



addition, patients receiving enzalutamide plus leupro-  
lide experienced a longer period before receiving  
another antineoplastic therapy than patients on  
leuprolide alone did, and these patients were able to  
maintain an overall quality of life.<sup>3</sup>

From January to June 2024, Specialty Networks  
led a program sponsored by Astellas to educate the  
Specialty Networks network of community-based  
urology practices on the new indication for enzalut-  
amide in patients with high-risk biochemically recur-  
rent PCa. Specialty Networks identified 10 prac-  
tices—some without a high-risk biochemically  
recurrent PCa focus and some with a formalized  
process to identify and treat patients with high-risk  
biochemically recurrent PCa. Specialty Networks  
interviewed health care professionals, advanced prac-  
tice professionals, and patient navigators to assess  
how they diagnose, monitor, and treat patients with  
high-risk biochemically recurrent PCa. Specialty  
Networks evaluated the practices' workflows, poten-  
tial patient care gaps, and operational needs to  
organize educational material for the entire Specialty  
Networks membership.

After working with these practices and multiple key  
opinion leaders, Specialty Networks created a patient  
playbook that covers clinical and operational consid-  
erations, patient identification, patient journeys in  
the PCa BCR and high-risk BCR spaces, and addi-  
tional resources. Now, as a clinician counterpoint  
to the patient playbook, the *Localized to High-Risk  
Biochemically Recurrent Prostate Cancer Patient  
Playbook* is designed to educate clinicians and ancil-  
lary staff on the diagnosis, monitoring, and treatment  
guidelines for patients with biochemically recurrent  
PCa (Figure 1). The operationally intensive nature of  
diagnosing, monitoring, and tracking PCa patient  
populations has led to a team-based approach to  
care that, over the years, has shown success in  
treating advanced PCa. During Specialty Networks'  
conversations with urology practices, it became  
evident that the depth of knowledge and organiza-  
tion necessary to treat biochemically recurrent PCa  
varies. The goal of the clinician playbook is to improve  
practice ratios of patients receiving treatment for BCR  
by increasing clinical knowledge and using patient

#### ABBREVIATIONS

BCR	biochemical recurrence
PCa	prostate cancer
PSA	prostate-specific antigen

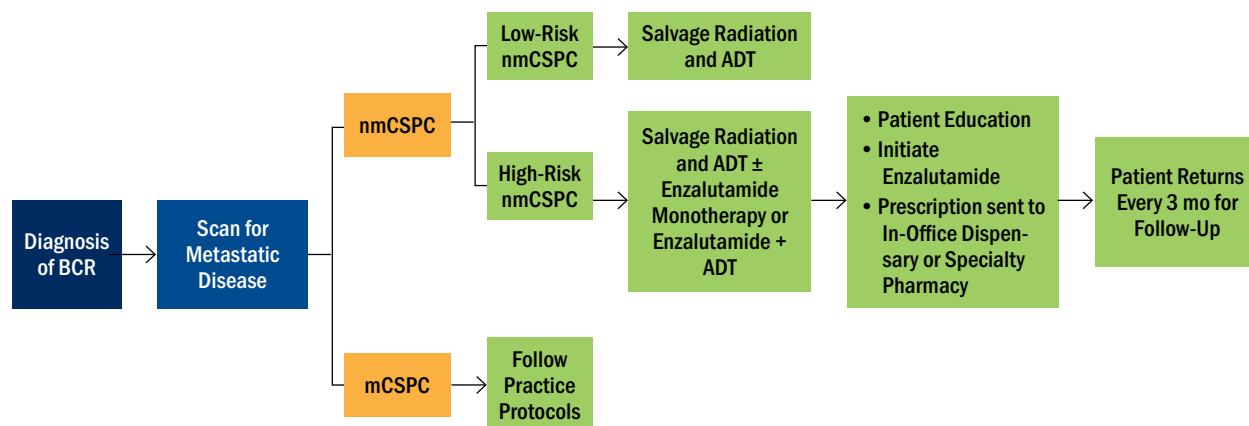
identification tools through PPS Analytics (Specialty  
Networks).

The *Localized to High-Risk Biochemically Recurrent  
Prostate Cancer Patient Playbook* contains links to  
the Specialty Networks advanced PCa guidelines and  
to the American Urological Association and National  
Comprehensive Cancer Network PCa guidelines. In  
addition, the material reviews patient selection for the  
new enzalutamide indication and provides tools for  
identifying these patients in clinics. Best practices are  
highlighted, from early diagnosis of PCa to manage-  
ment of posttherapy PSA rise.

The Specialty Networks team has educated their  
Prostate Cancer Navigator network on the *Localized  
to High-Risk Biochemically Recurrent Prostate Cancer  
Patient Playbook* by hosting monthly Navigator webi-  
nars and patient navigator meetings. In addition,  
this information has been disseminated to the entire  
Specialty Networks membership through email blasts  
and newsletters, and the link to the playbook is avail-  
able on the Specialty Networks website.



► To download your copy of the *Localized  
to High-Risk Biochemically Recurrent  
Prostate Cancer Patient Playbook*,  
please use the QR code provided.



**Figure 1.** Patient journey for biochemically recurrent prostate cancer.

Abbreviations: ADT, androgen-deprivation therapy; BCR, biochemical recurrence; mCSPC, metastatic castration-sensitive prostate cancer; nmCSPC, nonmetastatic castration-sensitive prostate cancer.

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## Article Information

**Published:** September 13, 2024.

**Conflict of Interest Disclosures:** Dr Jayram is a consultant for J&J and a speaker for Bayer.

**Funding/Support:** Astellas sponsored this project with Specialty Networks.

**Author Contributions:** All authors contributed equally to this editorial.

**Data Availability Statement:** No new data were generated for this editorial. All data used are cited.