# AGE-RELATED CHANGES IN CONCENTRATION AND HISTOLOGICAL DISTRIBUTION OF BR, CA, CL, K, MG, MN, AND NA IN NONHYPERPLASTIC PROSTATE OF ADULTS

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**ABSTRACT:** The variation with age of the Br, Ca, Cl, K, Mg, Mn, and Na concentration in prostatic parenchyma and the relationship of these chemical elements with basic histological structures of nonhyperplastic prostate glands of 65 subjects aged 21–87 years was investigated by an instrumental neutron activation analysis and a quantitative morphometric analysis. Mean values  $\pm$  standard error of the mean (M $\pm$ SEM) for the concentrations (mg/L) of these trace elements were: Br 7.07 $\pm$ 0.75, Ca 442 $\pm$ 27, Cl 2688 $\pm$ 142, K 2455 $\pm$ 94, Mg 236 $\pm$ 15, Sr 0.285 $\pm$ 0.015, and Na 2238 $\pm$ 73. A significant trend for decrease with age in Mn concentration as well as for increase with age in relative volume of stroma and decrease in relative volume of epithelium was found. It was demonstrated that the glandular lumen is a main pool of Ca accumulation in the normal human prostate, for the age range 21 to 40 years. For ages above 40 years a significant direct correlation between the prostatic K concentration and per cent volume of the stroma as well as a significant inverse correlation between the prostatic K concentration and per cent volume of the stroma as well as a significant inverse correlation between the prostatic K concentration and per cent volume of a disturbance in prostatic chemical element concentrations and their histological distribution was shown.

**KEYWORDS**: Adult, Geriatric, Prostate Glands, Chemical Element, Relationships, Histological Structures, Distributions, Neutron Activation Analysis.

# INTRODUCTION

More than 70% the male population aged over sixty has clinical or histologic evidence of benign prostatic hyperplasia (BPH), while prostate cancer (PCa) is the most common male non-cutaneous malignancy in the Western world (Roehrborn and McConnell,2002; Velonas *et al.*,2013). Understanding etiologies of both conditions is crucial to reducing the resulting burden of mortality and morbidity.

The prevalence of BPH rises sharply with age. The prevalence of PCa also drastically increases with age, being three orders of magnitude higher for the age group 40–79 years than for those younger than 40 years (Jemal *et al.*,2003; Rebbeck,2006). There are many similarities between the epidemiological factors of BPH and PCa (Alcaraz *et al.*,2009) but the greatest risk factor for both diseases is increasing age.

The human prostate gland is the only internal organ that continues to enlarge throughout adulthood (Bonkhoff and Remberger, 1998; Schauer and Rowley, 2011). Thus, it is possible to speculate that there are some age-dependence factors in prostate which disturb a balance between normal cell proliferation and apoptosis. An elevated level of cell proliferation promotes BPH and PCa development. The etiology of both BPH and PCa is believed to be multifactorial. Both diseases may occur due to subtle changes in male hormones with age as

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well as other factors including levels of Ca, Zn, and other chemical elements in prostate (Thomas,1999; Zaichick and Zaichick,1999; Blumenfeld et al.,2000; Leitzmann et al.,2003; Zaichick, 2004; Ahn et al., 2007; Rowland et al., 2013). In our previous studies higher levels of Zn, Ca, and Mg as well as some other chemical elements were observed in prostate parenchyma of adult males when compared with nonprostatic soft tissues of the human body (Zaichick et al., 2010; Zaichick and Zaichick, 2011a, 2011b; Zaichick et al., 2012a; Zaichick et al.,2012b). High accumulation of these elements suggests that they may play an important role in prostate function and health. Moreover, levels of some chemical elements were found to increase in the prostate after puberty and throughout adulthood, and in some cases this increase was shown to be androgen-dependent (Zaichick and Zaichick, 2013; Zaichick and Zaichick,2013a,2013b,2013c,2013d; Zaichick and Zaichick,2014a,2014b,2014c,2014d,2014e,2014f). The reason for this increase in chemical element content in the normal prostate gland is not completely understood. In addition, longstanding questions about the main pool and the local distribution of chemical elements in adult and geriatric prostates still remain open (Mawson CA, Fischer, 1952; Delory et al., 1956; Siegal et al., 1961; Kar and Chowdhury, 1968; Dhar et al., 1973; Morita, 1981; Leake et al.,1983; Tvedt et al.,1989; Bataineh et al.,2002; Franklin et al.,2005).

Prostatic parenchyma contains three main components: glandular tissue, prostatic fluid, and fibromuscular tissue or stroma. Glandular tissue includes acini and ducts. Epithelial cells (E) surround the periphery of the acini and luminal surfaces (L) in acini (glandular lumina). Prostatic fluid fills the lumina in the acini. Stromal tissue (S) is composed of smooth muscle, connective tissue, fibroblasts, nerves, lymphatic and blood vessels. Thus, the volume of the prostate gland may be represented as a sum of volumes (E + L + S). This makes it possible to quantitate morphological data using a stereological approach (Zaichick and Zaichick, 2013).

Cellular alterations that include changes in the epithelium and stroma are implicated in the development and growth of the prostate gland, as well as in BPH and PCa pathogenesis (Chagas *et al.*,2002; Zhang *et al.*,2003). However, the data on age-dependence of main histological components of normal prostates is extremely limited (Arenas *et al.*,2001; Fujikawa *et al.*,2005). Moreover, some contradictory results were obtained in these studies.

Because of the lack of adequate quantitative data on the subject of chemical element distributions in human prostate and changes of these distributions with age, a study of as many of chemical elements as possible was begun by us. In our previous studies we investigated the chemical element distributions in pediatric and nonhyperplastic young adult prostate using correlations between elemental contents and quantitative morphological data (Zaichick and Zaichick,2013; Zaichick and Zaichick,2014a,2014b,2014c). It should be noted that the morphological data is assessed as % of volume, thus, the results for chemical element contents have to be expressed as a concentration on wet mass basis.

The primary purpose of present study was to determine reliable values for chemical element concentrations and histological characteristics in the nonhyperplastic prostate of subjects ranging from young adult males to elderly persons (over 60 years old) using an instrumental neutron activation analysis with high resolution spectrometry of short-lived radionuclides (INAA-SLR) and a quantitative morphometric analysis. The second aim was to compare the chemical element concentrations and histological characteristics in prostate glands of age group 3 (elderly persons, who were aged 61 to 87 years), with those of group 1 (adults aged 21 to 40 years) and group 2 (adults aged 41 to 60 years). The third aim was to estimate the inter-correlations of chemical element concentrations in normal prostate. The final aim was to

investigate the relationships between chemical element concentrations in prostate and quantitative morphometric parameters of the prostate glands studied. All studies were approved by the Ethical Committee of the Medical Radiological Research Center, Obninsk.

