Prostate cancer is the most common male cancer in the UK, with more than 41,000 new diagnoses each year. Prostate cancer is a highly heterogeneous disease. Localised disease may be successfully treated with radical prostatectomy or radiotherapy; however, 25–33% of men treated radically will relapse. Between 10 and 20% present with locally advanced disease, while 5% have metastatic disease at diagnosis (Figure 1). Metastatic disease is an incurable, fatal condition in most and prostate cancer is the second most common cause of cancer-related death in men in the UK.

In recent years the management of metastatic prostate cancer has changed dramatically, with five novel therapies being shown to improve survival since 2011 (Table 1). In spite of this, men with metastatic disease have a median overall survival of just 3.5 years, although this ranges from 1.9 to 7.6 years, highlighting the clinical heterogeneity that exists.

With this changing therapeutic landscape come new toxicities and new clinical considerations (Table 2). Men with metastatic prostate cancer are typically elderly, often with several comorbidities. Their complex needs are best met by multidisciplinary teams involving several specialties, including medical and clinical oncology, urology and palliative care. Involvement of GPs and clinical nurse specialists is crucial and clear channels are needed for communication and support.

The authors review the current therapeutic approaches and consider the many remaining questions and challenges facing clinicians involved in the care of men with metastatic prostate cancer.

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