

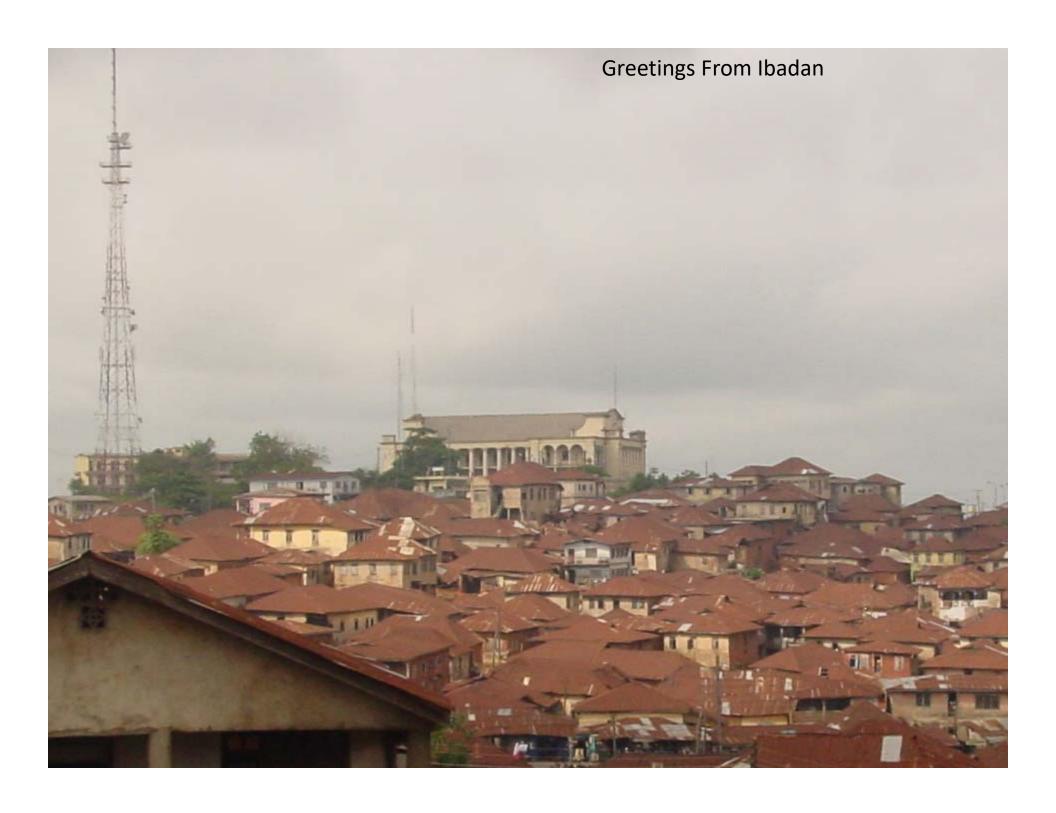


Update on Clinical Parameters of Prostate Cancer at the University College Hospital, Ibadan Nigeria

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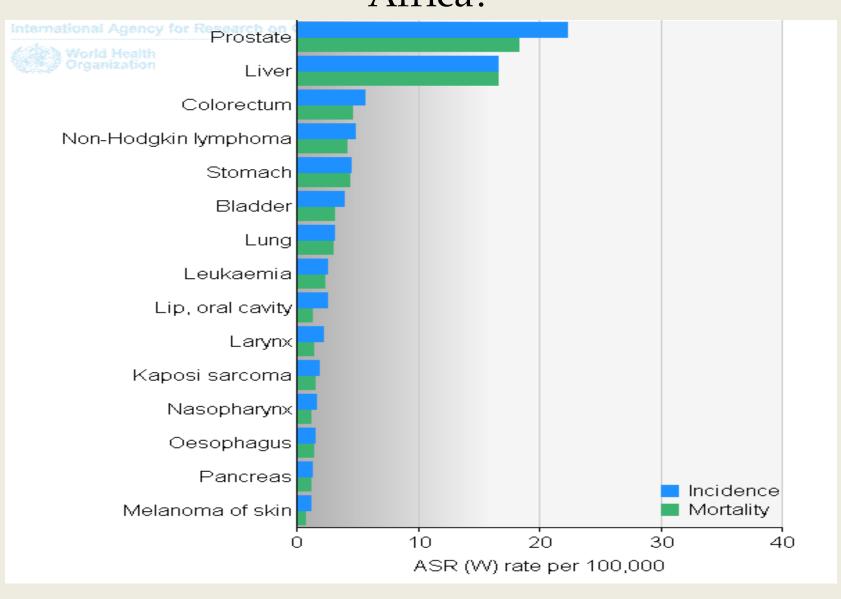
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Conflict of Interest

