Rationale for local treatment in the management of metastatic prostate cancer.


Abstract

PURPOSE OF REVIEW: To evaluate the rationale supporting the role of local treatment in the management of patients with metastatic prostate cancer (PCa).

RECENT FINDINGS: Not all patients with metastatic PCa share the same prognosis, in which selected individuals with oligometastatic PCa might benefit from local therapies. These men would harbor a biologically different disease as compared with their counterparts with widespread metastases. Local treatment would eliminate the source of tumor-promoting factors, destroy the origin of metastatic cells, and stop the self-seeding process. Moreover, decreasing tumor burden would eventually allow for an improved response to systemic therapies. Recent clinical studies support an oncologic role of surgery or radiotherapy in metastatic PCa. However, their retrospective nature limits the relevance of these findings. Results of ongoing trials assessing the impact of local treatment in metastatic patients are needed to comprehensively address its role.

SUMMARY: Preclinical observations provide a rationale for treatment of the primary tumor in selected patients with metastatic PCa. However, available clinical evidence comes from retrospective investigations, and only results of ongoing randomized trials would clarify the role of local treatment in the metastatic setting.

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