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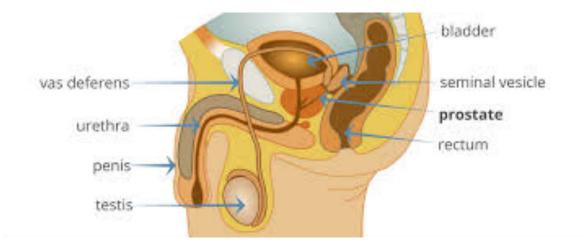
Diet and prostate cancer; overcoming research challenges

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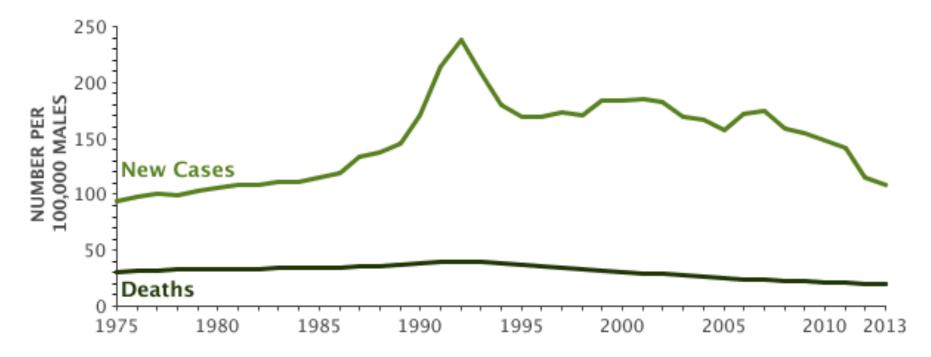
Introducing the prostate



- Walnut-sized gland at the base of the bladder
- Secretes fluid that bathes sperm to form semen
 - PSA: prostate-specific antigen

Prostate cancer: the stats

- Most commonly diagnosed male cancer in the US (1 in 8 men)
- Second most common cause of male cancer deaths in the US (1 in 40 men)



SEER 9 Incidence and Mortality 1975-2013, all races, Rates are age-adjusted

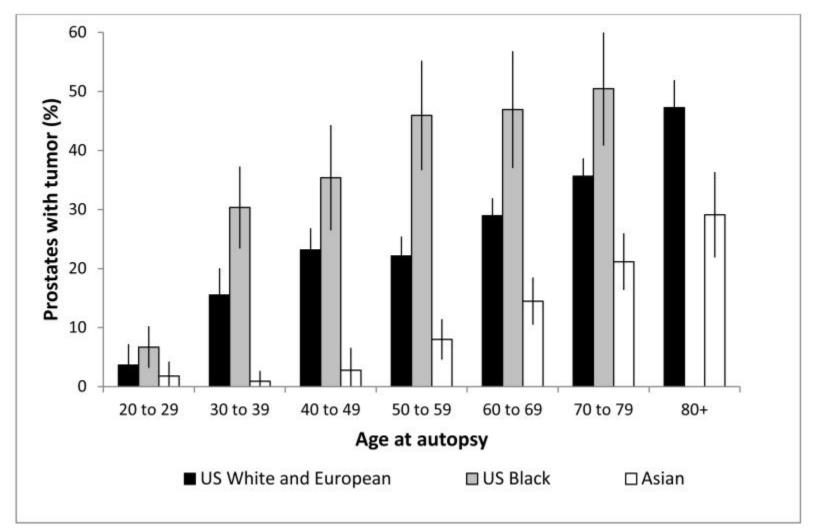
Prostate cancer screening



- PSA: prostate-specific antigen, secreted by the prostate into semen, leaks into blood
- Causes of elevated blood PSA
 - Prostate cancer
 - Prostate inflammation
 - Benign Prostatic Hyperplasia (BPH)

1986	1994	2012	2018
PSA test approved	PSA test approved for	PSA screening	PSA screening
for tracking	screening (in	test no longer	test on
treatment	combination with DRE)	recommended	individual basis