None

What we know of prostate cancer in West Africa?

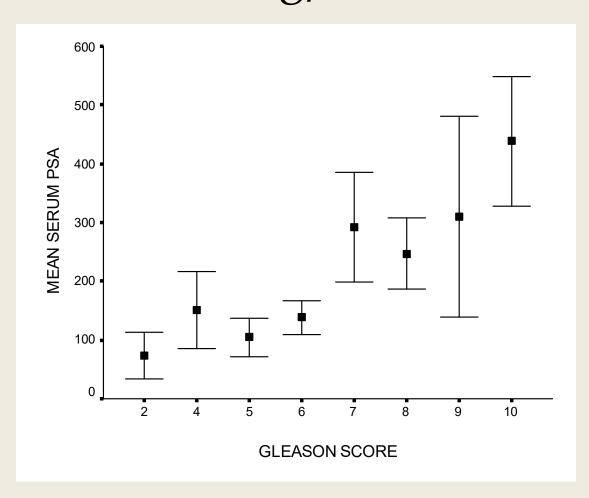


Nigerian studies from the North, Southwest, and Southeast.

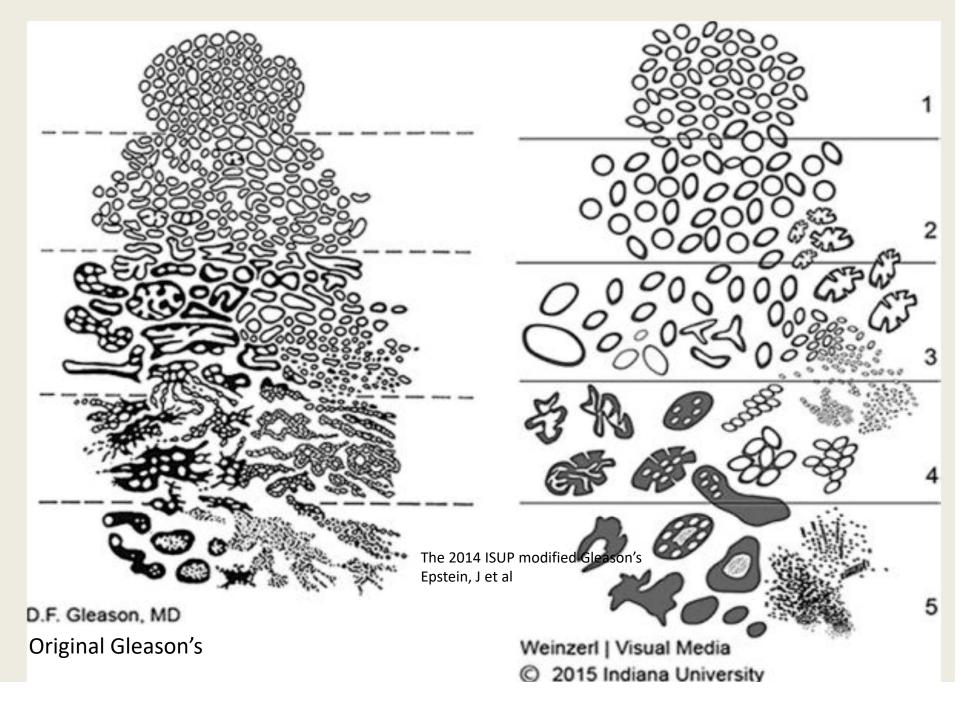
Studies have shown an increasing incidence.

