Since 2010, five new agents (abiraterone acetate, cabazitaxel, enzalutamide, radium-223 and sipuleucel-T) have demonstrated a marked survival benefit and have been approved for the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC).

Data on treatment sequencing are currently limited, and so specific sequences for new agents need to be defined based on predictive factors for response and tolerance.

Treatment options at each stage of the disease should be based on a patient’s response to prior therapies and their underlying disease characteristics, including performance status, sites of metastases, rapidity of progression, as well as drug availability and patient preference.

The treatment paradigm for patients with mCRPC is continually evolving, but each small increase in knowledge of new agents and their optimal treatment sequence is likely to substantially improve the outlook for patients with mCRPC.

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