Autopsy studies find prostate cancer in men that died of other causes



Jahn et al. Int J Cancer 2015

Purpose of screening

- To diagnose cancer earlier thus maximizing chances of a cure
- PSA screening shifted the average age for prostate cancer diagnosis ~one decade earlier
- But, we cannot distinguish prostate cancers that men die WITH from prostate cancers that men die FROM

Take home message #1

• Need to identify risk factors for aggressive/lethal prostate cancer, not all prostate cancer



Established risk factors for prostate cancer

Table 1. Summary of evidence for selected risk factors of total prostate cancer

Risk factor	Strength of evidence	
Increased risk		
Older age	Strong	
African descent	Strong	
Family history	Strong	
Genetic risk loci	Strong	
Taller height	Probable	

Pernar et al. 2018

None modifiable!



Beta-carotene^{4,5} Substantial effect on

2014 update; www.aicr.org

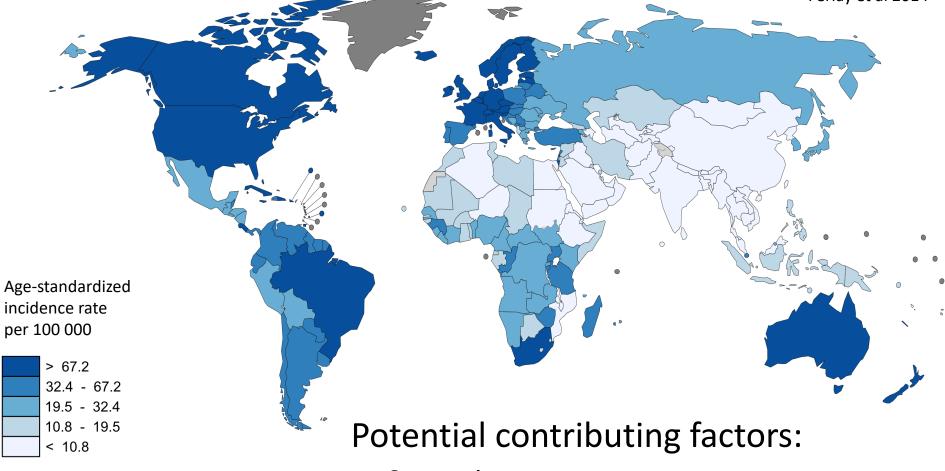
Continuous

Unmet need: Modifiable risk factors for prostate cancer

risk unlikely

Substantial global variation

GLOBOCAN 2012 Ferlay et al 2014



- Screening rates
- Lifestyle factors (including diet)

