COMMENTARY

Re: Philadelphia Prostate Cancer Genetic Consensus Conference 2019 and implications for military medicine

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It gives me extraordinary honor and pleasure to provide commentary to Dr. Peters and associates for their outstanding article regarding the 2019 conference and the impact and contributions from US military medicine.[1] First, I was so pleased to see their dedication to COL David G. McLeod, the former long-term Chief of Urology at Walter Reed and a founding partner of the Department of Defense Center for Prostate Disease Research (CPDR). Dr. McLeod was my boss, my mentor, my friend, our clinical and research partner and was like a Father for the better part of my professional career. Some of our earlier papers on prostate cancer and PSA in African American men set the stage for more current work outlined in this paper.[2-5]

To highlight recommendations from the 2019 Consensus, all patients presenting with metastatic (M1) prostate cancer should have germline testing for *BRCA2*, *BRCA1*, *ATM*, *CHEK2*, *PALB2*, *RAD51D*, *NBN*, *MLH1*, *MSH2*, *PMS2*, and *MSH6*. For non-metastatic prostate cancer, germline testing is considered for Ashkenazi Jewish ancestry, Lynch Syndrome, intra-ductal pathology, locally advanced disease (T3a or higher), and Gleason Grade Group 4 or 5. For patients considering active surveillance (AS), *BRCA2* and *ATM* mutation status should be checked due to their association with more aggressive disease. Finally, prostate cancer family history as a basis for germline testing was emphasized. Patients with >= 1 first degree relative, or >= 2 male relatives with >= 1 of the following: age < 60, death from prostate cancer, or M1 prostate cancer should be tested.

Peters et al also highlighted the capabilities of the US military health care system in further advancing our understanding. Combining the resources of The Uniformed Services University's (USU) The American Genome Center (TAGC), the CPDR, the Air Force Medical Genetics Center (AFMGC), and the DoD Serum Repository (DODSR), the opportunities are virtually endless especially considering the racial and ethnic diversity and the multi-generational nature of those serving our country in uniform or retired. One prime example is the work of Petrovics et al showing higher rates of *BRCA1/2* germline mutations in African American men versus Caucasian men in a large series of 1240 prostate cancer patients in the CPDR registry.[6] Dr. Petrovics and his associates builds on a very strong heritage of CPDR in studies of prostate cancer and African American men going back now 30 years to the founding of CPDR in 1991. It is very fitting that this very informative article be dedicated to Dr. David McLeod as we also celebrate the 30th Anniversary of CPDR. As a retired Army physician, researcher, and CPDR/USU/WRAMC alumnus, I am so proud of the work already accomplished and the prospects for the future. □

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