Editorial

Report from London

Prostate Cancer and Prostatic Diseases (2005) 8, 299. doi:10.1038/sj.pcan.4500850

The incidence of obesity in London is increasing, as it is in the US, and predictions for the future are rather dire.¹ Visceral adiposity is now known to carry a number of health hazards for men and is a problem that is quite literally spreading. Far from being an inert fatty mass, the distended omentum acts as an endocrine organ secreting adiponectin and other inflammatory mediators. Apart from the well-known increased risks of diabetes and cardiovascular disease, there are a number of other deleterious features that stem from the so-called metabolic syndrome including dyslipidaemia, renal hyperfiltration, and prothrombosis. Associated endothelial dysfunction not uncommonly manifests itself first as erectile dysfunction, while hypogonadism, which is thought to be associated with the metabolic syndrome, results in loss of libido and may compound problems with erectile function.² The resultant negative effect on body image and energy levels may result in comfort eating and binge drinking which only serve to compound the problem. Obesity is now thought to be associated with an increased risk of both BPH as well as prostate cancer, and certainly complicates the management of both these conditions. There is a risk, however, that an overweight or obese patient who finally summons up the courage to consult his urologist about prostatic and/or sexual difficulties, may be simply treated symptomatically. The opportunity to treat the underlying and potentially life-threatening problem thereby being lost, sometimes until too late.

The timely review on diet and prostate cancer from Sonn, Aronson and Litwin at UCLA in this issue is therefore especially welcome, as it is clear that many of the dietary recommendations that are protective against prostate neoplasm are also cardioprotective. Interestingly, this paper also draws attention to the new, if provisional, data to suggest that statins, which are so effective in preventing heart attacks and stroke, may also be protective against prostate cancer. In London we have been promoting the role of the urologist as a more holistic men's health doctor for some time.^{3,4} In this respect the paper from Johns Hopkins by Khan and Partin on the expectant management of prostate cancer is especially germane. If urologists are managing more of their patients by active surveillance, why shouldn't they take the opportunity to deliver important health messages about diet and exercise to the men that they see repeatedly to check their PSA levels? They might even consider employing the use of a statin to normalise total and LDL cholesterol levels. A recent meta-analysis published in the *Lancet*⁵ which included over 90 000 patients from 14 randomised trials reported that each 1 mmol/l drop in serum LDL cholesterol reduces overall mortality by 12%. It also reduces coronary death by 23% and stroke by 17%.

For this to occur, a step change will be needed in the way urologists view their role in prostate disease management. Already the profession has made adjustments of practice to accommodate the fact that the majority of patients with BPH prefer medical treatment

options to surgery, at least in the first instance (see Hernandez *et al* on page 375). In the future a similar scenario is increasingly likely to be the case in patients presenting with prostate cancer. Rather than lament the passing of the exclusively surgical era, the urologist and prostate cancer specialist should consider the advantages of adopting a more holistic approach, and thereby focus more on the whole patient rather than simply on his prostate alone—intriguing though this small but troublesome gland remains.

You will notice that starting next year, the journal will have a new look. Over the years, we have thoughtfully updated content and features and a new cover is simply the next step. We rely on the support of our contributors and readers to continue the progress this journal has made over the last eight years. We are always pleased to peer review any contributions and can promise our authors an increasingly rapid and efficient manuscript processing service with the added benefit of advance online publication.

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- 5 Cholesterol Treatment Trialists Collaborators. Efficacy and safety of cholesterol-lowering treatment: prospective meta-analysis of data from 90 056 participants in 14 randomized trials of statins. *The Lancet* 2005; **366**: 1267–1278.