



Impact of Obesity on Adverse Pathological Characteristics

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ABOUT THE STUDY

In studies, the effects of obesity on pathological characteristics varied from country to country. To study whether obesity affects the pathological features of PCa after laparoscopic radical prostatectomy (LRP). PCa is estimated that there will be almost 1.3 million new cases and 359000 associated deaths worldwide in 2018, ranking as the second most frequent cancer and the fifth leading cause of cancer death in men. It is the most frequently diagnosed cancer among men in over one-half of the countries of the world, especially in developed countries. Attributed to the westernization of lifestyle and daily diet, the prevalence of PCa was increasing rapidly.

PSMs can result from tumour expansion and/or poor methodology. Delay in detection and treatment is frequently linked to tumour progression. It has been suggested that obesity makes the early detection of PCa more difficult due to less PSA screening, lower accuracy of digital rectal examination in obese men. Moreover, obese men have lower PSA values due to increased blood volume and PSA hem dilution. Among men with PCa, PSA value are 7% lower in overweight patients, 14% lower in obese patients and 18% lower in severely obese patients, compared to men with normal weight patients. Thus, obese men have lower rates of prostate biopsy, which leads to missed diagnosis of some early tumors; Technical challenges can result from many causes, for examples, poor patient anatomy compounded by challenges of operating within the narrow restricting confines of the prostatic fossa, the presence of inflammation resulting in difficult dissection, the bleeding resulting in a limited surgical field of vision and patient body habitus.

At present, RP is the treatment of choice for most clinical localized PCa patients. The prognosis of patients is affected by pathological conditions such as postoperative ISUP, surgical margin, extra capsular extension and Seminal vesicle invasion. So far, the precise mechanism underlying the link between obesity and PCa aggressiveness remains unknown. Previous studies have reported different associations between obesity and PCa, with the American study suggesting that postoperative pathology in obese PCa patients was more aggressive than that of normal weight patients. Obesity and poor pathology characteristics following RP, such as a higher Gleason score and positive surgical margins, have also been found in European research. However, most of these figures come from western rather than Asian countries, especially China. Asians are thinner and have a lower BMI than Westerners, suggesting that the effects of BMI may differ between Asian and Western race.

Our findings on the effect of BMI on pathological characteristics differed from those of other studies. Our results showed among Chinese PCa patients undergoing LRP, higher BMI was statistically significant with seminal vesicle invasion, but other adverse pathological features such as PSMs, higher ISUP group, and extra capsular extension were not statically significant in different BMI subgroups. Differences of pathological characteristics in the above studies, on the one hand may be due to the fact that some studies relied on historical data and used various main treatment methods, cases mixes and environmental risk factors.

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