Nurses are an essential part of the oncology team who are closely involved in the care and management of patients with castration-resistant prostate cancer (CRPC). They often are the first source of patient contact and are in a key position to intercede early in the patient care process by providing information on available treatments, discussing novel therapies, and educating about clinical trials.

About 90% of patients with CRPC have bone metastases (Armstrong, Garrett-Mayer, de Wit, Tannock, & Eisenberger, 2010; Tannock et al., 2004). Patients with bone metastases are at risk for developing skeletal complications (e.g., severe bone pain, pathologic fracture, spinal cord or nerve root compression, hypercalcemia of malignancy). Decreased survival rates have been correlated with bone metastases and skeletal events in metastatic CRPC (Sathiakumar et al., 2011). Treatment options to improve overall survival and quality of life, as well as to prevent and delay skeletal events, are of high importance when managing the care of patients with metastatic CRPC. Because nurses are crucial in managing and educating patients on novel therapies, the current authors present in this article the nursing practice implications for patient care and management of patients undergoing radium-223 treatment.