Metastatic prostate cancer

People with hormone-naive metastatic prostate cancer
- Offer bilateral orchidectomy as an alternative to continuous LHRHa therapy.
- Do not offer combined androgen blockade as a first line treatment.
- Offer anti-androgen monotherapy with bicalutamide (150 mg) if willing to accept the adverse impact on overall survival and gynaecomastia.
- Stop bicalutamide treatment and begin androgen withdrawal if bicalutamide monotherapy does not maintain satisfactory sexual function.

People with hormone-relapsed prostate cancer
- Treatment options to be discussed with the urological cancer multidisciplinary team. Seek oncology and/or specialist palliative care opinion as appropriate.
- Offer spinal MRI to people shown to have extensive metastases in the spine if they develop any spinal-related symptoms.
- Do not routinely offer spinal MRI to all people with known bone metastases.

Chemotherapy
- For recommendations on the use of docetaxel see NICE technology appraisal guidance TA101.

Corticosteroids
- Offer a corticosteroid such as dexamethasone (0.5 mg daily) as third-line hormonal therapy.

Radioisotopes
- For guidance on treatments for people with bone metastases from prostate cancer, see the NICE technology appraisal guidance on radium-223 dichloride.

Bisphosphonates
- Consider zoledronic acid for people with hormone-refractory metastatic prostate cancer to prevent or reduce skeletal-related events.
- Consider bisphosphonates for pain relief for people with hormone refractory prostate cancer when other treatments have failed.
- For guidance on treatments for people with bone metastases from prostate cancer, see NICE technology appraisal guidance TA412.