## **SUBJECTS AND METHODS**

#### Subjects and sample collection

Samples of the human prostate were obtained from randomly selected autopsy specimens of 65 males (European-Caucasian) aged 21 to 87 years. Age ranges for subjects were divided into three age groups, with group 1, 21-40 years (30.4±1.1 years, M±SEM, n=28), group 2, 41-60 years (49.6±1.1 years, M±SEM, n=27), and group 3, 61-87 years (68.8±2.7 years, M±SEM, n=10). These groups were selected to reflect the condition of prostate in the first (group 1) and in the second (group 2) periods of adult life, as well as in the old age (group 3). The available clinical data were reviewed for each subject. None of the subjects had a history of an intersex condition, endocrine disorder, neoplasm or other chronic disease that could affect the normal development of the prostate. None of the subjects were receiving medications known to affect prostate morphology or its chemical element content. The typical causes of death of most of these patients included acute illness (cardiac insufficiency, stroke, pulmonary artery embolism, alcohol poisoning) and trauma. All prostate glands were divided (with an anterior-posterior cross-section) into two portions using a titanium scalpel. One portion was reviewed by an anatomical pathologist while the other was used for the chemical element content determination. Only the posterior part of the prostate, including the transitional, central, and peripheral zones, was investigated. A histological examination was used to control the age norm conformity as well as to confirm the absence of any microadenomatosis and/or latent cancer.

#### **Sample preparation**

After the samples intended for the trace element determinations were weighed, they were transferred to be stored at -20°C, until they were freeze-dried, weighed once again and homogenized. The pounded sample weighing about 100 mg was used for chemical element measurement by INAA-SLR. The samples for INAA-SLR were sealed separately in thin polyethylene films washed with acetone and rectified alcohol. The sealed samples were placed in labeled polyethylene ampoules. Titanium or plastic tools were used in sampling and sample preparation for the chemical element determinations (Zaichick and Zaichick,1996; Zaichick,2006).

The prostate specimens intended for the morphometric study were transversely cut into consecutive slices, which were fixed in buffered formalin (pH 7.4) and embedded in paraffin wax. The paraffin-embedded specimens were sectioned with 5  $\mu$ m thickness and processed using routine histological methods. All samples were conventionally stained with haematoxylin and eosin, and then all histological slides were examined by an anatomical pathologist to detect any focus of benign prostatic hyperplasia, carcinoma, or intraepithelial neoplasia, to exclude samples with artifacts and so to select appropriate slides for further morphometric evaluation.

## Standards and certified reference materials

To determine concentration of the elements by comparison with known standard, aliquots of commercial, chemically pure compounds were used for a calibration (Zaichick,1995). Ten certified reference materials (CRM) IAEA H-4 (Animal Muscle) sub-samples were prepared and analyzed under the same conditions as the prostate samples, to estimate the precision and accuracy of the results. All samples of prostate and the CRM were prepared in duplicate, and mean values of Br, Ca, Cl, K, Mg, Mn, and Na concentrations were used in the final calculations.

## Instrumentation and methods

The content of Br, Ca, Cl, K, Mg, Mn, and Na were determined by INAA-SLR using a horizontal channel equipped with the pneumatic rabbit system of the WWR-c research nuclear reactor. The neutron flux in the channel was  $1.7 \times 10^{13}$ n cm<sup>-2</sup> s<sup>-1</sup>. Ampoules with prostate samples, intralaboratory-made standards, and certified reference material were put into polyethylene rabbits and then irradiated separately for 180 s. Copper foils were used to assess neutron flux.

The measurement of each sample was made twice, 1 and 120 min after irradiation. The duration of the first and second measurements was 10 and 20 min, respectively. A coaxial 98-cm3 Ge (Li) detector and a spectrometric unit (NUC 8100), including a PC-coupled multichannel analyzer, were used for measurements. The spectrometric unit provided 2.9-keV resolution at the <sup>60</sup>Co 1,332-keV line. Details of used nuclear reactions, radionuclides, and gamma-energies were presented in our earlier publication (Zaichick and Zaichick,2011a; Zaichick and Zaichick,2013a).

Morphometric evaluations were then performed quantitatively using stereological method (Avtandilov,1973). The stained tissue sections were viewed by microscopy at  $\times 120$  magnification. In order to obtain information about changes in prostatic components (acini and stroma), the surfaces adjacent to the acini (i.e. epithelium plus lumen), the epithelium tissue alone and the stroma were also measured in 10 randomly selected microscopic fields for each histological section. The number of microscopic fields per section studied was determined by successive approaches to obtain the minimum number of microscopic fields required to reach the lowest standard deviation (SD). A greater number of microscopic fields did not decrease the SD significantly. The mean per cent volumes of the stroma, glandular epithelium, and glandular lumen were determined for each prostate specimen.

## **Computer programs and statistics**

A dedicated computer program of NAA mode optimization was utilized (Korelo and Zaichick,1993). Using Microsoft Office Excel software to provide a summary of statistical results, the arithmetic mean, standard deviation, standard error of mean, minimum and maximum values, median, percentiles with 0.025 and 0.975 levels were calculated for all the chemical element concentrations obtained as well as for the morphometric parameters. The reliability of difference in the results between all age groups was evaluated by Student's parametric *t*-test. The Microsoft Office Excel software was also used for the construction of "chemical element concentration versus age", "morphometric parameter versus age", and "chemical element concentration versus morphometric parameter" diagrams and the estimation of the Pearson correlation coefficient between the different pairs of chemical

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elements as well as between the morphometric parameters and chemical element concentrations.

# RESULTS

Fig. 1 illustrates individual data sets for the Br, Ca, Cl, K, Mg, Mn, and Na concentrations and the per cent volume (stroma, epithelium, and lumen) in the nonhyperplastic prostate glands of males aged between 21-87 years and their trend lines with equations of best fit.

