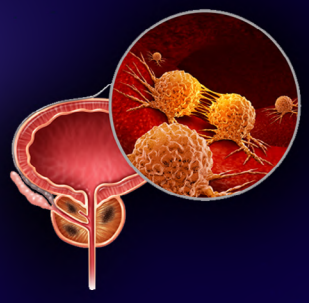
Prostate Cancer Practice Review™



Making Education Easy

Issue 33 - 2026

In this issue:

Abbreviations used in this issue:

ADT = androgen-deprivation therapy; **ARPI** = androgen-receptor pathway inhibitor; **CV** = cardiovascular; **EBRT** = External Beam Radiation Therapy; **ESMO** = European Society For Medical Oncology; **FDA** = US Food & Drug Administration; **GnRH** = gonadotropin-releasing hormone; **HRR** = homologous recombinant repair; **Lu-PSMA** = lutetium prostate-specific membrane antigen; **mCRPC** = metastatic castration-resistant prostate cancer; **mCSPC** = metastatic castration-sensitive prostate cancer; **mPC** = metastatic prostate cancer; **NCCN** = US National Comprehensive Cancer Network; **nmCRPC** = non-metastatic castrate-resistant prostate cancer; **OS** = overall survival; **PARP** = poly (ADP-ribose) polymerase; **PBS** = Pharmaceutical Benefits Scheme; **PC** = Prostate cancer; **RCT** = randomised clinical trial.

Earn CPD

Royal Australasian College of Physicians (RACP) MyCPD participants can claim the time spent reading and evaluating research reviews as CPD in the online MyCPD program. Please contact MyCPD@racp.edu.au for any assistance.

Royal Australian & New Zealand College of Radiologists (RANZCR) members can claim reading related to their practice as a CPD activity under the category 'journal reading and web based no certificate *reflection required'. More info.

Nursing and Midwifery Board of Australia (NMBA) Journal reading and watching videos (including Research Reviews') may be considered a self-directed activity set out in the NMBA Registration Standard: Continuing Professional Development. One hour of active learning will equal one hour of CPD. Details at NMBA CPD page.

Welcome to the 33rd issue of Prostate Cancer Practice Review.

This issue is a concise update on recent developments in prostate cancer influencing clinical practice, including NCCN, ESMO, and ASCO guideline revisions, regulatory and reimbursement changes, and emerging systemic therapy strategies. It also highlights FDA activity, PBS updates, recruiting AU/NZ clinical trials, and recent study results. A summary is provided of upcoming local and international educational opportunities including workshops, webinars, and conferences.

We hope you enjoy this Research Review publication and look forward to hearing your comments and feedback.

Kind Regards,

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Clinical Practice

NCCN — Prostate Cancer guideline iterations, January 23, 2026

NCCN has continued releasing 2026-version updates for PC, listed among "recently published" NCCN guidelines on the NCCN website (login required to access these updates). Version 5.2026 of the NCCN Guidelines for PC updates use of niraparib + abiraterone in *BRCA2*-mutated mCSPC, across both low- and high-volume metastatic 1 (M1) disease. This updates further consolidate stage- and prior-therapy-driven treatment pathways across mCSPC, nmCRPC, and mCRPC, which are relevant to sequencing treatments for PC, including ARPIs, chemotherapy, radiopharmaceuticals, immunotherapy, and biomarker-selected targeted options (**Table 1**).

For low-volume M1 CSPC, a regimen has been added for synchronous and metachronous settings. **ADT with niraparib and abiraterone (*BRCA2*-mutated only)** is listed as useful in certain circumstances. Similar additions are for high-volume M1 CSPC, where ADT combined with niraparib and abiraterone is an option.
Niraparib/abiraterone may be used on completion of docetaxel in patients receiving triplet therapy, or after EBRT to the primary tumour. Its use in low-volume disease remains controversial because the pivotal trial population predominantly comprised patients with high-volume or synchronous disease, and very few had low-volume metachronous disease. Clinicians are advised to counsel patients in this subgroup that benefit is uncertain, and that toxicity is considerable.
Within the systemic therapy algorithm for mCSPC, an additional option has been added for *BRCA2*-mutated patients: **ADT combined with niraparib and abiraterone**. This recommendation is supported by phase 3 data showing improved rPFS in the *BRCA*-mutated population, although OS data remain immature. Grade 3/4 AEs were more frequent with niraparib-containing therapy (75% vs 59%), including higher rates of anaemia and hypertension, and more treatment-emergent deaths.
Fixed-dose combination tablet or standard abiraterone (or fine-particle formulation) may be administered with single-agent niraparib as a substitute for the co-formulated product.

Table 1. NCCN clinical practice guideline updates for prostate cancer. Version 5.2026, January 23, 2026.

