

## **Specialty Networks Unveils Revised Advanced Prostate Cancer Clinical Guidelines**



To request your copy of the guidelines from Specialty Networks, scan the QR code or go to https://bit.ly/APC\_Guidelines

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## **KEYWORDS:**

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n an ongoing effort to support independent urology practices' work to provide first-class cancer care, Specialty Networks recently unveiled new, expanded clinical guidelines for advanced prostate cancer (PCa) treatment. (See the guidelines, packaged with this issue of *Reviews in Urology*.)

These guidelines are not meant to replace or discount other national clinical care guidelines, including those of the National Comprehensive Cancer Network and the American Urological Association. Rather, they complement existing protocols by accessibly codifying common journeys for patients with advanced PCa while also highlighting key opportunities for health care professionals to implement the latest, data-informed care interventions.

The new recommendations—based on the latest evidence from clinical research and supported by US Food and Drug Administration approvals—are intended to help streamline the complex and ever-evolving landscape of frontline PCa treatments and diagnostic standards of care.

In short, they provide a practical, standardized framework for health care professionals to follow when diagnosing, treating, and managing PCa. Their use can help health care professionals make informed decisions about the appropriate treatment for each patient while avoiding the pitfalls of either overtreating or undertreating the progression of advanced PCa.

The most notable changes to the newly revised Specialty Networks advanced PCa guidelines include

- an expansion to include not only a focus on metastatic castration-resistant PCa but also on earlier PCa disease states, including de novo disease;
- a new discussion of protocols for high-risk localized or regionally involved disease;
- recommendations for when treatment intensification at earlier disease stages may be warranted;
- inclusion of the latest treatment guidelines for metastatic hormone-sensitive PCa;
- details regarding the use of enzalutamide monotherapy (with or without androgen-deprivation therapy) for patients at high risk of biochemical recurrent disease;
- a discussion of new standards regarding androgen-deprivation therapy, including the now-prevailing view

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- that androgen-deprivation therapy should be used in combination with other therapies rather than as a monotherapy for treatment of metastatic disease:
- a focus on the need for subspecialization or "champion"-based care; and
- an emphasis on the importance of multidisciplinary care, including support from radiation oncology and medical oncology clinicians.

The new guidelines also offer expanded information on the latest innovations in imaging and genetic testing.

Newly approved prostate-specific antigen positron emission tomography-computed tomography imaging has revolutionized the accuracy of advanced PCa disease detection compared with what was possible using traditional computed tomography scans. This new technology has guickly become the standard for advanced PCa disease assessment because it allows clinicians to detect and stage PCa more accurately and can help tailor treatment plans to individual patients.

Specialty Networks' revised advanced PCa guidelines echo other national guidelines' recommendations that most patients with PCa should undergo both germline and somatic genetic testing. Results of such testing can inform patients' individual or familylinked risk of disease progression and help health care professionals implement the precision cancer therapies most likely to be successful, including poly(ADP-ribose) polymerase inhibitors and targeted immuno-oncology therapies.

## **ABBREVIATION**

PCa prostate cancer

In recent years, advanced PCa has evolved to become its own subspecialty, with a complex and growing array of treatment options. These new guidelines present a streamlined, accessible flowchart so that patients and health care professionals alike can understand the latest standards of care for various stages of the disease.

Many independent urology groups have launched innovative advanced PCa programs that incorporate physician champions, advanced practice clinicians, patient care navigators, data analytics specialists, and other operational support roles to provide patients with state-of-the-art, comprehensive care. We hope that these updated guidelines—presented in full and enclosed with this issue—support the expansion of these existing efforts while motivating even more urologic practices to enhance and refine their advanced PCa treatment approach based on datadriven best practices.

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