

Foreword

New Approaches in the Treatment of Advanced Prostate Cancer



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Over the past two decades, there have been significant advances in the evaluation and management of patients with localized carcinoma of the prostate. The routine use of prostate-specific antigen test determinations has resulted in a marked increase in the diagnosis of men with disease localized to the prostate, and significant advances have occurred in radical prostatectomy and radiation therapy, so that the morbidity associated with these treatments has been greatly reduced. Additionally, follow-up studies have clearly demonstrated enhanced survival, with reduced recurrence in those patients treated for early localized disease.

Unfortunately, progress in the management of patients with either recurrent or advanced disease has not been as dramatic. Imaging to detect recurrent disease has improved, and enhanced understanding of androgen deprivation therapy has resulted in its use in different manners, including primary continuous therapy, intermittent therapy, or in association with radiation therapy. As documented in this issue of *Urologic*

Clinics of North America, new approaches have been utilized in patients who have either failed hormonal therapy or presented with advanced disease. These developments have resulted in the reduction of skeletal complications and in the improved management of those patients who have developed hormone-resistant disease. The advances have had a significant impact on these patients and, as noted in the last article on future innovations, there is more to come. For these reasons, it is likely that the next decade will witness improved treatment modalities for those patients whose disease has progressed to an advanced stage.

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