The NCCN PC guideline update is here (login required).

ESMO clinical practice guideline – Advanced and metastatic prostate cancer

Broad revised clinical practice algorithm

ESMO has released a fully updated combined diagnosis, treatment, and follow-up guideline with comprehensive algorithms for advanced PC, covering mCSPC and mCRPC.

Emphasis on molecular testing and biomarker-driven therapy

This update stresses systematic molecular profiling in advanced disease, including germline and somatic testing to inform use of PARP inhibitors, and other targeted agents where indicated.

Updated systemic treatment recommendations

ESMO incorporates evidence-based sequencing of systemic therapies, with specific recommendations for:

- Combination and intensification strategies in mCSPC (e.g., ARPI + chemotherapy, or novel combinations in appropriate patients)
- Second-line and later systemic options for mCRPC, including novel hormonal agents, chemotherapy, radioligand therapies, and biomarker-directed agents, where supported by evidence

Integration of radioligand therapy

New guidance on where lutetium-177-PSMA radioligand therapy and other theranostics fit into the treatment pathway, including patient selection and sequencing relative to other systemic options.

Refinement of definitions and disease states

Clear delineation of disease states (e.g., hormone-sensitive vs castration-resistant; oligometastatic vs widespread metastatic) to drive more tailored recommendations.

Follow-up and supportive care recommendations

Updated guidance on monitoring schedules, appropriate imaging use in follow-up, bone health management, and supportive care to mitigate treatment-related toxicities.

Emphasis on patient-centred decision making

This update highlights shared decision-making, incorporating patient preferences, quality of life, and co-morbid conditions in planning systemic therapy and sequencing options.

View this ESMO PC update here.

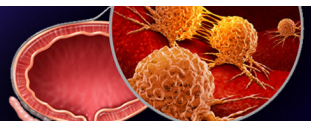
ASCO Living Clinical Practice guideline – Ongoing 2026 update process

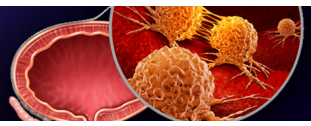
The American Society of Clinical Oncology (ASCO) maintains and expands its living guideline for systemic therapy in mPC, as part of its dynamic, continuously updated framework incorporating new evidence on combination therapies, biomarker-driven approaches, and sequencing of ARPIs, PARP inhibitors, and radioligand options. The living guideline process is designed to integrate emerging data earlier than traditional static guidelines and is active in February 2026 (**Table 2**).

For low-volume M1 CSPC, a regimen has been added for synchronous and metachronous settings.
Patients previously treated with ADT alone in castration-sensitive or nonmetastatic CRPC setting, and whose disease has progressed to mCRPC
For patients with visceral metastases (lung and/or liver), irrespective of *HRR* status, treatment is recommended with enzalutamide or docetaxel chemotherapy.
Abiraterone with prednisone, darolutamide, apalutamide, or cabazitaxel are recommended in selected patients in this subgroup.
Docetaxel, abiraterone plus prednisone, enzalutamide in combination with radium-223, or sipuleucel-T are advised for mCRPC without visceral metastases. For patients with symptomatic bone-only disease (lymph nodes <3 cm), radium-223 monotherapy is recommended.
Patients previously treated with ADT and an ARPI, and whose disease has progressed to mCRPC
Docetaxel chemotherapy, radium-223, or lutetium-177-PSMA (for patients with a prostate-specific membrane antigen [PSMA]), positive positron-emission tomography scan, irrespective of *HRR* status.
For selected patients in this subgroup, ASCO recommends sipuleucel-T or local therapies.
Patients previously treated with ADT, ARPI, and docetaxel, and whose disease has progressed to mCRPC
The panel recommends lutetium-177-PSMA for patients with PSMA-positive disease, radium-223 for those with PSMA-negative disease, or cabazitaxel chemotherapy as an alternative option.

Table 2. ASCO Living Guideline, version 2026.1. Systemic therapy in patients with metastatic castration-resistant prostate cancer.

Access this update here.





Regulatory News

PBS co-payment reduction

From 1 January 2026, PBS general patient co-payments dropped to AU$25 (from AU$31.60), with concessional co-payment held at AU$7.70 (frozen to 2030 per policy settings).

This reduction is not specific to PC, but it may shift counselling about annual out-of-pocket costs alongside Safety Net considerations.

Read the government media release here.

FDA clears phase 2b prostate cancer study of Teverelix®

The US FDA issued a "study may proceed" clearance for Medicus Pharma's Phase 2b dose-optimisation trial of Teverelix®, an investigational long-acting GnRH antagonist, in men with advanced PC and high CV risk.

