

The clinical and pathological history of prostate cancer progression in men with a prior history of high grade prostatic intraepithelial neoplasia

EDITORIAL COMMENT

The inherent value of this paper is that it focuses attention on the problematic relationship between high grade prostatic intraepithelial neoplasia (HGPIN) and prostate cancer. This paper cannot resolve the question whether HGPIN is the harbinger of eventual prostate cancer, because, as the authors point out, it is NOT a prospective evaluation of all patients with the initial diagnosis of HGPIN.

The paper does conclude that men with a history of HGPIN have lower percent of positive biopsies and smaller tumor volumes at the time of the discovery of prostate cancer, compared to men whose cancer is detected at the initial biopsy. In order to find cancer, men were biopsied 3 to 13 times over a period of 7 to 83 months.

However, the reader should be cautioned against making too much of this relationship between HGPIN and the presence of lower volume disease on eventual discovery. The appropriate control group of men who are found to have prostate cancer on subsequent biopsy, when the original biopsy did NOT contain HGPIN, has not been included in this study. The observations described herein may be simply due to a selection bias: Men with higher volume disease are found on initial biopsy, whereas men with lower volume disease may need multiple biopsies to have their disease discovered, or simply progress with time to the point that their disease volume reaches the threshold of detection.

Simply put, if we biopsy any given patient often enough, with the passage of time, eventually we will find that elusive prostate cancer.

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