Table 1 presents the basic statistical parameters (arithmetic mean, standard deviation, standard error of mean, minimal and maximal values, median, percentiles with 0.025 and 0.975 levels) of the Br, Ca, Cl, K, Mg, Mn, and Na concentration (mg/L or mg/dm<sup>3</sup>, wet-mass basis) and the per cent volumes (% of gland volume) of the stroma, glandular epithelium, and glandular lumen in the nonhyperplastic prostate gland of males. These parameters are shown for the age groups 1 (range 21–40 years), 2 (range 41–60 years), 3 (range 61–87 years), for the age groups 2 and 3 combined (range 41–87 years), and for the age groups 1, 2, and 3 combined (range 21–87 years).

The comparison of our results with published data for the Br, Ca, Cl, K, Mg, Mn, and Na concentrations and for the morphometric parameters of the nonhyperplastic prostate gland of adult males (age range over 20) is shown in Table 2.

The ratios of means and the reliability of difference between mean values of chemical element concentrations and between mean values of morphometric parameters in the age groups 1, 2, 3, as well as 2 and 3 combined are presented in Table 3.

Table 4 depicts our data for the inter-correlation of concentrations (values of r – the Pearson correlation coefficient) including all pairs of chemical elements identified by us in the age ranges 21-40 years and 41-87 years.

Table 5 compiles Pearson correlation coefficients between the Br, Ca, Cl, K, Mg, Mn, and Na concentrations (mg/L or mg/dm<sup>3</sup>, wet-mass basis) and the morphometric parameters (% of gland volume) in age ranges 21-40 years and 41-87 years.

Figs. 2 and 3 show individual data sets for the Ca and K concentration versus individual data sets for the percent volume of stroma and lumen in the nonhyperplastic prostate gland of males between ages 21–40 years and 41–87 years, respectively.







Figure 1: Individual data sets for the Br, Ca, Cl, K, Mg, Mn, and Na concentrations (mg/L or mg/dm<sup>3</sup>) and the percent volume (% of gland volume) of stroma, epithelium, and lumen in the nonhyperplastic prostate gland of males aged 21–87 years, plotted against age, with the corresponding trend lines and the equations from which they were derived.

Table 1.Basic statistical parameters of Br, Ca, Cl, K, Mg, Mn, and Na<br/>concentration (mg/L) and the per cent volumes of main histological<br/>components (%) in prostate glands of the different age groups

Group No	Par	Mean	SD	SEM	Min	Max	Med	P <sub>0.025</sub>	P <sub>0.975</sub>
Group 1	Br	6.88	5.62	1.15	0.586	20.6	5.66	0.680	18.9

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young       Ca       404       159       34       212       763       341       222       726         adults       Cl       2512       731       220       1110       3991       2528       1301       3751         21-40       K       2556       640       130       1283       3460       2633       1308       3446         20       M       242       120       27       602       505       106       045       106
adults       Cl       2512       731       220       1110       3991       2528       1301       3751         21-40       K         years       2556       640       130       1283       3460       2633       1308       3446         20       M       242       120       27       602       505       105       045       105
21-40       K         years       2556       640       130       1283       3460       2633       1308       3446         20       M       242       120       27       602       505       105       045       105
years 2556 640 130 1283 3460 2633 1308 3446
n=28 Mg 242 128 27 68.3 505 196 94.5 496
Mn 0.316 0.112 0.026 0.169 0.631 0.287 0.178 0.572
Na 2134 556 109 1209 3303 2021 1256 3148
S 47.8 10.6 2.1 26.7 70.9 48.0 29.0 68.4
E 35.9 8.4 1.7 25.4 55.9 33.8 25.7 54.3
L 16.3 4.7 0.9 3.7 24.1 16.2 5.14 22.4
Group 2 Br 7.20 5.26 1.24 2.32 24.3 5.77 2.69 19.4
adults Ca 474 190 46 245 958 456 264 865
41-60 Cl
years 2803 563 213 2004 3878 2701 2088 3732
n=27 K 2352 763 175 1138 3703 2250 1179 3690
Mg 237 93 21 122 437 230 123 428
Mn 0.256 0.083 0.021 0.096 0.457 0.261 0.122 0.409
Na 2292 528 115 1372 3209 2213 1512 3159
S 48.4 10.5 2.3 33.9 72.6 48.0 34.2 67.8
E 29.9 6.8 1.5 14.6 38.9 30.1 16.2 38.8
L 21.8 7.9 1.7 9.7 34.3 22.6 9.75 33.5
Group 3 Br 7.40 3.49 1.42 4.17 13.6 6.44 4.28 12.9
geriatrics Ca 397 82 34 280 490 420 284 486
61-87 Cl
years 3069 390 225 2804 3516 2888 2808 3485
n=10 K 2376 260 106 1922 2650 2390 1969 2644
Mg 216 53 20 166 323 198 167 309
Mn 0.259 0.018 0.008 0.239 0.273 0.272 0.239 0.273
Na 2460 478 181 1917 3342 2396 1932 3241
S 60.8 8.5 3.2 51.6 76.7 60.3 51.8 75.1
E 25.6 5.9 2.2 14.6 31.9 27.3 15.6 31.6
L 13.6 4.0 1.5 8.7 20.5 13.1 8.91 19.9
Groups Br 7.25 4.81 0.98 2.32 24.3 5.89 2.82 18.1
2 and 3 Ca 453 170 36 245 958 427 264 830
combined Cl 2883 511 162 2004 3878 2846 2130 3797
41-87 K
years 2358 671 134 1138 3704 2302 1193 3686
n=37 Mg 231 84 16 122 437 226 123 424
Mn 0.257 0.072 0.016 0.096 0.457 0.265 0.130 0.393
Na 2334 513 97 1372 3342 2287 1561 3252
S 51.5 11.3 2.1 33.9 76.7 52.0 34.2 73.9
E 28.8 6.7 1.3 14.6 38.9 28.1 14.6 38.8
L 19.7 7.9 1.5 8.7 34.3 20.0 9.38 33.2
Groups Br 7.07 5.18 0.75 0.586 24.3 5.66 0.818 20.1
1, 2, and 3 Ca 430 165 25 212 958 352 233 760
combined Cl 2688 649 142 1110 3991 2707 1492 3935
21-87 K
years 2455 657 94 1138 3704 2404 1241 3630

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n=65	Mg	236	106	15	68.3	505	205	117	477	
	Mn	0.285	0.097	0.015	0.096	0.631	0.271	0.163	0.503	
	Na	2238	539	73	1209	3342	2177	1312	3273	
	S	50.0	11.0	1.5	26.7	76.7	50.0	31.5	72.1	
	E	32.0	8.3	1.2	14.6	55.9	31.0	15.5	51.4	
	L	18.0	6.8	0.9	3.7	34.3	16.7	6.9	31.9	

Par – parameter, S - stroma ,E – epithelium, L – lumen, Mean – arithmetic mean, SD – standard deviation, SEM – standard error of mean, Min – minimum value, Max – maximum value, Med – median,  $P_{0.025}$  – percentile with 0.025 level,  $P_{0.975}$  – percentile with 0.975 level.