Barriers to identifying dietary risk factors

1. Heterogeneity of prostate cancer



2. Variation between individuals in response to diet

Barriers to identifying dietary risk factors

1. Heterogeneity of prostate cancer

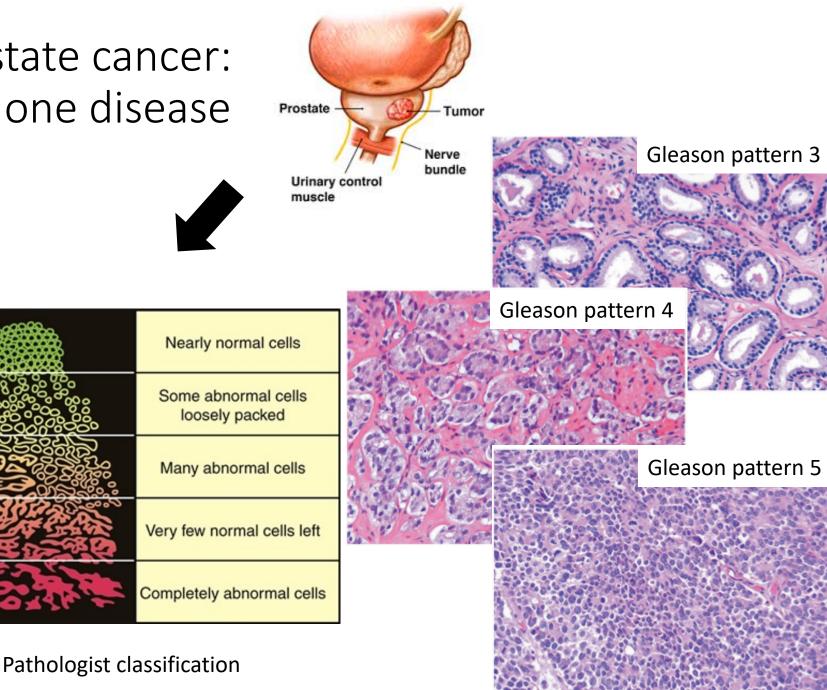


2. Variation between individuals in response to diet

Prostate cancer: Not one disease

2

3



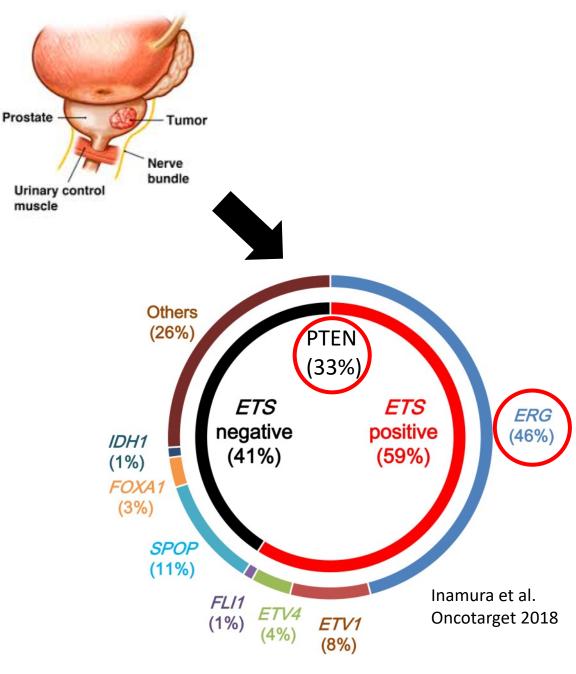
Risk factors vary by type of prostate cancer

Risk factor	Total prostate cancer
Obesity	-
Physical activity	-
Statin use	-
Smoking	-
Coffee	-
Tomato	-

↑ increased risk↓ reduced risk

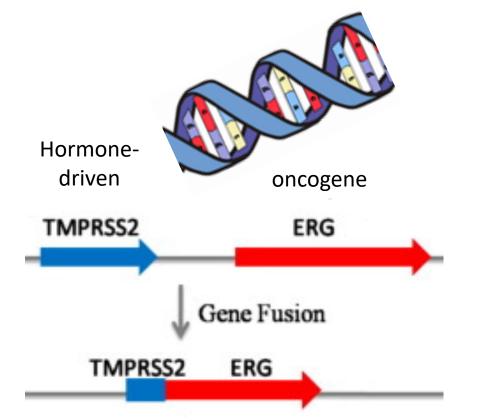
Pernar et al. Cold Spring Harb Perspect Med 2018

