

AN UPDATE ON PROSTATE CANCER

by

William Aiken, President ASJ

Prostate cancer accounts for over one-third of all cancer deaths combined among Jamaicans. It is the most common cancer affecting our men and the most common cause of male-cancer related deaths. It has been and continues to be a serious public health problem and efforts have been made over the years to increase public awareness of methods of prevention through early detection and less so through changes in diet and lifestyle.

The only established risk factors for prostate cancer are a positive family history, increasing age and being of African descent. Unfortunately, these are all non-modifiable risk factors and so apart from early detection the promise of preventing prostate cancer appears to be bleak. Recently, however, there have been several robust studies that have strongly suggested that vigorous physical activity may reduce the risk of advanced and deadly prostate cancers. It may well be that prostate cancer may be added to the list of cancers (for example colorectal cancer) that are associated with physical inactivity and a sedentary lifestyle; physical inactivity would then be considered an established risk factor for prostate cancer.

It has been known for some time that obesity is associated with higher grades of and worse outcomes from more aggressive prostate cancer. The association is particularly strong for men who have abdominal obesity indicated by a waist circumference greater than 102cm or a high waist-hip ratio. Obesity is already associated with eleven other cancers. It is within our ambit of control to avoid becoming obese and if already obese to take steps to return to normal weight. This modifiable risk factor can therefore be favourably altered through diet and changes in lifestyle, specifically by doing more aerobic physical activity, having smaller food portion sizes, reducing our caloric intake, for example by drinking more water and having less calorie-dense beverages; by bringing one's bodyweight under control one could be reducing one's risk from dying from prostate cancer and other cancers as well as cardiovascular diseases.

Although prostate cancer is a definite killer it is well known that not all prostate cancers have the same potential to cause death. Some prostate cancers run an indolent course and persons die with

it while others run a more virulent course that ultimately results in death. In the past, treatments were applied indiscriminately to all prostate cancer patients without determination of the level of risk of death posed by the prostate cancer. This resulted in many men being treated for prostate cancer that would never maim or kill them. This over-treatment is now recognised as a big problem and so efforts are now made to properly identify patients according to the risk of dying from prostate cancer. Two ways of doing this are by: 1. Doing a multiparametric MRI of the prostate which gives an indication of the probability of higher (lethal) grades of prostate cancer and moreover facilitates a targeted biopsy of the location within the prostate of the suspected high-grade cancer; 2. Using molecular biologic markers whose absence or presence portends a better or worse prognosis and allows for more specific and targeted interventions based on the level of risk posed by the cancer. Using these tools more personalised treatment of prostate cancer is facilitated which allows for appropriate use of specific interventions according to one's level of risk.