- In one study, there was a 7.7-fold increase over a 10-year period.
- Prostate cancer accounts for anything between 6 and 12 % of total cancers in these centres.
- The average ages from the different subpopulations is in the 7th decade.
- In all sites, patients present in late stages of disease, The histological grades were predominantly high, and the patients tended to die within 2 3 years

Serum PSA levels ranged from 10-940.5 mg/L, with a mean value of 207.9 ± 221.3 mg/L.



HISTOLOGIC PATTERNS OF PROSTATIC ADENOCARCINOMA



Sample of a report incorporating both Gleason and grade group system

A. Apex, right lateral:

- Prostatic adenocarcinoma, Gleason score 3 + 3 = 6 (Grade Group 1) involving 70% of one (1) core.
- Length of cancer is 7 mm.

B. Mid, right lateral:

Benign prostate tissue.

C. Base, right lateral:

- Prostatic adenocarcinoma, Gleason score 4 + 3 = 7 (Grade Group 3) involving 70% of one (1) core.
- Length of cancer is 3 mm.
- Percentage of pattern 4 = 70%.

D. etc.

Diagnostic comment:

Gleason scores can be grouped and range from Grade Group 1 (most favorable) to Grade Group 5 (least favorable).

References: BJU Int. 2013;111:753-760 and Eur Urol. Published online ahead of print July 9, 2015.

THE NEW CONTEMPORARY GRADING SYSTEM

 Gleason scores 2 to 5 are currently no longer assigned and certain patterns that Gleason defined as a score of 6 are now graded as 7.

 This study was conducted to determine the effect of the revised International Society of urologic Pathology (ISUP) system for grading on the grade of prostatic carcinoma among Nigerians

Study Objectives

 To determine any changes in histological grades of prostate carcinomas seen in our population compared to previous studies using the IUSP grading system

 To compare the age of patients in this present study with previous studies in our population

Method

- A prospective study of prostate cancer cases seen at the University College Hospital Ibadan as part of a multicenter prospective study of prostate cancer genetics
- Grading and scoring followed the IUSP system and cases were classified in Grade groups
- Gleason grades less than 3 and scores less than 6 were not assigned
- The Prostatic Specific Antigen levels as well as the average tumour volume in the biopsy specimen were captured
- IRB approval was obtained from the UCH/UI ethical review board

Results

172 patients were seen.

Patients' ages ranged from 47 years to 86 years with peak age incidence in the 7th decade

Gleason grade	N0. of Cases	Age (years)	PSA range (ng/ml)	ATV (%)
3+3	26	62-85	2.7-1111	42.47
3+4	35	55-84	14.20-20870	39.33
4+3	20	55-84	6.1-22134	44.38
3+5	4	55-84	93.24-193.26	56.50
4+4	25	52-82	29.03-9112	25.50
5+3	14	58-82	29.50-236	59.00
4+5	9	63-80	58.91-1050	42.27
5+4	26	47-86	15.01-8054	52.87
5+5	13	52-70	15.90-895.10	36.82
Total	172	47-86	2.70-22134	25.50-59.00

Results

- Most were in Grade group 5 (9-10) (28%).
- Grade group 3 (4+3=7)
 had the lowest number of
 patients

