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Combination systemic therapy is now standard of care for all men with metastatic, hormone-sensitive prostate cancer (mHSPC). Patients with mHSPC should be treated with standard androgen deprivation therapy (ADT) and abiraterone acetate with prednisone or docetaxel (chemohormoanl therapy) unless there are contraindications to combination therapy.

Author: Adam B Weiner, Oluwarotimi S Nettey, Alicia K Morgans

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**Name of Journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 59742

**Manuscript Type:** EDITORIAL

**Metastatic hormone-sensitive prostate cancer: How should it be treated?**

Metastatic hormone-sensitive prostate cancer

**Abstract**

The number of treatment options for metastatic hormone-sensitive prostate cancer (mHSPC) has increased substantially in recent years. The classic treatment approach for these patients—*androgen deprivation therapy (ADT) alone*—is now considered suboptimal. Several randomized phase III clinical trials have demonstrated significant clinical benefits—including significantly better overall survival (OS) and quality of life (QoL)—for treatments that combine ADT with docetaxel, abiraterone acetate, enzalutamide, apalutamide, and/or radiotherapy to the primary tumour. As a result,

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