*General Practitioner's Section*

# C.V.D. Risk Against N.A.F.L.D.

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The CVD risk which includes coronary atheroma, PAD (peripheral arterial disease) and stroke are becoming common in the normal population day by day. In addition to the treatment of BP, diabetes, hypercholesterolaemia, stoppage of smoking, reducing alcohol intake, reducing weight and increasing physical activity are the known methods of prevention. Reduction of saturated fatty acids intake and consumption of 5 portions of vegetables or fruits per day should be followed. The minimal physical activity of 2 ½ hours per week is required.

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NAFLD (non alcoholic fatty liver disease) is a new liver disease which is matching CVD and now we find that same treatment holds true for preventing NAFLD, i.e. If not treated, it can end up with cirrhosis.

No alcohol, saturated fatty acids, treating lipids, diabetes and finally increasing physical activities. Thus, all the above illnesses have more or less same aetiology.

**MRI-Targeted versus Ultrasonography-Guided Biopsy for Suspected Prostate Cancer**

In the United States, PSA screening is often performed annually, with a low threshold for biopsy and aggressive treatment for detected cancers. Use of this screening approach swings the pendulum toward more harms than benefits and is not cost-effective.

Currently, men with a PSA level above a certain threshold, often 4.6 ng per milliliter, generally undergo transrectal ultrasonography-guided biopsy, in which cores of normal-appearing prostate tissue are obtained systematically for histologic examination.

This quest for higher sensitivity leads to the serendipitous detection of many lower-grade cancers that are not driving the elevated PSA level and may be better left undetected.

The us of multiparametric (functional and anatomical) magnetic resonance imaging (MRI) is not being examined for the evaluation of men with an elevated PSA level.

The results of the PRECISION trial represent intermediate outcomes, whereas outcomes such as prostate-cancer morbidity and mortality will take large numbers of men and many years to assess. Nevertheless, the findings suggest that multiparametric MRI may have a place in decisions about prostate biopsy. Because of the major implications for wider use of multiparametric MRI in evaluating men with elevated PSA levels - including the need for additional MRI equipment and personnel and the effect on total costs - these findings should be replicated and extended.

**Michael J. Barry, Andrew B. Rosenkrantz, The NEJM, 2018, Vol 378, 1835-1836**