Prostate cancer: Not one disease

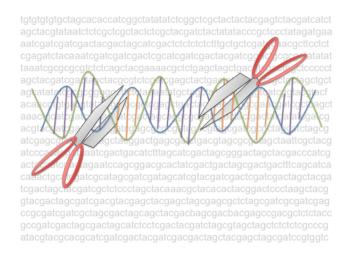


Molecular classification

PTEN

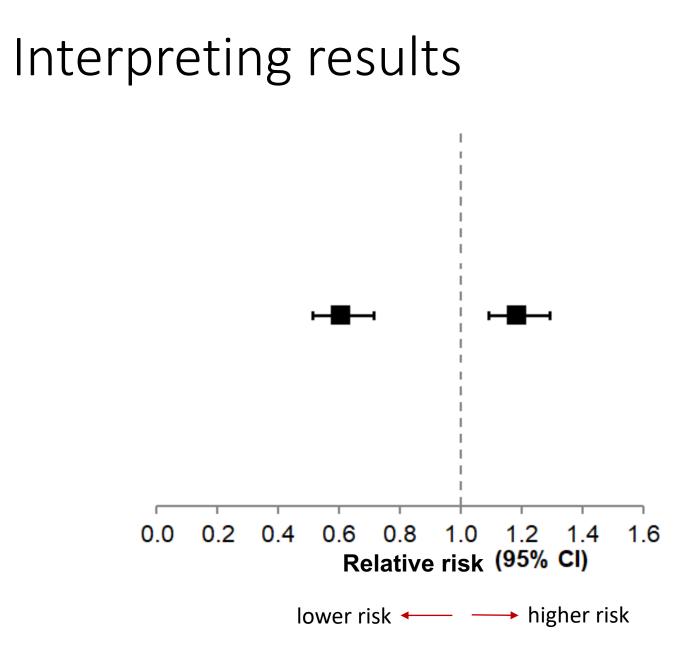


ERG



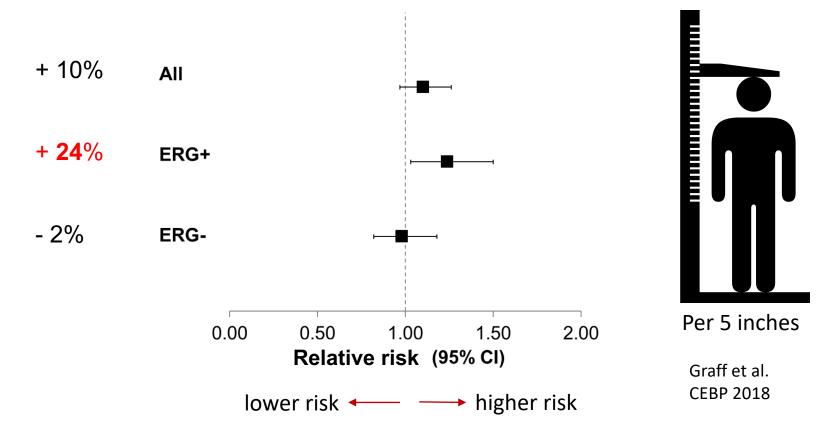
~50% of all prostate cancers

~33% of all prostate cancers



Height and prostate cancer

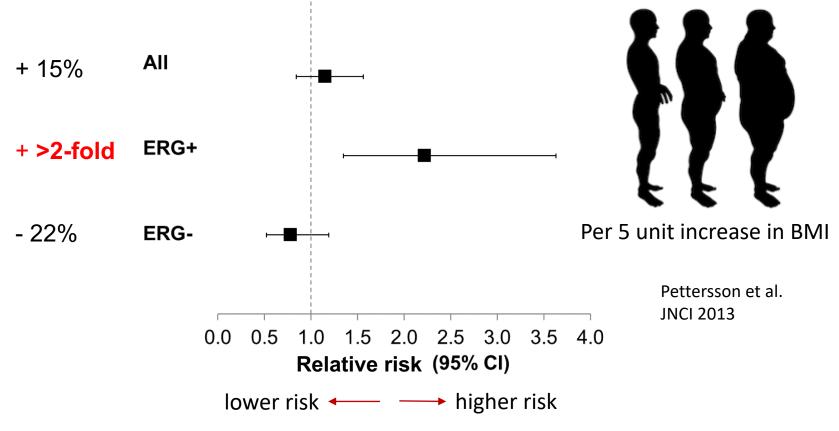
• Taller height associated with higher risk of prostate cancer