Table 2.Median, minimum and maximum value of means of chemical element<br/>concentration (mg/L) and the per cent volumes of main histological<br/>components (%) in prostate of adult males according to data from the<br/>literature in comparison with this work's results.

Par		Published d	ata	This work
	Median	Minimum	Maximum	21-87 years
	of means	of means	of means	n=65
	(n <sup>a</sup> )	M or M $\pm$ SD, (n <sup>b</sup> )	M or M $\pm$ SD, (n <sup>b</sup> )	M±SD
Br	5.4 (18)	2.5±1.7 (4)	8.9±5.7(10)	
		(Kubo <i>et al.</i> ,1976)	(Zaichick and	$7.07 \pm 5.18$
			Zaichick,2010)	
Ca	357 (22)	77±21 (21)	1344±2195 (57)	
		(Schneider et al.,	(Tohno <i>et al.</i> ,2009)	430±165
		1970)		
Cl		880±74 (27)	2637±273 (10)	
	2223 (9)	(Guntupalli et	(Zaichick and	2688±649
		al.,2007)	Zaichick,2014d)	
Κ		779±13 (27)	2321±116 (16)	
	2100 (20)	(Guntupalli et	(Zaichick and	2455±657
		al.,2007)	Zaichick,2014e)	
Mg	200 (21)	89±30 (13)	368±85 (21)	236±106
		(Tohno et al.,2009)	(Schneider et al., 1970)	
Mn	0.26 (24)	< 0.01 (12)	19±3 (5)	$0.285 \pm 0.097$
		(Forssen, 1972)	(Banaś <i>et al.</i> ,2001)	
Na		4.1±4.6 (13)	2447±620 (4)	2238±539
	1874 (16 <mark>)</mark>	(Tohno <i>et al.</i> ,2009)	(Soman <i>et al.</i> ,1970)	
S		43.0 (56)	67.0 (19)	50.0±11.0
	53 (5)	(Arenas et al.,2001)	(Arenas <i>et al.</i> ,2001)	
E		15 (19)	33.0 (56)	32.0±8.3
	26.5 (4)	(Arenas et al.,2001)	(Arenas <i>et al.</i> ,2001)	
L		16 (24)	31 (68)	18.0±6.8
	21.8 (4)	(Arenas et al.,2001)	(Fujikawa <i>et al.</i> ,2005)	

Par – parameter, S - stroma , E – epithelium, L – lumen, M - arithmetic mean, SD – standard deviation, <sup>a</sup> Total number of all relevant references, <sup>b</sup> Number of samples.

# Table 3.Ratio of mean values (M) and the reliability of difference between mean<br/>values of chemical element concentration and the per cent volumes of

Par		Ratio o	f means*		The reliability of difference between					
					means (Student's <i>t</i> -test, <i>p</i> =)					
	$M_2/M$	$M_3/M$	$M_3/M$	$M_{2+3}/M$	$G_1$	$G_1$	G <sub>2</sub>	$G_1$ and		
	1	1	2	1	and	and	and	$(G_2 + G_3)$		
					$G_2$	<b>G</b> <sub>3</sub>	G <sub>3</sub>			
Br	1.05	1.06	1.01	1.05	0.854	0.783	0.916	0.811		
Ca	1.17	0.98	0.84	1.12	0.238	0.865	0.192	0.327		
Cl	1.12	1.22	1.10	1.15	0.357	0.124	0.424	0.192		
Κ	0.92	0.93	1.01	0.92	0.356	0.298	0.907	0.295		
Mg	0.97	0.89	0.92	0.95	0.868	0.438	0.484	0.726		
Mn	0.81	0.82	1.01	0.81	0.077	0.045	0.887	0.057		
Na	1.07	1.15	1.07	1.09	0.326	0.152	0.451	0.177		
S	1.00	1.26	1.26	1.06	0.941	0.007	0.008	0.278		
Е	0.84	0.72	0.86	0.80	0.015	0.003	0.133	0.003		
L	1.35	0.84	0.62	1.16	0.007	0.188	0.002	0.046		

main histological components in nonhyperplastic adult and geriatric prostate glands of the three age groups

Par – parameter, S - stroma ,E – epithelium, L – lumen,  $M_1$ ,  $M_2$ ,  $M_3$  – arithmetic mean in age groups (G) 1, 2, and 3, respectively,  $M_{2+3}$  – arithmetic mean in age group 2 and 3 combined,

Statistically significant values are in **bold** 

Group	Element	Br	Ca	Cl	K	Mg	Mn	Na
Group 1	Br		-	-	-	0.335	0.498	0.225
		1.000	0.005	0.035	0.244			
21-40	Ca	-		0.222	0.262	0.366	0.405	0.159
years		0.005	1.000					
n=28	Cl	-	0.222		-	0.162	-	0.729
		0.035		1.000	0.114		0.884	
	Κ	-	0.262	-	1.000	0.082	-	0.064
		0.244		0.114			0.157	
	Mg	0.335	0.366	0.162	0.082	1.000	0.622	0.373
	Mn	0.498	0.405	-	-	0.622	1.000	0.085
				0.884	0.157			
	Na	0.225	0.159	0.729	0.064	0.373	0.085	1.000
Groups	Br		-	-	-	0.159	0.107	0.096
		1.000	0.027	0.702	0.075			
2 and 3	Ca	-		0.634	0.636	0.378	-	0.088
		0.027	1.000				0.148	
combined	Cl	-		1.000	0.849	-	-	0.018
		0.702	0.634			0.309	0.773	
41-87	Κ	-		0.849	1.000	0.064	0.320	0.414
years		0.075	0.636					
n=37	Mg	0.159	0.378	-	0.064	1.000	-	0.459
				0.309			0.067	

Table 4.Intercorrelations of pairs of the chemical element concentration in the<br/>prostate tissue (r – coefficient of correlation)

