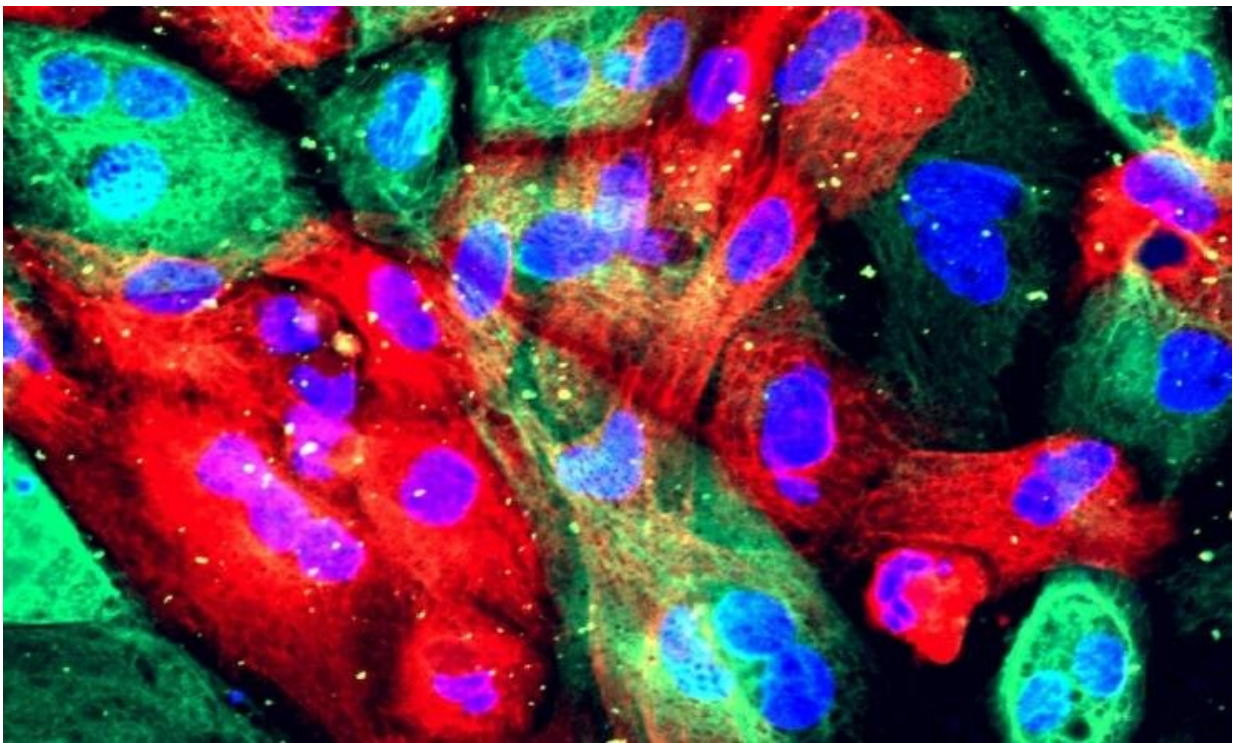


Treatment decisions in new era of individualized therapy for metastatic hormone-sensitive prostate cancer

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Prostate cancer cells. Credit: NIH Image Gallery

Oncologists have traditionally prescribed androgen deprivation therapy (ADT) alone for patients with metastatic hormone-sensitive prostate cancer (mHSPC).

Now, there are many possible treatment options. Clinical trials have shown that more aggressive up-front treatment with a range of combination therapies improves outcomes. This [case study](#) shows how Dana-Farber Cancer Institute oncologists interpreted the evidence from these trials and applied it to an individual patient with mHSPC.

The researchers recommend aggressive up-front treatment with triplet therapy (ADT, an androgen-receptor pathway inhibitor, and chemotherapy) for [patients](#) who can tolerate chemotherapy, and especially for patients with high-volume disease. For patients with low-volume disease, they recommend adding radiation therapy if feasible.

The researchers also recommend the use of PSMA-PET scans to find metastases, evaluate treatment response, and identify potential sites for radiation.

Choosing a treatment approach requires interpretation of the results of many trials and the consideration of multiple factors unique to each patient. This case study provides that interpretation and gives evidence-based guidance for how to navigate decision-making for individual patients.

The research is published in the *Journal of Clinical Oncology*.

More information: Jeremiah Wala et al, Early Treatment Intensification in Metastatic Hormone-Sensitive Prostate Cancer, *Journal of Clinical Oncology* (2023). [DOI: 10.1200/JCO.23.00723](https://doi.org/10.1200/JCO.23.00723)

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