Summary of treatment for carcinoma of the prostate

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/uni25CF Low-risk disease . For men in their seventies, conser - vative treatment would usually be the correct approach. Radical surgical treatment might be considered in younger (<70 years) men with this form of the disease and/or with a family history , although, even in this group, some men will elect to pursue a conservative course (active surveillance) when counselled about risks versus benefits (impotence/ incontinence). /uni25CF Intermediate-risk disease . In younger (<70 years), fitter men, this may be treated by radical prostatectomy or radical radiotherapy . Active monitoring remains an option, particularly for more elderly patients towards the - lower end of the risk spectrum. In elderly patients with outflow obstruction, transurethral resection with or with - out hormone therapy is indicated. The benefit of radi - cal treatment over a conservative approach is likely to be about 25%, given that progression to metastatic disease is of this order of magnitude after 10 years. /uni25CF High-risk disease . These patients are at significant risk of disease progression. They need multimodal therapy . Early androgen ablation is favoured if close follow-up is not possible. For the sexually active, a careful conservative approach with the adoption of androgen ablation when symptoms arise is reasonable. Androgen ablation coupled - with radiotherapy , perhaps with surgery (radical prostatec - tomy plus salvage radiotherapy) as part of a multimodal approach, is standard treatment for younger men with T3 disease. /uni25CF Metastatic disease . Once metastases have developed, - the outlook is poor. For patients with symptoms, there is no dilemma; androgen ablation will provide symptomatic relief in over two-thirds of patients. For patients with - asymptomatic metastases, the timing of treatment is less clear. Systemic chemotherapy with docetaxel should be considered in younger, fitter men.

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