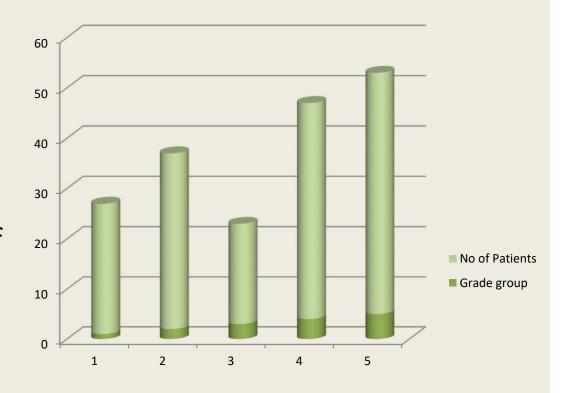
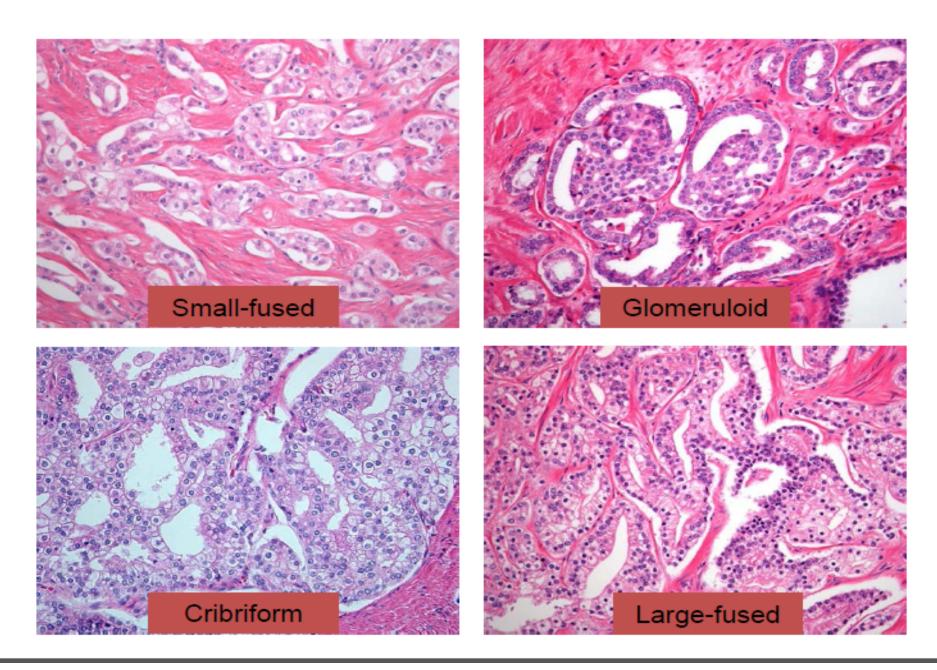


Figure 1: Number of patients according to grade groups

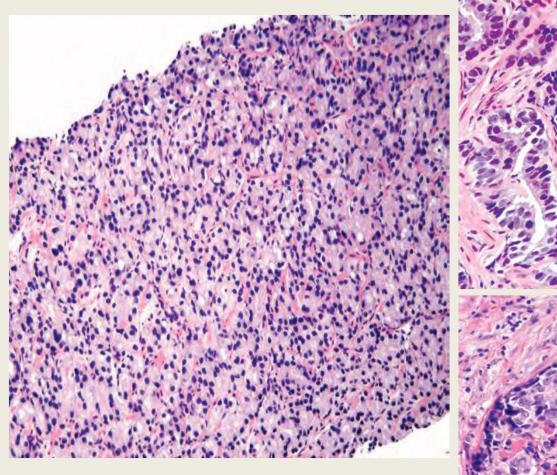
GLEASON PATTERN 4

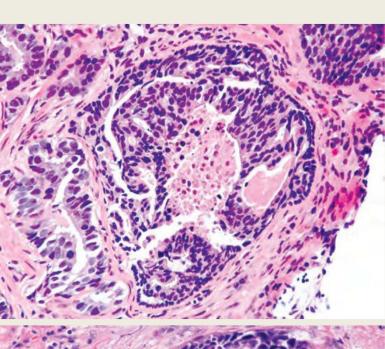


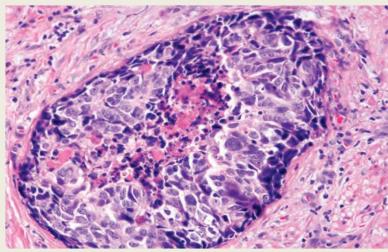
GLEASON PATTERN 5

Sheet of cells with vague attempts at gland formation

Cribriform and solid nest with comedo-necrosis







KEY POINTS

- Preponderant high grade prostatic adenocarcinomas remains among Nigerians in contrast to the findings elsewhere, especially of the CaPSURE study in the United States of America^{4.} This portends a worse prognosis for our population.
- Remarkably high PSA values are recorded in our environment
- There is no difference in age of occurrence of this disease compared to previous studies⁵ despite the revision of the grading system
- The lack of linear relationship between PSA level and tumour volume or grade cannot be readily explained.



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THANK

YOU

FOR

LISTENING