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Mn	0.107	-	-		-	1.000	0.522			
		0.148	0.773	0.320	0.067					
Na	0.096	0.088	0.018	0.414	0.459	0.522	1.000			
Statistically significant values (p<0.01) are in <b>bold</b>										

Table 5.Correlations (r - coefficient of correlation) between the Br, Ca, Cl, K, Mg,<br/>Mn, and Na concentration (mg/L or mg/dm³, wet-mass basis)) and the per<br/>cent volumes of main histological components (%) in nonhyperplastic

adult and geriatric prostate glands

Age	Histological	Chemical element								
group	component	Dr	Co			Ma	Mn	No		
8F	· · · · · · · · · · · · · · · · · · ·	DI	Ca	CI	Λ	Ivig	IVIII	Ina		
Group 1	Stroma		-	-	-	-	-	-		
		0.171	0.379	0.047	0.093	0.343	0.024	0.120		
	Epithelium	-					-			
	-	0.186	0.164	0.175	0.166	0.226	0.131	0.050		
	Lumen	-		-	-					
		0.053	0.554	0.134	0.095	0.367	0.276	0.196		
Group	Stroma					-				
		0.226	0.155	0.723	0.659	0.411	0.185	0.233		
2 and 3	Epithelium	-	-	-	-		-	-		
		0.378	0.114	0.721	0.615	0.210	0.112	0.302		
combine	Lumen		-	-	-		-	-		
d		0.012	0.143	0.516	0.452	0.437	0.206	0.060		

Statistically significant values *p*<0.01 are in **bold** 

## DISCUSSION

#### **Precision and accuracy**

As was shown by us (Zaichick and Zaichick,2011a; Zaichick and Zaichick,2013a), the use of CRM IAEA H-4 as a CRM for the analysis of samples of prostate can be seen as quite acceptable. The mass fractions of seven elements (Br, Ca, Cl, K, Mg, Mn, and Na) that cover the range of 6 elements with certified (Br, Ca, K, Mg, and Na) and informative (Mn) values in CRM IAEA H-4 (animal muscle) were determined. Mean values (±SD) for Br, Ca, K, Mg, Mn, and Na concentration were inside the 95% confidence intervals of the values listed on the CRM's certificate (Zaichick and Zaichick,2011a; Zaichick and Zaichick,2013a). Good agreement of the Br, Ca, K, Mg, Mn, and Na concentration analyzed by INAA-SLR with the certified data of CRM IAEA H-4 indicates an acceptable accuracy of the methods and the reliability of results obtained in this study of chemical elements in the prostate, presented in Figs. 1-3 and Tables 1-5.



Figure 2. Individual data sets for the Ca concentrations (mg/L) versus individual data sets for the percent volume of stroma and lumen (% of gland volume) in the nonhyperplastic prostate gland of males between ages 21–40 years and between ages 41–87 years, and their trend lines obtained from linear equations.



Figure 3. Individual data sets for the K concentrations (mg/L or mg/dm<sup>3</sup>) versus individual data sets for the percent volume of stroma and lumen (% of gland volume) in the nonhyperplastic prostate gland of males between ages 21–40 years and between ages 41–87 years, and their trend lines obtained from linear equations.

**Concentration of chemical elements** 

Table 1 summarizes mean values and all selected statistical parameters were calculated for seven chemical elements (Br, Ca, Cl, K, Mg, Mn, and Na). Concentrations of all these elements were measured in most of the prostate samples. Since we were using INAA-SLR the results were expressed as mass fractions (MF) in mg/kg on dry mass basis, and the concentration  $C_{ij}$  for the *i* element in the *j* sample was calculated as:

$$C_{ij} (\text{mg/L}) = \text{MF}_{ij} \times (\text{M}_j^{\text{dry}}/\text{M}_j^{\text{wet}}) \times 1.05$$
[1]

where  $M_j^{dry}$  is the mass of sample *j* after drying,  $M_j^{wet}$  is the mass of sample *j* before drying, and 1.05 (kg/L) is the density of normal prostate tissue (ICRP,1975).

#### Comparison with published data

The values of arithmetic mean ( $\pm$ SD) obtained for the Br, Ca, Cl, K, Mg, Mn, and Na concentrations in adult nonhyperplastic prostate glands (Table 2) agree well with median of means cited by other researches for the normal prostate tissue of adult males (age range over 20 years), including samples obtained from persons who had died from non-prostate related diseases. A number of previously published values for chemical element contents were not expressed as concentration by the authors of the cited references. We recalculated these values using published data for water - 83% (Marezynska *et al.*,1983) and ash - 1.0% (Saltzman *et al.*,1990) content on a wet-mass basis for the prostates of adult men as well as data for adult prostate tissue density - 1.05 kg/L (ICRP,1975). The means of morphometric parameters for adult nonhyperplastic prostate glands found in the present study also agree well with median of means cited by other researches (Table 2).

#### Age-related changes

The similarity of arithmetic mean and median values for all the parameters investigated (Table 1) testifies to the normal distribution of individual results. These findings allowed evaluation of the age-related differences by Student's parametric *t*-test (Table 3). In the histologically normal prostates of adults we observed a statistically significant decrease with age of Mn concentration as well as in per cent volume of stroma and lumen, accompanied by a decrease in per cent volume of lumen (Fig. 1, Table 3). The conclusion from the analysis of individual data sets obtained from the histologically normal prostates (Fig. 1) and from the comparison of the concentration means in three age groups (Table 3) is that concentration of Mn had a maximum at about the age of 21-40 years. After age 40 years, levels of Mn began to decrease (Fig. 1, Table 3).

This work result for age-dependence of Ca, K and Na mass fraction is in accordance with earlier findings (Hienzsch *et al.*,1970). For example, Heinzsch *et al.* (1970) found that Ca mass fraction in normal prostate was higher in age group 51-70 years than in age group 31-50 years by approximately 1.13 times. No published data referring to age-related changes of Br, Cl, Mg, and Mn mass fractions in human prostate was found.

In the histologically normal adult prostates mean per cent volumes of stroma were maintained at about 50% and only increased above this value in the seventh decade (Fig. 1, Tables 1 and 3). In the group older than 60 years old stroma volume increased ~1.3 times (60.8%, age group 3) (Tables 1 and 3), which was statistically significant. The mean per cent volume of the glandular epithelium steadily and almost linearly decreased from 35.7% to 28.4% over the same period (Fig. 1, Table 1). These differences were statistically significant for the age group 3 when compared with the age groups 1 or 2 (Table 3). The mean per cent volume of

the glandular lumen increased between the third to the fifth decade and reached its maximum at about 50 years old (Figure 1). During this period of life the mean per cent volume of glandular lumen was almost 1.5 times higher than in prostate glands of 20 to 30 year old males, which is statistically significant (Table 3). This suggests that relative accumulation of prostatic fluid develops between 30 to 50 years of age.

