If no previous diagnosis of prostate cancer, do not offer prostate biopsy for histological confirmation if the clinical suspicion of prostate cancer is high (a high prostate-specific antigen [PSA] value and evidence of bone metastases) and unless this is required as part of a clinical trial.

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.

Relevant NICE tchnology appraisal guidance

- For recommendations on the use of abiraterone see TA259 and TA387
- For recommendations on cabazitaxel see TA319
- For recommendations on Enzulatmide see TA377 and TA316

Offer docetaxel chemotherapy to people with newly diagnosed metastatic prostate cancer who do not have significant comorbidities.

Chemotherapy

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 skeletalrelated 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.

