TARGET AUDIENCE
This activity is intended for urologists, medical and radiation oncologists and other healthcare providers involved in the treatment of prostate cancer.

OVERVIEW OF ACTIVITY
Prostate cancer is the most frequently diagnosed cancer in men, with more than 50% of all cases found in individuals aged 65 years or older. Among the 220,800 new diagnoses of prostate cancer estimated within the United States in 2015, more than 90% will be discovered in the local and regional stages of disease where 5-year survival estimates approach 100% with current therapeutic intervention. This statistic emphasizes the importance of early detection, the effectiveness of current treatments and the natural history of the disease.

Significant interest has been shown in the development of multigene prognostic assays that can evaluate the unique biology of an individual’s cancer to allow for further refinement of risk and subsequently more informed treatment decisions. In recent years a number of novel agents have received FDA approval accompanied by multiple new indications in the disease, and a number of these efforts have proven successful and have yielded therapeutic options that are already available for use in the clinic. As such, additional resources are necessary to assist clinicians as they contend with the complexity of decision-making throughout the course of prostate cancer treatment from localized to advanced metastatic castration-resistant prostate cancer (CRPC). To bridge the gap between research and patient care, this video presentation by Dr Leonard G Gomella uses a review of recent relevant publications and presentations, ongoing clinical trials and clinical investigator treatment preferences to assist urologists, medical and radiation oncologists and other healthcare providers involved in the treatment of prostate cancer with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES
• Review the use of genomic signatures to refine the risk of recurrence for patients with localized prostate cancer, and use this information to guide clinical decision-making.
• Recall research information demonstrating the effects of secondary hormonal interventions on quality and quantity of life for patients with chemotherapy-naïve CRPC, and use this information to guide treatment planning for these patients.
• Recognize the importance of performance status, symptom burden and site of disease in decisions on the use of sipuleucel-T for CRPC.
• Appreciate recent Phase III trial data documenting the benefit of adding docetaxel to androgen deprivation therapy for patients with hormone-sensitive metastatic disease.
• Identify appropriate bone-targeted therapeutic approaches (eg, bisphosphonates, RANK-ligand inhibitors, radium-223) for patients with metastatic CRPC.

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This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/GrandRoundsProstate15/CME.

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reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: December 2015
Expiration date: December 2016
**ALSYMPCA: A double-blind, randomised, multiple dose, phase III, multicentre study of Alpharadin in the treatment of patients with symptomatic hormone refractory prostate cancer with skeletal metastases. NCT00699751**

Antonarakis ES et al. *AR splice variant 7 (AR-V7) and response to taxanes in men with metastatic castration-resistant prostate cancer (mCRPC).* Genitourinary Cancers Symposium 2015;Abstract 138.

Antonarakis ES et al. *Androgen receptor splice variant, AR-V7, and resistance to enzalutamide and abiraterone in men with metastatic castration-resistant prostate cancer (mCRPC).* *Proc ASCO* 2014;Abstract 5001.


**CHAARTED: Chemohormonal therapy versus androgen ablation randomized trial for extensive disease in prostate cancer. NCT00309985**


James ND et al. *Docetaxel and/or zoledronic acid for hormone-naïve prostate cancer: First overall survival results from STAMPEDE (NCT00268476).* *Proc ASCO* 2015;Abstract 5001.


Parker C et al. *Hematologic safety of Ra-223 dichloride (Ra-223) in castration-resistant prostate cancer (CRPC) patients with bone metastases from the phase III ALSYMPCA trial.* *Proc ASCO* 2013;Abstract 5060.


Sandler HM et al. *A phase III protocol of androgen suppression (AS) and 3DCRT/IMRT versus AS and 3DCRT/IMRT followed by chemotherapy (CT) with docetaxel and prednisone for localized, high-risk prostate cancer (RTOG 0521).* *Proc ASCO* 2015;Abstract LBA5002.

Schellhammer PF et al. *Lower baseline prostate-specific antigen is associated with a greater overall survival benefit from sipuleucel-T in the Immunotherapy for Prostate Adenocarcinoma Treatment (IMPACT) trial.* *Urology* 2013;81(6):1297-302.


Sweeney C et al. *Impact on overall survival (OS) with chemohormonal therapy versus hormonal therapy for hormone-sensitive newly metastatic prostate cancer (mPrCa): An ECOG-led phase III randomized trial.* *Proc ASCO* 2014;Abstract LBA2.