Shapiro et al. (1997) reported that the stromal compartment fraction (approximately 80%) of the prostate remains constant in males throughout life. In contrast, the present study provides compelling evidence that the per cent volume of stroma, epithelium, and lumen of the prostate changes significantly in males between ages 21-70. Our finding is in agreement with an earlier publication by Arenas et al. (2001), where he reported that the stromal volume was maintained between ages 20-50 and only significantly increased in the sixth and seventh decades, while epithelial volume showed a tendency to diminish.

## Inter-correlations of chemical elements

In the age group 1 (21-40 years) a statistically significant ( $p \le 0.01$ ) direct correlation was found between the prostatic concentration of Br and Mn (r = 0.50), Cl and Na (r = 0.73), Mg and Mn (r = 0.62), Na and Cl (r = 0.73), as well as inverse correlation between Cl and Mn (r = 0.88) (Table 4). In age groups 2 and 3 taken together (41-87 years) many correlations between chemical elements in the prostate, found in the age group 1 (21-40 years), disappeared and new correlations arose (Table 4). Therefore, if we accept levels and relationships of chemical elements in prostate glands of 21-40 year old males as a norm, then we have to conclude that after the age of 40 there are significant changes in levels and balance of chemical elements in the prostate.

# Correlations between chemical element concentrations and the per cent volumes of main histological components

A significant direct correlation between the prostatic Ca concentration and per cent volume of the glandular lumen was seen in the age group 1 (Table 5, Fig, 2). These correlation disappeared in age groups of males aged over 40 (groups 2 and 3 combined). This indicates that in age before 40 years there is a special relationship between Ca and the glandular lumen of the prostate. In other words, the glandular lumen is a main pool of Ca accumulation in the normal human prostate but only in age before 40 years. Ca concentration in prostatic fluid is a few times higher than the mean Ca concentration in the prostate tissue of adults (Zaichick and Zaichick, 2014a,2014b). Because the volume of the glandular lumen reflects the volume of prostatic fluid, we can conclude that prostatic fluid is a main pool of Ca accumulation in the normal human prostate in age before 40 years. In age over 40 the redistribution of Ca between prostatic cells and fluid begins and the concentration of Ca in cells increases.

A significant direct correlation between the prostatic K concentration and per cent volume of the stroma as well as a significant inverse correlation between the prostatic K concentration and per cent volume of the lumen was seen in the age group 2 and 3 combined (Table 5, Fig, 3). It is well known that K is the major cation of the intracellular fluid and cells are the main pool of this electrolyte in human body (Terry,1994). Thus, because the major characteristic of histological changes in the age over 60 is an overgrowth of the stromal cells (Table 3), becomes clear why a significant direct correlation between the prostatic K concentration and per cent volume of the stroma has respect to this period of life.

## The limitations and future research

To clarify the role of chemical elements in normal physiology of the prostate gland, the variation with age of the Br, Ca, Cl, K, Mg, Mn, and Na concentration in prostatic tissue and the relationship of these chemical element concentrations with basic prostatic histological structures was investigated only in nonhyperplastic prostate glands. In future studies of the role of chemical elements in pathophysiology of the prostate gland the specimens of BPH and cancerous tissues have to be included. Moreover, there are many other chemical elements involved in normal metabolism and pathophysiology of the prostate gland. Thus, further studies are needed to extend the list of chemical elements investigated in this manner.

# CONCLUSION

The Pearson correlation between chemical element concentrations and morphometric parameters allowed allocation of chemical element concentrations to the different components of the prostate gland. Using this method, we demonstrated that the glandular lumen and, therefore, the prostatic fluid is the main pool Ca accumulation in the normal human prostate between the ages of 21 to 40. We also found that in age over 40 the stroma is the main pool of K accumulation in the normal human prostate, which correlates with the overgrowth of the stromal cells in this period of life. Lastly, we found that there is a significant tendency for a decrease in Mn concentration with age in the prostate tissue of healthy individuals.

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# REFERENCES

- Ahn, J., Albanes, D., Peters, U., Schatzkin, A., Lim, U., Freedman, M. et al. (2007) Dairy products, calcium intake, and risk of prostate cancer in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial. *Cancer Epidemiol. Biomarkers Prev.* 16, 2623-2630.
- Alcaraz, A., Hammerer, P., Tubaro, A., Schröder, F.H., and Castro, R. (2009) Is there evidence of a relationship between benign prostatic hyperplasia and prostate cancer? Findings of a literature review. *Eur. Urol.* 55(4), 864-873.
- Arenas, M.I., Romo, E., Royuela, M., Ruiz, A., Fraile, B., Sánchez-Chapado, M. et al. (2001) Morphometric evaluation of the human prostate. *International Journal of Andrology* 24(1), 37-47.
- Avtandilov, G.G. (1973) Morphometry in pathology. Medicina, Moscow.
- Banaś, A., Kwiatek, W.M., and Zając, W. (2001) Trace element analysis of tissue section by means of synchrotron radiation: the use of GNUPLOT for SPIXE spectra analysis. *Journal of Alloys and Compounds* 328(1-2), 135–138.
- Bataineh, Z.M., Bani Hani, I.H., and Al-Alami, J.R. (2002) Zinc in normal and pathological human prostate gland. *Saudi Med. J.* 23(2), 218-220.

