SHORT COMMUNICATION

Current problems of prostate cancer

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Abstract

Metastatic prostate cancer is primarily treated by endocrine manipulation. Complete androgen blockade with analogue of luteinizing hormone releasing hormone (LHRH) or surgical castration and antiandrogens seem to have no advantage over the LHRH analogues or surgical castration alone. The progression to a hormone-refractory state is still a challenging issue for urologists because of the lack of standard therapy.
Key words: metastatic prostate cancer, complete androgen blockade, luteinizing hormone releasing hormone.

Prostate cancer is the most common malignant disease in males above fifty years of age. The causes of prostate cancer are unknown but certainly dietary factors play an important role in its development. High intake of fytoestrogens and lycopenes contained in vegetables seems to be of importance for a low incidence of prostate cancer in certain groups of men. Diagnosis of the disease is made on the basis of blood levels of the prostate specific antigen and by digital rectal examination. A positive test is followed by sextant prostate biopsy under ultrasound guidance. Accurate management of prostate cancer depends on the stage of the disease. From the clinical point of view, prostate cancer is divided into the following stages: localized prostate cancer, locally advanced and metastatic disease. The management of cancer which no longer responds to hormonal treatment – hormone-refractory prostate cancer – is of outstanding interest. Localized prostate cancer could be cured by surgery (radical prostatectomy) or radiotherapy (the dose of at least 72 Gy delivered to the prostate). In a group of precisely controlled patients suffering from prostate cancer (age above 70 years, gleason score below 6 and PSA below 10 ng/ml) a surveillance policy can be adopted. Locally advanced non-metastatic disease is managed by radiotherapy or antiandrogen treatment. A successful new approach seems to be the combination of radiotherapy and hormonal treatment ongoing for at least 2 years following radiation. Metastatic prostate cancer is primarily treated by endocrine manipulation. Complete androgen blockade with analogue of luteinizing hormone releasing hormone (LHRH) or surgical castration and antiandrogens seem to have no advantage over the LHRH analogues or surgical castration alone. The progression to a hormone-refractory state is still a challenging issue for urologists because of the lack of standard therapy. Ongoing clinical trials provide good results with a combination of taxans and estramustine. After progression to hormone-refractory state, symptomatic therapy and multidisciplinary approach are always needed.

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