



Surgical Management Discrepancies of Prostate Cancer

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Received: October 20, 2016; Accepted: November 01, 2016; Published: November 25, 2016

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Citation: Sharad S (2016) Surgical Management Discrepancies of Prostate Cancer. J Pros Canc 1: e101.

Editor Note

Journal of Prostate Cancer publishes peer reviewed, open access information through its Volume 1 Issue 1, comprises Opinion article, Short communication, Research article, and Review article. This unique journal includes a wide range of fields related to prostate cancer for the authors to make their contribution towards the journal.

Opinion article by Chong et al. [1] reported a retrospective study on metformin as a beneficial medicine for dm2 patients with prostate cancer. Since the advent of metformin couple of years ago to treat the prostate cancer, there is a need to assess its impact in curing the disorder. In view of this author presented his opinion even in perspective of male prostate cancers. His findings suggest that a prospective double blind clinical trial will be needed to confirm our preliminary findings.

Goonewardene et al. [2] investigated the novel concept of robotic radical prostatectomy in order to assess the effectiveness of nerve grafting among the localized prostate cancer patients. They hypothesized that nerve-sparing procedures that he surgeons adopt in nerve grafting do not cause significant morbidity and mortality. However, the real benefit of the interposition nerve grafting has yet to be determined.

Authors Joung et al. [3] in their investigation reported the association of genetic variants of nerve injury-induced protein 1 (NINJ1) with risk of prostate cancer in Korean men. This study is the first report to investigate the genetic epidemiology of the NINJ1 gene in relation to the development of prostate cancer. Results did not find any association between the SNPs of the NINJ1 gene and prostate cancer risk. Apart from this, the present study reveals monomorphic features of several SNPs of the NINJ1 gene in Korean men and this finding in line with the findings reported with Chinese and Japanese men based on the review of SNP database.

Norris et al. [4] on a pilot study examined the motivational effects of resistance training 3 versus 2 days per week among prostate cancer survivors. In view of their previously published article on the

paradoxical issue, present article hypothesis had been reported. Perceptions of less support, fewer benefits, and more barriers explain why prostate cancer survivors performing RT 3 days/week versus 2 days/week experience fewer psychosocial benefits and further recommended for the larger trials.

Zaichick and Zaichick [5] in collaboration with American researchers had reported investigations on The Comparison between the Contents and Interrelationships of 17 Chemical Elements in Normal and Cancerous Prostate Gland. Their findings concludes that adenocarcinoma transformed prostate tissue the chemical element metabolism is significantly disturbed.

Burnett [6] reviewed article on the topic Eradicating Health Care Disparities in the Surgical Management of Prostate Cancer. His apprehensive findings are the racial variation in surgical care for prostate cancer can be addressed by applying both pattern and quality of care improvements in the delivery of surgical treatment. Further put forward for the optimal treatment based on targeted risk profiles.

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