



*Special Issue Reprint*

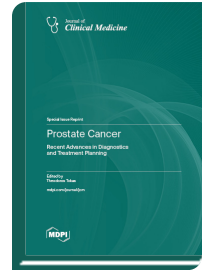
## Prostate Cancer

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Globally, prostate cancer (PCa) is the second most common cancer to affect males. Tumors vary in their level of aggression; non-aggressive tumors can be safely monitored, while tumors with a poor prognosis are only appropriate for palliative care. Modern imaging, biomarkers, nomograms, and accurate stratification—especially for the most clinically diverse subset of intermediate-risk patients—offer a more effective framework for managing these individuals. Because regular transrectal ultrasound is not always accurate, targeted biopsies improve the detection of clinically significant PCa. Magnetic resonance imaging (MRI) is essential for local staging and can help determine when a prostate biopsy is indicated. Modern, less costly ultrasound-based techniques offer high-quality imaging when MRI is not possible. For the staging of aggressive tumors, more accurate staging techniques, such as PSMA PET/CT, have been employed; however, at this time, there is insufficient information to justify further care. Germline testing and genetic counseling can aid in the early detection and treatment of PCa. Urine, serum, and tissue-based biomarkers enhance the detection and facilitate risk classification for patients with PCa. Together, these methods produce risk calculators and nomograms that can be used to predict the risk of cancer, the likelihood of aggressive disease, and the probability of a positive treatment response. This reprint aims to provide new insights into PCa, and the advances in diagnostics and treatment planning.

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