



The changing landscape in prostate cancer

F. Saad MD

It was with a great deal of pride that I accepted to be the guest editor of this *Current Oncology* supplement dedicated to prostate cancer. It is especially exciting to realize that the whole supplement was able to be based on data that has only recently been published or that is still unpublished.

As we all know, prostate cancer remains the most common cancer in North American men and one of the deadliest. Given those statistics, it was extremely frustrating to see how little could be offered to patients with advanced disease beyond the hormone therapy discovered in the 1940s. However, after many years of failed trials, the last 2 years have seen an increase by a factor of 4 in therapeutic options for castration-resistant prostate cancer (CRPC). This is welcome news for patients who are destined to succumb to the disease. Canadian expertise in prostate cancer has contributed significantly to that worldwide effort.

It is now extremely rewarding to finally be able to give patients hope when they are battling end-stage prostate cancer. Many of our metastatic CRPC patients can now benefit from first-, second-, and oftentimes third-line therapies. Those of us who treat such patients have seen some spectacular results that have led to some very long survivals, with maintained or improved quality of life. Some second-line options have even surpassed the median survivals seen with first-line chemotherapy fewer than 10 years ago. Living for more than 5 years with metastatic CRPC has become attainable and not infrequent. The challenge for the future will be establishing optimal timing and

sequencing of drugs and combinations to attain the next level of therapy.

While we are attacking CRPC, we are also making tremendous strides in advanced prostate cancer that is still hormone-sensitive. Canada has long been a leader in the concept of intermittent androgen deprivation therapy (ADT). It is therefore of no surprise that the largest study published to date comparing intermittent with continuous ADT was led by Canadians and has established a new standard of care for nonmetastatic prostate cancer. The role of radiation therapy in locally advanced prostate cancer has also now been well established because of a Canadian-led study that has shown, without a doubt, that radiation therapy in combination with ADT is significantly better than ADT alone—a result that again has set a new standard of care in locally advanced prostate cancer. That study, with others, has created a realization about the importance of local control in advanced prostate cancer.

Clinical research is helping to optimize the way we use ADT and radiation and has added several new therapeutic options that have led to improved survival. With the continued efforts of urologists, medical oncologists, and radiation oncologists working and conducting research together, advances in patient care will definitely continue at an amazing rate.

My thanks go to all the experts who accepted to contribute to this special edition of *Current Oncology*. All are leaders in the areas about which they have written, and all have been actively involved in the research that has led to this changing landscape in prostate cancer.