## Apoptosis-related Markers for Predicting Progression of Prostate Cancer

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Finding powerful predictors in guiding prostate cancer treatment strategy and modalities is an important goal of urologists. These markers may also serve as new targets for prostate cancer therapy.

Deregulation of apoptosis is involved in prostate cancer development and progression. p21(WAF1/CIP1) and p27(kip1) proteins are key cell cycle regulators and parts of cyclin-dependent kinase (Cdks), which are important factors involved in the regulation of cellular proliferation and programmed death (apoptosis). p27(kip1) protein binds to cyclin-E-Cdk2 and counteracts cell mitosis, and is frequently mutated in various human cancers.<sup>1</sup> p21(WAF1/CIP1) and p27(kip1) proteins are closely related to p53 molecules with oncogenic properties. The commonly mutated *p53* oncogene is related to carcinogenesis and disease progression of cancers, including bladder and prostate cancers.

In human prostate cancer, the frequent downregulation of p27(kip1) protein expression is correlated with poor clinical outcomes.<sup>2</sup> It possesses dosagesensitive positive as well as negative modulatory roles in prostate cancer progression. Drug and gene target therapy trials targeting p27(kip1) have been conducted in animals.<sup>3,4</sup> The preliminary results are promising.

In this issue, Wu et al conclude that p21(WAF1/ CIP1) and p27(kip1) protein expression have no role in predicting biochemical relapse for stage pT2 prostate cancers based on study results from limited cases.<sup>5</sup> The methodologies used in performing immunohistochemistry and cutoff point selection in reading will usually influence the outcomes. Nevertheless, the use of both p21 and p27 proteins in correlation with Gleason score, tumor grade,<sup>6</sup> and serum prostate specific antigen level,<sup>7</sup> and in predicting the likelihood of therapeutic response and survival in patients with prostate cancer<sup>8</sup> remain controversial. Further largescale evaluation of both apoptosis-related markers in prostate cancer is needed before we can consolidate these conclusions.

## References

- Zeng L, Rowland RG, Lele SM, Kyprianou N. Apoptosis incidence and protein expression of p53, TGF-beta receptor II, p27Kip1, and Smad4 in benign, premalignant, and malignant human prostate. *Hum Pathol* 2004;35:290–7.
- Gao H, Ouyang X, Banach-Petrosky W, Borowsky AD, Lin Y, Kim M, Lee H, et al. A critical role for p27kip1 gene dosage in a mouse model of prostate carcinogenesis. *Proc Natl Acad Sci* USA 2004;101:17204–9.
- Hernandez I, Maddison LA, Wei Y, DeMayo F, Petras T, Li B, Gingrich JR, et al. Prostate-specific expression of p53(R172L) differentially regulates p21, Bax, and mdm2 to inhibit prostate cancer progression and prolong survival. *Mol Cancer Res* 2003; 1:1036–47.
- Choi YH, Kang HS, Yoo MA. Suppression of human prostate cancer cell growth by beta-lapachone via down-regulation of pRB phosphorylation and induction of Cdk inhibitor p21(WAF1/CIP1). J Biochem Mol Biol 2003;36:223–9.
- Wu TTL, Wang JS, Jiaan BP, Yu CC, Tsai JY, Lin JT, Huang JK. Role of p21<sup>WAF1</sup> and p27<sup>KIP1</sup> in predicting biochemical recurrence of organ-confined prostate adenocarcinoma. *J Chin Med Assoc* 2007;70:11–5.
- Dreher T, Zentgraf H, Abel U, Kappeler A, Michel MS, Bleyl U, Grobholz R. Reduction of PTEN and p27kip1 expression correlates with tumor grade in prostate cancer. Analysis in radical prostatectomy specimens and needle biopsies. *Virchows Arch* 2004;444:509–17.
- Zheng XY, Ding W, Xie LP, Chen ZD. Correlation of Skp2 and P27 kip1 protein expression and clinicopathological features of prostate cancer. *Ai Zheng* 2004;23:215–8. [In Chinese]
- Rigaud J, Tiguert R, Decobert M, Hovington H, Latulippe E, Laverdiere J, Larue H, et al. Expression of p21 cell cycle protein is an independent predictor of response to salvage radiotherapy after radical prostatectomy. *Prostate* 2004;58:269–76.

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