Prostate cancer, the most common male cancer, affects one in eight American men. Risk factors for the disease include increased age, race, and family history of prostate cancer. To date, surgery, radiation, and hormonal therapy have been the mainstays of treatment. In the past, chemotherapy served only a palliative role for men with prostate cancer and failed to produce a survival advantage or any significant measurable disease response. However, for the first time, docetaxel-based regimens have demonstrated improved survival in men with hormone-refractory prostate cancer in two different, large, phase III studies. Additionally, a number of novel agents are being developed with the hope that treatment for men with hormone-refractory prostate cancer will be improved. Oncology nurses provide critical symptom management strategies as well as education to men with prostate cancer and their partners. Therefore, maintaining current state of the knowledge about best practices and treatment for prostate cancer is crucial. This, in turn, directs efforts to educate patients and family members about treatments and management of side effects.

At a Glance

- Prostate cancer, the most common male cancer, often is treatable with hormones but usually becomes androgen independent.
- Two large cooperative group trials demonstrated that docetaxel-based regimens prolong survival in men with hormone-refractory prostate cancer.
- Many other targeted agents are in development and show promise in the treatment of advanced prostate cancer.

Male relatives of men with prostate cancer have an increased risk of developing the disease. The risk of prostate cancer doubles for men with a first-degree affected relative and quadruples with an additional affected relative, suggesting that a hereditary component exists for some prostate cancers. In addition, BRCA1 and

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Digital Object Identifier: 10.1188/06.CJON.233-240