- Blumenfeld, A.J., Fleshner, N., Casselman, B., and Trachtenberg, J. (2000) Nutritional aspects of prostate cancer: a review. *Can. J. Urol.* 7(1), 927-935.
- Bonkhoff, H. and Remberger, K. (1998) Morphogenesis of benign prostatic hyperplasia and prostatic carcinoma. *Pathologe* 19(1), 12-20.
- Chagas, M.A., Babinski, M.A., Costa, W.S., and Sampaio F.J.B. (2002) Stromal and acinar components of the transition zone in normal and hyperplastic human prostate. *BJU International* 89, 699-702.
- Delory, G.E., Hoare, R., and Penner, D.W. (1956) Zinc and acid phosphatase in the human prostate. *Cancer* 9(4), 721-726.
- Dhar, N.K., Goe, IT.C., Dube, P.C., Chowdhury, A.R., and Kar, A.B. (1973) Distribution and concentration of zinc in the subcellular fractions of benign hyperplastic and malignant neoplastic human prostate. *Exp. Mol. Pathol.* 19, 139-142.
- Forssen, A. (1972) Inorganic elements in the human body. I. Occurrence of Ba, Br, Ca, Cd, Cs, Cu, K, Mn, Ni, Sn, Sr, Y and Zn in the human body. Annales medicinae Experimentalis et Biologie (Finland) 50, 99-162.
- Franklin, R.B., Feng, P., Milon, B., Desouki, M., Singh, K.K., Kajdacsy-Balla, A. et al. (2005) hZIPI zinc uptake transporter down regulation and zinc depletion in prostate cancer. *Mol. Cancer* 4, 32-45.
- Fujikawa, S., Matsuura, H., Kanai, M., Fumino, M., Ishii, K., Arima, K. et al. (2005) Natural history of human prostate gland: Morphometric and histopathological analysis of Japanese men. *Prostate* 65(4), 355-364.
- Guntupalli, J.N.R., Padala, S., Gummuluri, A.V.R.M., Muktineni, R.K., Byreddy, S.R. et al. (2007) Trace elemental analysis of normal, benign hypertrophic and cancerous tissues of the prostate gland using the particle-induced X-ray emission technique. *Eur. J. Cancer Prev.* 16(2), 108-115.
- Hienzsch, E., Schneider, H.-J., and Anke, M. (1970) Vergleichende Untersuchungen zum Mengen- und Spurenelementgehalt der normalen Prostata, des Prostataadenoms und des Prostatakarzinoms. Zeitschrift für Urologie und Nephrologie 63, 543-546.
- ICRP (International Commission on Radiological Protection). (1975) Report of the Task Group on Reference Man. ICRP Publication 23. Pergamon Press, Oxford.
- Jemal, A., Murray, T., Samuels, A., Ghafoor, A., Ward, E., and Thun, M.J. (2003) Cancer statistics. *CA Cancer J. Clin.* 53(1), 5-26.
- Kar, A.B. and Chowdhury, A.R. (1968) Distribution of zinc in the subcellular fractions of human prostate. *Curr. Sci.* 37(13), 375-376.
- Korelo, A.M. and Zaichick, V. (1993) Software to optimize the multielement INAA of medical and environmental samples. In *Activation Analysis in Environment Protection*. Join Institute of Nuclear Research, Dubna, Russia, pp. 326–332.
- Kubo, H., Hashimoto, S., Ishibashi, A., Chiba, R., and Yokota, H. (1976) Simultaneous determinations of Fe, Cu, Zn, and Br concentrations in human tissue sections. *Medical Physics* 3, 204-209.
- Leake, A., Chisholm, G.D., and Habib, F.K. (1983) The distribution of zinc in human prostate. *Prostate* 4(4), 421-432.
- Leitzmann, M.F., Stampfer, M.J., Wu, K., Colditz, G.A., Willett, W.C., and Giovannucci, E.L. (2003) Zinc supplement use and risk of prostate cancer. *J. Natl. Cancer Inst.* 95(13), 1004-1007.
- Marezynska, A., Kulpa, J., and Lenko, J. (1983) The concentration of zinc in relation to fundamental elements in the diseases human prostate. *Int. Urol. Nephrol.* 15, 257-265.
- Mawson, C.A. and Fischer, M.J. (1952) The occurrence of zinc in the human prostate gland. *Can. J. Med. Sci.* 30(4), 336-339.

- Morita, H. (1981) Histochemical study of human prostate. II. Ultrastructural and XMA observation of zinc in the hyperplastic and neoplastic prostate. *Jpn. J. Urol.* 72(6), 717-729.
- Rebbeck, T.R. (2006) Conquering cancer disparities: new opportunities for cancer epidemiology, biomarker, and prevention research. *Cancer Epidemiol. Biomarkers Prev.* 15, 1569-1571.
- Roehrborn, C. and McConnell, J. (2002) Etiology, pathophysiology, epidemiology and natural history of benign prostatic hyperplasia. In *Campbell's Urology, 8th ed.* (Eds, Walsh, P., Retik, A., Vaughan, E., and Wein, A.). Saunders, Philadelphia, pp. 1297-1336.
- Rowland, G.W., Schwartz, G.G., John, E.M., and Ingles, S.A. (2013) Protective effects of low calcium intake and low calcium absorption vitamin D receptor genotype in the California Collaborative Prostate Cancer Study. *Cancer Epidemiol. Biomarkers Prev.* 22(1), 16-24.
- Saltzman, B.E., Gross, S.B., Yeager, D.W., Meiners, B.G., and Gartside, P.S. (1990) Total body burdens and tissue concentrations of lead, cadmium, copper, zinc, and ach in 55 human cadavers. *Environ. Res.* 52, 126-145.
- Schauer, I.G. and Rowley, D.R. (2011) The functional role of reactive stroma in benign prostatic hyperplasia. *Differentiation* 82(4-5), 200-210.
- Schneider, H.-J., Anke, M., and Holm, W. (1970) The inorganic components of testicle, epididymis, seminal vesicle, prostate and ejaculate of young men. *Int. Urol. Nephrol.* 2, 419-427.
- Shapiro, E., Hartanto, V., Perlman, E.J., Tang, R., Wang, B., and Lepor, H. (1997) Morphometric analysis of pediatric and nonhyperplastic prostate glands: evidence that BPH is not a unique stromal process. *Prostate* 33, 177-182.
- Siegal, E., Graig, F.A., Drystall, M.M., and Siegal, E.P. (1961) Distribution of <sup>65</sup>Zn in the prostate and other organs of man. *Br. J. Cancer* 15, 647-664
- Soman, S.D., Joseph, K.T., Raut, S.J., Mulay, G.D., Parameswaran, M. et al. (1970) Studies of major and trace element content in human tissues. *Health Phys.* 19, 641-656.
- Terry, J. (1994) The major electrolytes: sodium, potassium, and chloride. J. Intraven. Nurs. 17(5), 240-247.
- Thomas, J.A. (1999) Diet, micronutrients and the prostate gland. Nutrit. Rev. 4, 95-103.
- Tohno, S., Kobayashi, M., Shimizu, H., Tohno, Y., Suwannahoy, P. et al. (2009) Age-related changes of the concentrations of select elements in the prostates of Japanese. *Biol. Trace Elem. Res.* 127, 211-227.
- Tvedt, K.E., Halgunset, J., Kopstad, G., and Haugen, O.A. (1989) Intracellular distribution of calcium and zinc in normal, hyperplastic, and neoplastic human prostate: X-ray microanalysis of freeze-dried cryosections. *Prostate* 15(1), 41-51.
- Velonas, V.M., Woo, H.H., Remedios, C.G., and Assinder. S.J. (2013) Current status of biomarkers for prostate cancer. *Int. J. Mol. Sci.* 14(6), 11034-11060.
- Zaichick ,V. (1995) Applications of synthetic reference materials in the medical Radiological Research Centre. *Fresenius J. Anal. Chem.* 352, 219-223.
- Zaichick, S. and Zaichick, V. (2010) Method and portable facility for energy-dispersive Xray fluorescent analysis of zinc content in needle-biopsy specimens of prostate. *X-Ray Spectrom.* 39, 83-89.
- Zaichick, S. and Zaichick V. (2011a) INAA application in the age dynamics assessment of Br, Ca, Cl, K, Mg, Mn, and Na content in the normal human prostate. J. Radioanal. Nucl. Chem. 288(1), 197-202.

