Editorial comment to: Krajewski W, Dzięgała M, Kołodziej A, Dembowski J, Zdrojowy R. Vitamin D and urological cancers. Cent European J Urol. 2016; 69: 139-147.

Vitamin D: a 'wanted' supernatural power or a power of wishful thinking

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The current issue of CEJU brings a somewhat ambiguous paper entitled "Vitamin D and urological cancers" describing (possible) role of the vit. D in the etiology of urological cancers [1]. Indeed, last years brought numerous publications presenting that 1,25-dihydroxyvitamin D3 may alter human susceptibility to different diseases (even improve fitness) and its capability to cure or, at least, to soothe some human cancers [2, 3, 4]. Such contribution of the vit. D has been debated widely elsewhere, became trendy in contemporary medicine and engaged a great number of researches. Vit D and polymorphism of its targeted receptors have been harnessed to the etiology of: hypertension, bronchial asthma, type 2 diabetes mellitus, autoimmune disorders, cognitive decline and so forth [5]. Some studies suggest that vit. D receptor polymorphism may play a role in the prostate cancer, bladder cancer and other malicious tumours [6, 7]. Its role in the progress of the colon cancer has been scientifically proven [6]. The evidence for a protective effect of vitamin D on the risk of breast cancer has been published before. Thus, it looked that medicine found a gorgeous but simple and attainable remedy for almost everything.

Paper under discussion keeps pace with that papers and I am convinced that is worthy of notice as a well-tailored analysis adding a new twist to that issue [1].

Although considerable progress has been made toward understanding tumours etiology and the role of vit. D in human pathology, its role in cancer is still unclear [8, 9], Some papers present conflicting data clearly demonstrated in the manuscript under debate. Authors performed a survey of eligible studies on above mentioned possible association [1]. Its real scientific merit consist in concentration of a large group of data – it is an undisputed value of that paper. Apparently, pinning high hopes on the vit D is a risky business. A consultative committee - US Preventive Services Task Force concluded that all these data are insufficient [10]. Probably other factors that contribute to overall good health status, like healthy lifestyle with befitting physical activity, keeping healthy and balanced diet may intermingle with vit D level. In the light of that it is possible that some trials confused causes and effects. Well, a distinction should be made between the primary and secondary outcome but we do not confidently know which came first: the chicken or the egg? Moreover, next trials questioned the validity of before published research.

A large volume meta-analysis (290 prospective observational studies and 172 random trials) indeed confirmed inversely proportional interrelation of the level of vit. D and incidence of cardiovascular, metabolic, inflammatory, neurologic and psychiatric disorders (even Alzheimer disease) but could not indicate the primary cause and secondary effect. Also, another authors found that vit. D supplementation had at most insignificant therapeutic effect on the above conditions [11].

It is apparent that the existing evidence to guide us on the subject of the vit. D supplementation is vague and volatile and is based on conflicting data. Nevertheless, there is one certain axiom that have emerged from above citations: complying with balanced, sagacious and healthy life style undoubtedly helps to keep vit. D and the risk of numerous diseases on a safe level.

References

- Krajewski W, Dzięgała M, Kołodziej A, Dembowski J, Zdrojowy R. Vitamin D and urological cancers. Cent European J Urol. 2016; 69: 139-147.
- Garland FC, Garland CF, Gorham ED, Young JF. Geographic variation in breast cancer mortality in the United States: a hypothesis involving exposure to solar radiation. Prev Med. 1990; 19: 614-622.
- Garland CF, Garland FC, Gorham ED. Calcium and vitamin D. Their potential roles in colon and breast cancer prevention. Ann NY Acad Sci. 1999; 889: 107-119.
- Toffanello ED, Perissinotto E, Sergi G, et al. Vitamin D and physical performance in elderly subjects: the Pro.V.A study. PLoS One. 2012; 7: e34950.
- 5. Lappe JM, Travers-Gustafson D, Davies KM, Recker RR, Heaney RP.

Vitamin D and calcium supplementation reduces cancer risk: results of a randomized trial. Am J Clin Nutr. 2007; 85: 1586-1591.

- McDonnell SL, Baggerly C, French CB, et al. Serum 25-Hydroxyvitamin D Concentrations ≥40 ng/ml Are Associated with >65% Lower Cancer Risk: Pooled Analysis of Randomized Trial and Prospective Cohort Study. PLoS One. 2016;11(4):e0152441. doi: 10.1371/ journal.pone.0152441. eCollection 2016.
- Shui IM, Mucci LA, Kraft P, et al. Vitamin D-related genetic variation, plasma vitamin D, and risk of lethal prostate cancer: a prospective nested case-control study. J Natl Cancer Inst. 2012; 104: 690-699.
- 8. Arem H, Yu K, Xiong X, et al. Vitamin D Metabolic Pathway Genes and Pancreatic

Cancer Risk. PLoS ONE. 2015; 10: e0117574.

- Carlberg C, Seuter S, de Mello VD, et al. Primary vitamin D target genes allow a categorization of possible benefits of vitamin D₃ supplementation. PLoS One. 2013; 8: e71042.
- Manson JE, Bassuk SS. Vitamin D research and clinical practice: at a crossroads. JAMA 2015; 313: 1311-1312.
- Autier P, Boniol M, Pizot C, Mullie P. Vitamin D status and ill health: a systematic review. Lancet Diabetes Endocrinol. 2014; 2: 76-89. ■

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