Challenges and Future Directions in the Prevention and Management of Prostate Cancer

Eric J. Small and Eric A. Klein

Author Affiliations
The first annual multidisciplinary Prostate Cancer Symposium (Orlando, FL, February 17-19, 2005) was a remarkable meeting that brought together 1,035 individuals interested in the prevention and treatment of prostate cancer. This meeting, sponsored jointly by the American Society of Clinical Oncology, the American Society for Therapeutic Radiology and Oncology, the Society of Urologic Oncology, and the Prostate Cancer Foundation, was the culmination of several years of planning, and represented the first truly multidisciplinary scientific and educational meeting dedicated solely to prostate cancer.

The meeting included special sessions devoted to mentorship, enhancing accrual to clinical trials, end points, and study design. The scientific program of the meeting was abstract driven, and provided the opportunity for the presentation of important original research. Two hundred seventy-four abstracts were presented in six poster sessions, another 17 were selected for presentation in oral sessions throughout the meeting, and Merit Awards were presented to the top 25 scoring abstracts submitted by researchers in training. Twelve general sessions provided lectures by opinion leaders on state-of-the-art topics ranging from prevention and epidemiology to developmental therapeutics and supportive care.

In a sense, this issue of the Journal of Clinical Oncology Special Series is a direct outgrowth of that symposium: In this issue, as in the Prostate Cancer Symposium, we have collected key reviews addressing central challenges and areas of controversy in the clinical management of prostate cancer. This is truly an outstanding compendium, reflecting tremendous expertise and thoughtful analysis. We are grateful to each one of the authors, who responded enthusiastically to a very tight timeline, providing not only concise reviews of the state of the art and summaries of our current knowledge, but much more importantly, focusing on areas of controversy and challenges for the future.

EPIDEMIOLOGY

Cooperberg et al first set the stage by describing the shifts in the patterns of care that we have all experienced in the last decade. This article defines the changing demographics, stage migration, and changes in treatment trends in the CaPSURE and CPDR longitudinal data bases. Although it is inappropriate to draw conclusions that generalize to the population at large from these selected patient groups, these data nevertheless chronicle the changes in treatment practices in the United States, including increasing use of androgen-deprivation therapy (ADT), and relative to another article in this edition, of watchful waiting. Chan et al have summarized nicely the epidemiologic data supporting the contention that diet plays a role not only in prostate carcinogenesis, but in the progression of prostate cancer after diagnosis as well. The suggestion that changes in diet may somehow change the tempo at which established prostate cancer progresses, although embraced whole-heartedly by many patients, is still controversial among physicians. The limitations of this kind of research are acknowledged, and point out the need for prospective intervention trials. However, prospective trials, particularly prevention trials, are hugely expensive. Thompson et al argue that the $73 million spent on the Prostate Cancer Prevention Trial testing finasteride versus placebo was absolutely justified, given the wealth of information derived from the trial.

TREATMENT OPTIONS FOR LOCALIZED PROSTATE CANCER

The challenges faced daily by patients and clinicians in trying to identify the optimal treatment strategies for localized prostate cancer are better understood in the context of the manuscripts in this section. Klotz makes a powerful argument suggesting that, as a community, we are overtreating patients, and provides the rationale for identifying patients most suited for expectant management with delayed intervention at the time of progression. In these good-risk patients, active surveillance clearly should be presented as an option.

Decision making about the modality of therapy has become considerably more complex with recent technological advances. Smith and Herrell describe the robotic