- Zaichick, S. and Zaichick V. (2011b) The effect of age on Ag, Co, Cr, Fe, Hg, Sb, Sc, Se, and Zn contents in intact human prostate investigated by neutron activation analysis. *Appl. Radiat. Isot.* 69(6), 827-833.
- Zaichick, S. and Zaichick, V. (2013) Relations of morphometric parameters to zinc content in paediatric and nonhyperplastic young adult prostate glands. *Andrology* 1(1), 139-146.
- Zaichick, S., Zaichick, V., Karandashev, V., Ermidou-Pollet, S., and Pollet, S. (2010) The effect of age and gender on the lithium content in rib bone of healthy humans. *Journal of Trace Elements and Electrolytes* 27(4), 258-261.
- Zaichick, S., Zaichick, V., Nosenko, S., and Moskvina, I. (2012) Mass Fractions of 52 Trace Elements and Zinc Trace Element Content Ratios in Intact Human Prostates Investigated by Inductively Coupled Plasma Mass Spectrometry. *Biol. Trace Elem. Res.* 149, 171-183.
- Zaichick, V. (1997) Sampling, sample storage and preparation of biomaterials for INAA in clinical medicine, occupational and environmental health. In *Harmonization of Health-Related Environmental Measurements Using Nuclear and Isotopic Techniques*. International Atomic Energy Agency, Vienna, pp. 123-133.
- Zaichick, V. (2004) INAA and EDXRF applications in the age dynamics assessment of Zn content and distribution in the normal human prostate. *J. Radioanl. Nucl. Chem.* 262, 229-234.
- Zaichick, V. (2006) Medical elementology as a new scientific discipline. *J. Radioanal. Nucl. Chem.* 269, 303-309.
- Zaichick, V. and Zaichick, S. (1996) Instrumental effect on the contamination of biomedical samples in the course of sampling. *The Journal of Analytical Chemistry* 51(12), 1200-1205.
- Zaichick, V. and Zaichick, S. (1999) Role of zinc in prostate cancerogenesis. In *Mengen und Spurenelemente. 19. Arbeitstagung.* Friedrich-Schiller-Universitat, Jena, pp. 104-115.
- Zaichick, V. and Zaichick, S. (2013a) The effect of age on Br, Ca, Cl, K, Mg, Mn, and Na mass fraction in pediatric and young adult prostate glands investigated by neutron activation analysis. *Appl. Radiat. Isot.* 82, 145-151.
- Zaichick, V. and Zaichick, S. (2013b) INAA application in the assessment of Ag, Co, Cr, Fe, Hg, Rb, Sb, Sc, Se, and Zn mass fraction in pediatric and young adult prostate glands. J. *Radioanal. Nucl. Chem.* 298(3), 1559-1566.
- Zaichick, V. and Zaichick, S. (2013c) NAA-SLR and ICP-AES Application in the assessment of mass fraction of 19 chemical elements in pediatric and young adult prostate glands. *Biol. Trace Elem. Res.* 156(1), 357-366.
- Zaichick, V. and Zaichick, S. (2013d) Use of neutron activation analysis and inductively coupled plasma mass spectrometry for the determination of trace elements in pediatric and young adult prostate. *American Journal of Analytical Chemistry* 4, 696-706.
- Zaichick, V. and Zaichick, S. (2014a) Relations of the neutron activation analysis data to morphometric parameters in pediatric and nonhyperplastic young adult prostate glands. *Advances in Biomedical Science and Engineering* 1(1), 26-42.
- Zaichick, V. and Zaichick, S. (2014b) Relations of the Al, B, Ba, Br, Ca, Cl, Cu, Fe, K, Li, Mg, Mn, Na, P, S, Si, Sr, and Zn mass fractions to morphometric parameters in pediatric and nonhyperplastic young adult prostate glands. *BioMetals* 27(2), 333-348.
- Zaichick, V. and Zaichick, S. (2014c) The distribution of 54 trace elements including zinc in pediatric and nonhyperplastic young adult prostate gland tissues. *Journal of Clinical and Laboratory Investigation Updates* 2(1), 1-15.

- Zaichick, V. and Zaichick, S. (2014d) INAA application in the assessment of chemical element mass fractions in adult and geriatric prostate glands. *Appl. Radiat. Isot.* 90, 62-73.
- Zaichick, V. and Zaichick, S. (2014e) Determination of trace elements in adults and geriatric prostate combining neutron activation with inductively coupled plasma atomic emission spectrometry. *Open Journal of Biochemistry* 1(2), 16-33.
- Zaichick, V. and Zaichick, S. (2014f). Use of INAA and ICP-MS for the assessment of trace element mass fractions in adult and geriatric prostate. *J. Radioanal. Nucl. Chem.* 301(2), 383-397.
- Zaichick, V., Nosenko, S., and Moskvina, I. (2012) The effect of age on 12 chemical element contents in intact prostate of adult men investigated by inductively coupled plasma atomic emission spectrometry. *Biol. Trace Elem. Res.* 147(1-3), 49-58.
- Zhang, Y., Nojima, S., Nakayama, H., Jin, Y., and Enza, H. (2003) Characteristics of normal stromal components and their correlation with cancer occurrence in human prostate. *Oncol. Rep.* 10(1), 207-211.