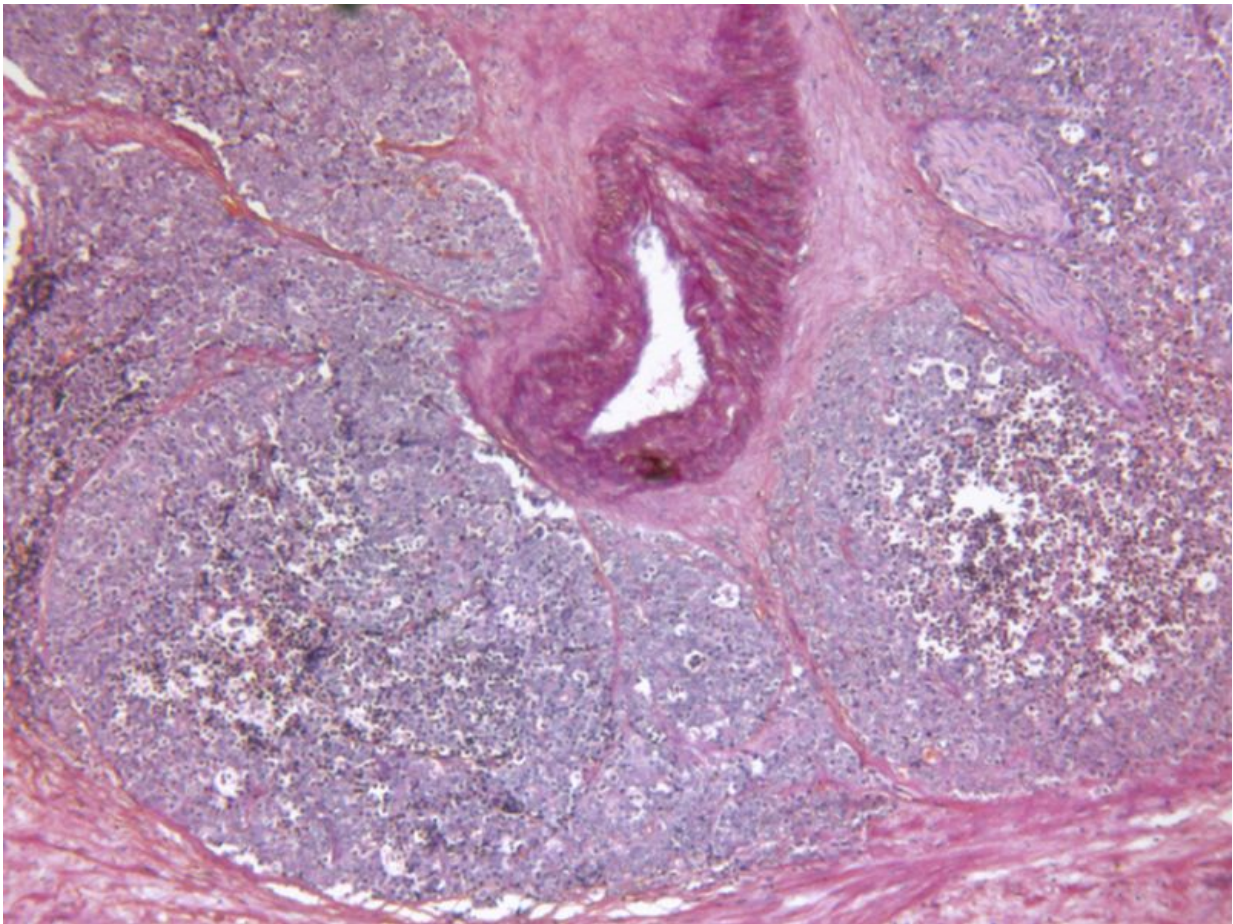


Comorbidity tied to prostate cancer upgrading, up staging

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(HealthDay)—Comorbidity burden is strongly and independently

associated with pathological upgrading/up staging in men with clinically low-risk prostate cancer, according to a study published in the April issue of *The Journal of Urology*.

Matthew J. Maurice, M.D., from the Cleveland Clinic, and colleagues used the National Cancer Data Base to identify 29,447 cases of [low-risk prostate cancer](#) (Gleason [score](#) ≤ 6 , clinical stage T1/T2a, prostate-specific antigen [PSA] ≤ 6) or up staging (T3-T4/N1) was assessed.

The researchers found that 449 [men](#) (1.5 percent) had Charlson scores greater than 1, but at prostatectomy 44 percent of cases were upgraded/up staged. There was a significant association between upgrading/up staging and Charlson score greater than 1, age 70 years or greater, nonwhite race, higher prostate-specific antigen (PSA), and higher percentage of cores involved with disease in multivariate analysis. With further adjustment for age, race, PSA and core involvement, Charlson score remained a significant predictor of upgrading/up staging for younger white men.

"This finding may help improve disease risk assessment and clinical decision making in men with comorbidities considering active surveillance," the authors write.

More information: [Abstract](#)
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