Teverelix® acts as an immediate receptor antagonist, producing rapid suppression of luteinising hormone, follicle-stimulating hormone (FSH), and downstream sex hormones without inducing a flare response. This mechanism could be clinically relevant for patients with advanced PC and heightened CV risk. Evidence suggests that sustained FSH exposure associated with GnRH agonists can contribute to adverse CV outcomes.

CV disease remains a leading cause of non-cancer mortality in men with PC, accounting for ~30% of deaths. This risk increases during ADT, particularly in patients with established CV disease. Clinical and observational data indicate that such patients may have a five- to six-fold higher incidence of major adverse cardiovascular events (MACE) when treated with GnRH agonists, compared with GnRH antagonists.

Teverelix® is being developed for patients with advanced PC at CV risk, including those with recent MACE or severe subclinical atherosclerosis, as indicated by a coronary artery calcium (CAC) score >400 in the context of elevated atherosclerotic cardiovascular disease (ASCVD) risk.

This regulatory clearance allows the open-label trial (≈40 patients) to start, advancing development of a new ADT option, especially for patients where CV concerns limit standard therapy.

Read the press release on BioSpace here.

FDA continues oncology regulatory actions

Although not a new standalone approval as of mid-February 2026, the FDA oncology approval list published recently continues to reflect ongoing regulatory activity, including approvals relevant for PC in late 2025, including combination therapies like niraparib + abiraterone in *BRCA2*-mutated metastatic CSPC, and rucaparib for *BRCA*-mutated mCRPC. These approvals continue to shape the regulatory landscape and remain current relevant actions as of mid-February 2026.

View the FDA Oncology (Cancer)/Hematologic Malignancies approval notifications here.

News in Brief

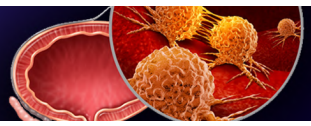
AU/NZ prostate cancer clinical trials in recruitment

Ongoing PC clinical trials in recruitment, led by the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), are shown in **Table 3**.

ANZadapt NSW I VIC I QLD I SA I WA Phase 2 RCT of patient-specific adaptive versus continuous abiraterone or enzalutamide for mCRPC
DARO-LIPID NSW I VIC Phase 2 RCT of sphingosine kinase inhibitor (opaganib) in addition to darolutamide for poor prognostic mCRPC based on a companion circulating lipid biomarker, PCPro
GenI-AIRSPACE VIC I QLD I SA Evaluating genomically informed treatment decision-making on long-term outcomes for intermediate-risk PC undergoing active surveillance
WOMBAT NSW I VIC I QLD I SA Investigates if bipolar ADT can prolong time for nmCRPC to become detectable in other bodily areas
NINJA NSW I VIC I QLD I SA I WA I NZ Novel integration of new prostate radiation therapy schedules with adjuvant androgen deprivation

Table 3. Prostate cancer clinical trials in recruitment led by the Australian and New Zealand Urogenital and Prostate Cancer Trials Group.

Find more information on these trials on the ANZUP clinical trials page, here.



Salvage focal therapy shows promise after radiotherapy recurrence

A new study reports that salvage focal therapy, a minimally invasive targeted treatment, can effectively treat men whose PC has returned after radiotherapy with fewer side effects and better quality-of-life outcomes, compared with more extensive treatments. Early results suggest this approach may become an option for localised recurrences.

Read more here.

Hot flashes in hormone therapy may be reduced with oxybutynin

A Phase 2 study published in the *Journal of Clinical Oncology* found that oxybutynin, a drug used for overactive bladder, significantly reduced frequency and severity of hot flashes in men with PC receiving ADT, improving overall functioning and well-being.

The news release is here.

ASCO GU 2026 — Planning dates through February 2026

ASCO GU's 2026 official "Dates to Know" list indicates:

February 20, 2026, at 11:59 PM (ET)

- Registration Cancellation Deadline

February 23, 2026, at 5:00 PM (ET)

- Regular Abstracts Released on ASCO's Digital Program; Late-Breaking Abstracts will be released at 7:00 AM (PT) on their day of presentation at the meeting

72 Hours prior to your scheduled arrival date

- Final deadline to cancel hotel reservation by contacting the hotel directly

February 26-28, 2026

- ASCO Genitourinary Cancers Symposium, San Francisco, CA

Read more on ASCO 2026's Dates to Know, here.

Conferences, Workshops, and CPD

Please click on the links below for upcoming local and international prostate cancer meetings, workshops and CPD.

AUA - Meetings & Education
COSA – Events
MOGA – Events
USANZ – Events

Research Review Publications

Genitourinary Cancer Research Review with Associate Professor Andrew Weickhardt
Prostate Cancer Research Review with Professor Niall Corcoran
Renal Cancer Research Review - Associate Professor Craig Gedye, Associate Professor Alexander Guminski

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