



Addressing an urgent treatment gap in advanced prostate cancer

The landscape for the treatment of metastatic prostate cancer has changed drastically in the past several years, with a much broader armamentarium of options for patients. Where androgen deprivation therapy (ADT) was once the gold standard, new approaches include androgen receptor pathway inhibitors (ARPIs), docetaxel chemotherapy, and combinations thereof. The uptake on these life-prolonging approaches in the castration-sensitive setting by the urologic community worldwide has been low and slow.

As noted by CUA past-President, Armen Aprikian, in his 2022 *CUAJ* editorial, there could be several possible explanations for this, including provincial access issues, the administrative burden of closer side effect monitoring, and the overall burden in the management of patients with complex health issues.

The CUA felt strongly that this care gap needed to be urgently addressed and launched a multi-pronged educational campaign. In October 2023, we hosted a national "Call to Action" meeting that featured a review of the latest data on mCSPC treatment intensification, followup strategies and side effect management, and sequencing after progression, as well as talks on genetic testing, PSMA-PET testing, and evaluation and management of oligometastatic disease.

Following the meeting, the CUA, along with a panel of national experts, developed highly

valuable tools to support treaters. The first is an easy-to-use mCSPC treatment algorithm, based on the CUA guideline, which can function as somewhat of a "cheat sheet". In addition, we created an online decision support tool that provides guideline-directed advice, with the goal of achieving optimal patient outcomes; full results are printable for quick reference and easy placement into EMR systems.

As we understand that navigating the waters of public funding and patient support programs is extremely challenging and can be a barrier to treatment intensification, our website offers a drug access listing with provincial funding criteria and support program details organized by province. We have also created listings of accessibility to and indications for genetic and PSMA PET-CT testing.

And finally, through our partnership with specialty pharmacies, we aim to reduce the administrative burden in the community for treaters of mCSPC by disseminating easy-to-complete and follow all-inclusive prescription forms.

With these various educational efforts and clinical tools available to our members, we have seen Canada rapidly become one of the countries with the highest use of treatment intensification in patients with mCSPC. After such great success, we have expanded these efforts to all other urologic malignancies and are in the process of creating similar initiatives for many non-oncologic urologic diseases.

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