

Inflammation marker may guide prognosis for prostate cancer

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(Medical Xpress) -- Current methods of prostate cancer detection, like the prostate-specific antigen (PSA) test, often fail to identify which cancers will prove fatal and which cancers will remain benign until a patient dies of other causes.

“We are in need of better markers that distinguish between aggressive and indolent disease in this population,” said Jennifer R. Rider, Sc.D., an instructor in medicine at the Brigham and Women’s Hospital, Harvard Medical School in Boston, Mass.

In a study published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research, Rider and colleagues suggested that levels of prostatic intraepithelial neoplasia (PIN) could allow for a more precise prognosis.

The researchers evaluated men with localized [prostate cancer](#) diagnosed following a surgical procedure to treat benign prostatic hyperplasia. Of these men, 228 died of prostate cancer and 387 were diagnosed with prostate cancer, but were still alive after 10 years. Those with PIN were 89 percent more likely to die of prostate cancer.

Even after accounting for age, Gleason score, year of diagnosis, [inflammation](#) and type of focal atrophy present, PIN still managed to independently predict the lethality of a given tumor. There was also a suggestion that the degree of chronic inflammation adjacent to the tumor could predict lethal outcome.

“Identifying features surrounding the tumor that can predict prognosis, such as the presence of PIN or inflammation, can improve our understanding of the biology of aggressive prostate cancer and help to guide clinical decision-making,” said Rider.

Provided by American Association for Cancer Research

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