



forum

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Every Silver Lining Has a Cloud: Review of Study on Effect of Finasteride on the Prostate Gland

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Just when we become complacent with some aspect of our practice, technique, or prescribing habits, something usually happens to knock us out of our steady state. My routine discourse to patients regarding medical therapies for androgenetic alopecia was recently brought into a question when Dr. Emanuel Marritt called me to ask if I had seen a study regarding finasteride and its potential effect in patients with elevated prostate-specific antigen (PSA) levels. Apparently Dr. Marritt received word about this study from Dr. Robert Bernstein. Where Dr. Bernstein obtained this from is unknown. The study I refer to has been out in the literature for greater than one year. My intent is not to provide the genealogy of this study, but to illustrate that one to one distribution of important information, such as this study contains, may not be the most efficient method of dissemination. Hence, I decided to write to the *Forum* as well as to present a review of this article in poster form at the ISHRS meeting in San Francisco.

Drs. Cote, Skinner, et al.¹ published their study, "The effect of finasteride on the prostate gland in men with elevated serum prostate-specific antigen levels," in 1998 in the *British*

Journal of Cancer. They proposed that 5 α -reductase activity might have some relationship on the incidence of prostate cancer, namely, in its possible prevention. We are well aware of its effects on prostate volume and the use in patients with benign prostatic hypertrophy, but this study aimed to examine the effects of finasteride on theorized markers for "malignant potential," cellular proliferation, and high-grade prostatic intraepithelial neoplasia (PIN). High-grade PIN lesions are considered premalignant lesions. If there were some chemopreventative effect, they expected to see a decrease in cellular proliferation and fewer patients with PIN lesions or less severe lesions.

The subjects included in the study were men 50 years and older with elevated PSA levels (>4ng/ml). Pre-study ultrasound-guided biopsies were obtained to exclude patients with pre-existing cancer. Eventually 58 men were enrolled in the study and were randomized to a treatment and a control group, stratified based on age and PSA levels. The treatment group received finasteride 5mg/day. The length of the study was one year, with pre-study and interval evaluation of PSA, dihydrotestosterone (DHT), and testosterone (T) serum levels. Prostate biopsies were obtained

at the end of the study looking for cellular proliferation/hyperplasia, high-grade PIN lesions, and prostate cancer.

The results for serum levels of PSA, DHT, and T were as expected, a decrease in both PSA and DHT and an increase in T. The biopsy results were

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