



Prevention

Prostate Cancer Awareness Month September 2019

REDUCING MORTALITY FROM PROSTATE CANCER

SUMMARY

PSA screening is a complicated choice that often requires shared decision making. Prostate cancer kills 3% of American men, but screening saves few (if any) lives. Three major screening trials continue follow-up, one of which, the British ProtecT trial, has not reported results. However, screening leads to diagnosis of many prostate cancers, and treatment has well-known sexual, urinary and bowel side effects. Primary prevention includes lifestyle and pharmacological interventions.

SCREENING GUIDELINE UPDATES

Screening: The US Preventive Services Task Force continues to recommend **shared decision making for men 55-69 years old** who do not have risk factors (family history of prostate cancer and African American race) and **against screening for men 70 and older**.

High risk men: African American men are twice as likely to be diagnosed and die of prostate cancer compared to Caucasian populations. Screening trials have not included sufficient numbers of AA men to determine **whether they benefit more from screening**. Screening before age 55 and after age 70 may be reasonable choices for AA men. Men with first degree relatives with prostate cancer have 30% higher prostate cancer risks. Data supporting earlier or later screening for men with family history of prostate cancer are unavailable.

PROSTATE CANCER PRIMARY PREVENTION

Pharmacological primary prevention of prostate cancer has focused on androgens and nutritional supplements. The **Prostate Cancer Prevention Trial** found that finasteride, which inhibits the conversion of testosterone to the more potent androgen dihydrotestosterone, **reduced low-grade prostate cancers¹ but did not change mortality²**. Nutritional supplements were found **ineffective** in prostate cancer prevention in the **Selenium and Vitamin E Cancer Prevention Trial (SELECT)³**.

Lifestyle changes offer an alternative approach to risk reduction. **More vegetables and fruit, less red meat and saturated fat and increased exercise** are associated with decreased prostate cancer mortality.⁴ Unfortunately, lifestyle changes are difficult. Even men after radical prostatectomy were unsuccessful in following healthy lifestyle guidelines in a large German study.⁵ The Men's Eating and Living (MEAL) study, which tests a high-vegetable diet to prevent progression in patients on active surveillance for prostate cancer, is undergoing data analysis.⁶

Authors: James A. Talcott MD, SM, Senior Scientist **Strang** Cancer Prevention Institute
Michael P. Osborne MD, MSurg, FRCS, FACS President **Strang** Cancer Prevention Institute

REFERENCES:

1. Thompson IM, Goodman PJ, Tangen CM, Lucia MS, Miller GJ, Ford LG, et al. The influence of finasteride on the development of prostate cancer. *N Engl J Med* 2003;349:215-24.
2. Thompson IM, Jr., Goodman PJ, Tangen CM, Parnes HL, Minasian LM, Godley PA, et al. Long-term survival of participants in the prostate cancer prevention trial. *N Engl J Med* 2013;369:603-10.
3. Lippman SM, Klein EA, Goodman PJ, Lucia MS, Thompson IM, Ford LG, et al. Effect of selenium and vitamin E on risk of prostate cancer and other cancers: the Selenium and Vitamin E Cancer Prevention Trial (SELECT). *JAMA* 2009;301:39-51.
4. Ballon-Landa E, Parsons JK. Nutrition, physical activity, and lifestyle factors in prostate cancer prevention. *Curr Opin Urol* 2018;28:55-61.
5. Thederan I, Chandrasekar T, Tennstedt P, Kuehl L, Sorbe C, Tilki D, et al. Poor adherence to international cancer prevention recommendations among patients with prostate cancer: First results from the MARTINI-Lifestyle cohort. *Eur Urol Focus* 2019.
6. Parsons JK, Pierce JP, Mohler J, Paskett E, Jung SH, Morris MJ, et al. Men's Eating and Living (MEAL) study (CALGB 70807 [Alliance]): recruitment feasibility and baseline demographics of a randomized trial of diet in men on active surveillance for prostate cancer. *BJU international* 2018;121:534-9.

The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Tomato-Basil Sauce 4 Servings

2 pounds plum tomatoes (10-12)
1 tablespoon olive oil
2 garlic cloves, crushed
1 small onion (about 1/4 pound), chopped
½ cup fresh basil leaves cut into long strips
Salt and freshly ground black pepper



Core the tomatoes and drop them into boiling water for 20 to 30 seconds. Slip off the skins and slice the tomatoes in half horizontally. Gently squeeze the halves over a bowl to squeeze out the seeds. Use your fingers to remove any remaining seeds. Discard the seeds, chop the tomatoes and reserve.

Heat the olive oil in a medium nonstick skillet over high heat. Add the crushed garlic and cook until lightly browned, then remove and discard. Add the onion to the skillet and cook over medium heat until soft, about 5 minutes, stirring often. Add the reserved tomatoes and bring to a simmer. Cook uncovered over medium heat, stirring occasionally for 30 minutes, until the sauce thickens. Stir in basil, season with salt and pepper, and simmer for 2 to 3 minutes.

Calories 93, protein 3g, carbs 14 g, fat 4 g, cholesterol 0 mg, dietary fiber 3 g, saturated fat 1 g

MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS

Phytochemicals: allium compounds, plant polyphenols (flavonoids, phenolic acids) plant sterols, phytic acids, terpenes, (carotenoids, monoterpenes)

Recipe by Laura Pensiero, R.D., [Strang](#) Nutrition Consultant
Chef, Dietitian, Restaurateur, Author
Owner, Gigi Hudson Valley (Trattoria & Catering) Rhinebeck, New York



September is Prostate Cancer Awareness Month



Strang Cancer Prevention Institute

575 Madison Avenue 10th Floor
New York, NY 10022
Tel: (212) 501-2111 www.strang.org

Editor
Merle K. Barash MA AEd, MA Psya

© **Strang Cancer Prevention Institute**