EDITORIAL

Personalized hormonal treatment for prostate cancer: An opportunity for improvement

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Prostate cancer is an international health problem and is one of the major causes of cancer morbidity and mortality in men[1]. Hormone sensitivity and responsiveness are considered among the landmark biological features of this disease; thus, they have been exploited extensively in the early as well as advanced stages of the disease[2].

For advanced castrate-resistant prostate cancer, a number of hormonal therapies have been approved, including enzalutamide and abiraterone acetate[3]. However, one of the major challenges for oncologists is how to best personalize and tailor different hormonal therapy options in treating prostate cancer patients. Contrary to breast cancer (where we have the estrogen and progesterone receptors as clear predictive markers for response), similarly well-established markers do not exist for prostate cancer.

One potential biomarker involves the detection of androgen-receptor splice variant 7 messenger RNA (AR-V7) in circulating tumor cells, which has been hypothetically linked to enzalutamide and abiraterone acetate’s resistance[4]. However, this hypothesis needs to be confirmed in a large scale prospective study in order to be endorsed for clinical practice.

The current issue of AMOR features an interesting article by Mandelkow and co-workers[5], which explores the *in vitro* activity of abiraterone acetate against the androgen receptor in prostate cancer cells and this may lead to the invention of innovative methods to help personalize the administration of this drug. Advocating the use of personalized therapy in the treatment of prostate cancer should be the focus of basic and clinical researchers alike as this should, in principle, improve the prognosis of cancer patients.

**Conflict of interest**

The author declared no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

**References**