• Potential mechanisms: higher levels of growth hormones

Obesity and prostate cancer

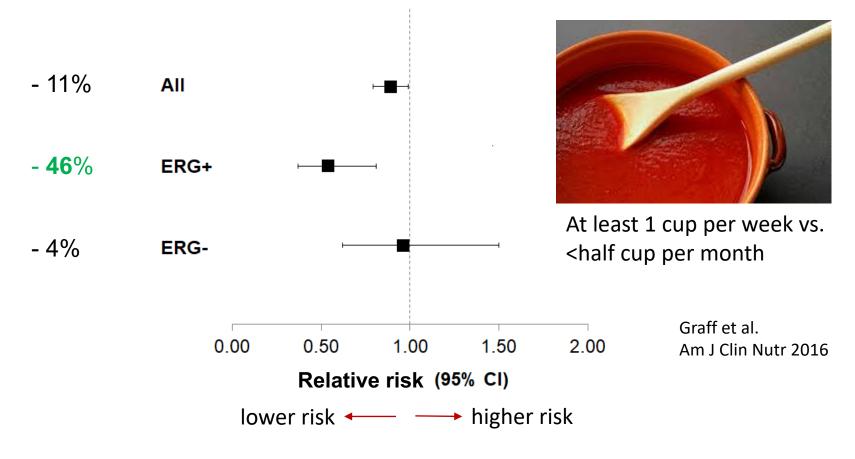
• Obesity associated with higher risk of lethal prostate cancer



 Potential mechanisms: altered levels of sex hormones, chronic inflammation

Lycopene and prostate cancer

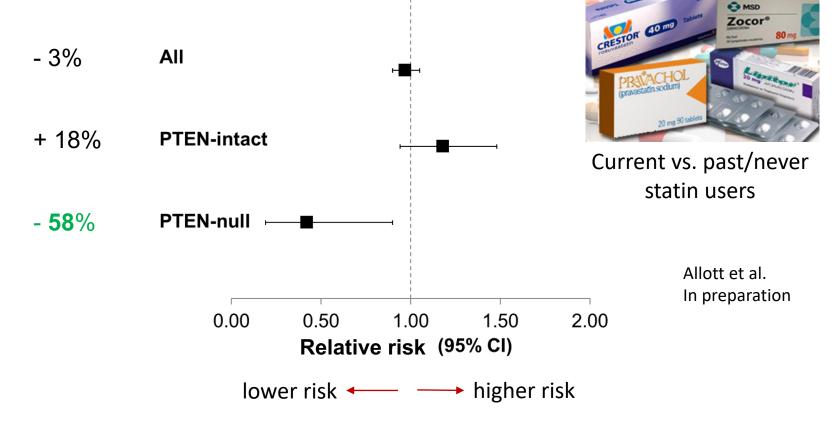
• Tomato sauce associated with lower risk of prostate cancer



• Potential mechanisms: antioxidant properties

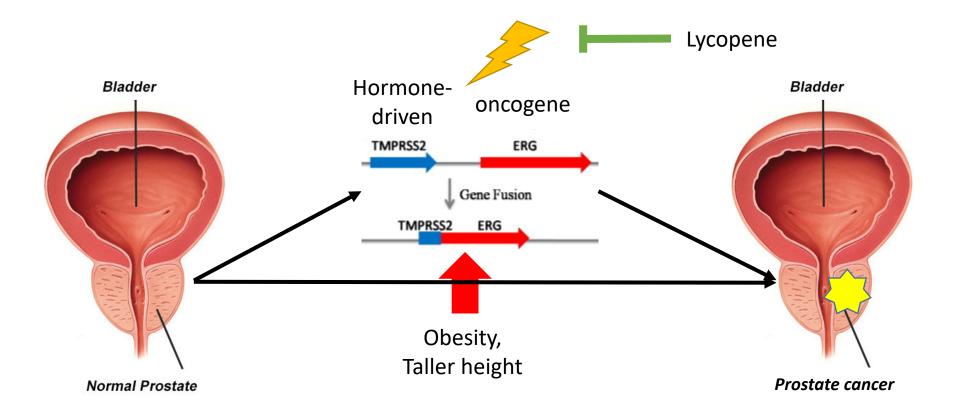
Statins and prostate cancer

 Statin use associated with lower risk of advanced/lethal prostate cancer



Potential mechanisms: reducing levels of blood cholesterol

Risk factors for prostate cancer



Take home message #2

 Understanding tumor biology uncovers prostate cancer risk factors

Can we translate these findings to men with prostate cancer?

