

TEN BEST READINGS ON PROSTATE CANCER

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Babaian RJ, Johnston DA, Naccarato W, et al. The incidence of prostate cancer in a screening population with a serum prostate specific antigen between 2.5 and 4.0 ng/mL: relation to biopsy strategy. *J Urol.* 2001;165:757-760.

A significant incidence of cancer (24.5%) was found in men with a serum PSA between 2.5 and 4.0 ng/mL; 67.6% of the cancers were significant.

Gao B, Shen X, Kunos, G, et al. Constitutive activation of JAK-STAT3 signaling by BRCA1 in human prostate cancer cells. *FEBS Lett.* 2001;488:179-184.

BRCA1 interacts with the components of the JAK-STAT signaling cascade and modulates its activation. This interaction may provide a new critical survival signal for the growth of prostate cancer in the presence of normal BRCA1.

Junicho A, Matsuda T, Yamamoto T, et al. Protein inhibitor of activated STAT3 regulates androgen receptor signaling in prostate carcinoma cells. *Biochem Biophys Res Commun.* 2000;278:9-13.

The protein inhibitor of activated STAT3 (PIAS3) acts as a co-regulator of androgen receptor signaling pathway in prostate cancer cells.

Signoretti S, Montironi R, Manola J, et al. Her-2-neu expression and progression toward androgen independence in human prostate cancer. *J Natl Cancer Inst.* 2000;92:1918-1925.

Her-2-neu expression appears to increase with progression to

androgen independence in prostate cancer. Therapeutic targeting of this tyrosine kinase in prostate cancer may be warranted.

Katz G, Rodriguez R. Use of a modified American Urological Association Symptom Score for the evaluation of the quality of life of patients with prostate cancer. *Urology.* 2001;57:112-116.

The questionnaire provides insight into the quality of life and symptoms associated with curative interventions and enhances the objective documentation of treatment outcomes in prostate cancer.

Rubin MA, Mucci NR, Manley S, et al. Predictors of Gleason pattern 4/5 prostate cancer on prostatectomy specimens: can high grade tumor be predicted preoperatively? *J Urol.* 2001;165:114-118.

Biopsy parameters such as Gleason pattern 4/5 may provide adequate specificity for predicting clinically significant cancers. The accuracy of these parameters for predicting indolent cancer is limited by the unacceptable high rate of false-negative findings.

D'Amico AV, Schultz D, Silver B, et al. The clinical utility of the percent of positive prostate biopsies in predicting biochemical outcome following external-beam radiation therapy for patients with clinically localized prostate cancer. *Int J Radiat Oncol Biol Phys.* 2001;49:679-684.

The percent positive prostate biopsies should be considered in conjunction with the PSA level, biopsy Gleason score, and clinical T stage when counseling patients



The 10 best recent articles in the medical literature relating to prostate cancer are reviewed here.

Ten Best Readings

with newly diagnosed and clinically localized prostate cancer about PSA outcome following radical prostatectomy or external-beam radiation therapy.

Oh W, George D, Hackmann K, et al. Activity of the herbal combination, PC-SPES, in the treatment of patients with androgen-independent prostate cancer. *Urology*. 2001;57:122-126.

PC-SPES is well tolerated and active in androgen-independent prostate cancer.

Colletier PJ, Ashoori F, Cowen D, et al. Adenoviral-mediated p53 transgene expression sensitizes both wild-type and null p53 prostate cancer cells in vitro to radiation. *Int J Radiat Oncol Biol Phys*. 2000;48:1507-1512.

p53 transgene expression sensitizes human prostate adenocarcinoma cells in vitro to irradiation.

Han M, Snow P, Epstein J, et al. A neural network predicts progression for men with Gleason score 3+4 versus 4+3 tumors after radical prostatectomy. *Urology*. 2000;56:994-999.

A modification of the Gleason scoring system for men with Gleason 7 disease revealed a difference in outcome after radical prostatectomy. Artificial neural network models can be developed and used to better predict patient outcome when pathologic and clinical features are known.