key points

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The recent Prostate Cancer Prevention Trial (PCPT) demonstrated that 17 per cent of men who were identified with prostate cancer in fact had a PSA value below 4.0 ng/ml, and some patients had a value below 2.5 ng/ml. Annual measurement of PSA may improve accurate diagnosis, but is also controversial.

The recently developed PCA3 test may reduce the number of patients requiring TRUS biopsies. This new test is based on the molecular analysis of prostate epithelial cells, obtained from the first 50 ml of urine passed after a relatively vigorous prostatic massage.

The advent of Greenlight laser vaporisation and Holmium laser enucleation of the prostate (HoLEP) has recently altered surgical options, so patients can be admitted for day surgery or a 24-hour hospital stay. Some patients may prefer surgical resolution of the problem to prolonged drug therapy.

Surgical outcomes have been improved by the development of laparoscopy, and more recently robotically assisted laparoscopic radical prostatectomy (RALRP). The da Vinci robot improves the precision of the dissection, and its 10x magnification and 3D visualisation allows more precise nerve sparing and more accurate anastomosis. Early data suggests an improved recovery of potency after surgery.

Hormone relapsed prostate cancer survival may be prolonged by the judicious use of chemotherapy with docetaxel. Zolendronic acid has also been shown to delay the development of skeletal-related events by up to six months, but not to improve survival.