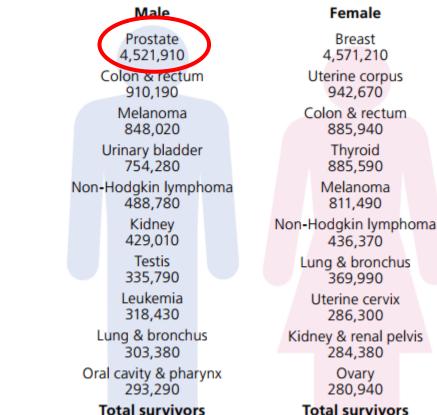
As of January 1, 2016

Male Prostate 3.306.760 Colon & rectum 724.690 Melanoma 614,460 Urinary bladder 574,250 Non-Hodgkin lymphoma 361.480 Kidney & renal pelvis 305,340 Testis 266,550 Lung & bronchus 238,300 Leukemia 230,920 Oral cavity & pharynx 229.880 Total survivors 7,377,100

Female Breast 3,560,570 Uterine corpus 757,190 Colon & rectum 727.350 Thyroid 630,660 Melanoma 612,790 Non-Hodgkin lymphoma 324,890 Lung & bronchus 288,210 Uterine cervix 282,780 Ovary 235,200 Kidney & renal pelvis 204,040 **Total survivors**

8,156,120

As of January 1, 2026



9,983,900

Total survivors 10,305,870

American Cancer Society

• US prostate cancer survivors to exceed 4.5 million in the next decade

Barriers to identifying dietary risk factors

1. Heterogeneity of prostate cancer



2. Variation between individuals in response to diet

Lycopene and prostate cancer

XRCC1 rs25487 AA/AG XRCC1 rs25487 GG

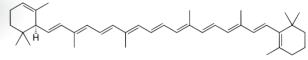
Lycopene intake

- Low (< 567 μg/d) 0 0
- Medium (~ 1448 μg/d) -3% -41%
- High (>1773 μg/d) -18% -**79**%
- Genotype frequency 0.43 0.57

Goodman M et al., Nutrition and Cancer 2006



Good lycopene sources: tomato (sauce, soup, ketchup), watermelon, guava



Slide from Martin Kohlmeier

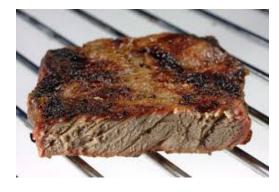
Charred meat and prostate cancer

PTSG2 rs20417 CC/CG

PTSG2 rs20417 GG

Meat carcinogen levels

Low	0	0
Medium	+40%	+30%
High	+10%	+60%
Genotype frequency	0.38	0.62 Joshi A et al., Carcinogenesis 2012



Sources of meat carcinogens: Well done meat, meat cooked at high temps

Calcium and prostate cancer

VDR rs11568820 AA/AG

VDR rs11568820 GG (poor calcium absorption)

Calcium intake

High (>680 mg/day) 0

Low (≤680 mg/day) -30%

Genotype frequency

0.40

0.60

-82%

0

Rowland G et al., J Bone Miner Res 2012



Sources of calcium: Milk, cheese, yogurt, spinach, kale, collards

Take home message #3

• Understanding genetic differences between individuals identifies those who could benefit from dietary changes

Summary

- Unmet need: Modifiable risk factors for prostate cancer
- Challenge: Complex tumor biology & intraindividual genetic differences
- Solution: Incorporate molecular & genetic data into studies of diet and prostate cancer
- Pay off: Precision prevention of prostate cancer

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