# key points

SELECTED BY
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**Prostate cancer is the most common cancer in men in the** UK, accounting for nearly 25% of all male cancer cases and is the second most common cause of male cancer mortality in the UK. The incidence is increasing with age-standardised incidence rates rising by around a sixth in the past decade. Improvements in detection rates and increased awareness of the condition are thought to be the cause. However, improvement in survival rates, mainly due to increased diagnosis of earlier stage cancers, has resulted in death rates remaining fairly constant.

**Metastatic prostate cancer is still commonly a lethal** condition. The concept that 'men with prostate cancer die with rather than of their cancer' has been shown to be false. It is estimated that 10-20% of men in the UK present with locally advanced disease. Median overall survival remains only 3.5 years for men presenting with metastatic disease.

**The use of LHRH analogues to achieve medical** castration has become the gold standard for both locally advanced prostate cancer, combined with radiotherapy, and metastatic disease. Androgen deprivation therapy (ADT) is the standard first-line treatment for advanced disease resulting in improvements in symptoms, radiological findings and PSA levels.

**Although ADT is commenced by urologists and oncologists** ongoing treatment may be continued in primary care. It is important to monitor these men closely for increasing PSA levels and signs of clinical progression. Common side effects from ADT include fatigue, hot flushes and sexual dysfunction. Screening for dyslipidaemia and diabetes as well as serial measurements of BMD, serum vitamin D and calcium levels are recommended and close communication between primary and secondary care is crucial in providing comprehensive care.

**Ultimately the majority of men with advanced prostate** cancer will develop resistance to ADT. Docetaxel is the standard first-line therapy recommended by international guidelines for patients with symptomatic metastatic castrate refractory prostate cancer who are suitable candidates for chemotherapy. It was the first agent to show an improvement in overall survival and improved quality of life.

**More than 90% of patients with castrate refractory** prostate cancer have bone metastases. Radium-223 dichloride is a novel alpha-emitting radiopharmaceutical agent, which mimics calcium and therefore targets bone metastases. It is indicated in patients with metastatic castrate refractory prostate cancer who have symptomatic bone metastases without visceral metastases.