prostate cancer.” That’s the first thing Dr. Tanya B. Dorff, a specialist in genitourinary oncology, tells most of the patients with localized prostate cancer who are referred to her.

That simple sentence “opens the mind of the patient to receive all the other information and process it to make an informed, calculated decision.” If they tell the patient it really isn’t always the case, she said. “It is almost always the case.”

Indeed, dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI) and magnetic resonance spectroscopy (MRS) are emerging technologies that hold promise for improving prognostic and treatment capabilities in the future.

When it comes to quality of life considerations, simplify the side effects discussion by telling the patient it really comes down to a tradeoff between bowel toxicity—slightly more prevalent with radiation—and urinary toxicity, somewhat more likely with surgery. Impotence isn’t part of the equation because that risk isn’t decisively different between modalities. “I tell patients that most of them will not end up with these consequences, and their risk is minimized by going to a high-volume urologist and radiation oncologist.”

Low-risk patients can also be given the luxury of time. Data from at least one study suggest that delaying treatment for up to 12 months did not compromise curability compared with immediate surgery (J. Natl. Cancer Inst. 2006;98:355-7). However, they may be more pressure for high-risk patients, who should be encouraged to decide within a few weeks.

One should also discuss plans for surveillance after treatment, the need for bone mineral density testing and several years of hormone therapy, and for patients on androgen deprivation therapy, screening recommendations for family members, and a review of the patient’s lifestyle and dietary habits.

Men’s Health 35