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## Preface

Management of castration-resistant prostate cancer (CRPC) has undergone a transformative change since the turn of the twenty-first century. Prostate cancer that progresses to castration resistance remains incurable and none of the treatment modalities tried and tested up to the twentieth century showed an unequivocal improvement in overall survival. However, within a span of a decade six drugs from different classes including chemotherapeutics, second generation antiandrogens, immunotherapeutics, and radio-isotopes were approved for human use based on data from large Phase III trials demonstrating improvement in overall survival in patients with CRPC. The improvements in survival are a modest 2–4 months in general, which highlight the opportunities and challenges that lie ahead for the field.

The concept of this textbook is to integrate basic, translational, and clinical science data to provide the reader with the understanding on how we got here, what direction we are heading, and where we need to be. Medical care for patients with prostate cancer is often provided by a variety of subspecialists through the continuum of the disease from apparently localized and often indolent disease through invariably fatal CRPC. The wide variability in the course of disease calls for in-depth understanding of the disease states and therapeutic options among all the medical subspecialists caring for men with prostate cancer. The book is designed to be of interest to various subspecialists involved in the care and to provide necessary, up-to-date information.

The lead authors in this book are leaders in the field with several original contributions to their credit. I am most grateful for their expertise and contributions, and the quality will be readily evident to the readers. While most readers may be familiar with androgen signaling in prostate cancer, there is a large body of basic science evidence supporting role of nonandrogen signaling in prostate cancer. A dedicated and detailed chapter is included on nonandrogen signaling in prostate cancer to familiarize the reader and provide a resource to follow this rapidly evolving area of prostate cancer research, which is likely to provide for future novel management strategies.

For men and families dealing with prostate cancer, much has been done but much more needs to be done. Undoubtedly, rapid advances will happen in the future in our understanding of CRPC and translation of newfound knowledge to management of patients. A common theme will remain throughout the dynamic process; the more we learn, it will be clearer what remains to be learnt.

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