



## Letter to the Editor

**Re: Jacob A. Burns, Adam B. Weiner, William J. Catalone, et al. Inflammatory Bowel Disease and the Risk of Prostate Cancer. Eur Urol 2019;75:846–52**

In their paper, Burns et al. perform a retrospective, matched-cohort study to determine whether there is a relationship between inflammatory bowel disease (IBD) and both prostate cancer (PCa) and clinically significant PCa, which was defined as Gleason  $\geq 7$  PCa. They found that patients with IBD had significantly higher 5- and 10-yr incidences of both PCa and clinically significant PCa.

To gain a better understanding of the relationship between IBD and PCa, we think it is worth placing the current article in the context of previous publications on the subject, from the gastroenterology literature. There have been other studies not mentioned by Burns et al that have also found that IBD is associated with an increased risk of PCa [1,2]. However, there are also studies, not included in the meta-analysis cited in the paper, which have found the opposite [3,4].

We believe that it is likely that there are subsets of patients who are at either a higher or a lower risk of PCa. For example, previous research has found that patients treated with aminosalicilate for IBD have a significantly decreased risk of developing PCa [3]. Other studies have found that it is only ulcerative colitis, and not Crohn's disease that is associated with an increased risk of PCa [1]. Finally, there are genetic changes that are common in some patients with IBD and PCa, in addition to those mentioned in the primary article, which could be confounding the findings of the current study [5].

The authors should be commended for their work. The current study provides further support to a growing body of literature on the association between PCa and IBD, and it is the most detailed exploration of the relationship between PCa and IBD that is available. An advantage of this study over prior studies is that it attempts to determine the relationship between IBD and high-risk PCa and prostate-specific

antigen at diagnosis. However, we believe that the relationship is likely more nuanced than what is proposed in the article and that more research must be done before any changes in clinical practice are adopted.

**Conflicts of interest:** Carl Olsson: involved in a scientific study or trial in Astellas and Advantagene; family has an investment interest in Exilixis; editor of urology practice in American Urological Association; part owner of a patent used by Dianon; own stock in Egenix; and principal investigator for NCI on markers for prostate cancer, Myriad study on Prolaris results on older prostate biopsy, and ProVent study of sipuleucil T in active surveillance men. Zeynep Gul and Alberto Martini have no conflicts of interest.

## References

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May 17, 2019

