Summary of changes in the 2025 Canadian Urological Association-Canadian Urologic Oncology Group guideline on metastatic castration-resistant prostate cancer

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See full guideline at *cua.org* and *cuaj.ca*

INTRODUCTION

This brief review highlights changes in the new Canadian Urological Association (CUA)-Canadian Urologic Oncology Group (CUPG) guideline on castration-resistant prostate cancer (CRPC). Since the previously published guidelines in 2022, new data have emerged to prompt alterations in recommendations for the management of this patient group.

UPDATE 1: ABIRATERONE AND ENZALUTAMIDE

The use of abiraterone and enzalutamide in the first-line setting is no longer limited only to patients with asymptomatic or mildly symptomatic metastatic (m)CRPC.

UPDATE 2: GENETIC TESTING

Genetic testing may inform and optimize treatment selection for patients with mCRPC and should be performed in all patients with CRPC, if not done previously. Please refer to the CUA guideline on genetic testing for more details.

UPDATE 3: USE OF ANDROGEN RECEPTOR PATHWAY INHIBITORS

The new recommendations are as follows:

- Olaparib 300 mg twice daily is recommended for patients with mCRPC and homologous recombination repair (HRR) mutation who have progressed on a previous androgen receptor pathway inhibitors (ARPI) (regardless of the indication for the use of the ARPI and regardless of other prior treatments) *(Level 1, Strong recommendation)*.
- In patients with mCRPC who have not been treated with an ARPI for more than three months, niraparib 200 mg daily plus abiraterone 1000 mg and prednisone 10 mg daily is recommended for patients with a *BRCA1* or *BRCA2* mutation (germline and/or somatic) *(Level 1, Strong recommendation)*.
- Olaparib 300 mg twice daily plus abiraterone 1000 mg and prednisone 10 mg daily is recommended for patients with a *BRCA1* or *BRCA2* mutation (germline and/or somatic) *Level 1, Strong recommendation)*.
- Talazoparib 0.5 mg daily plus enzalutamide 160 mg daily is recommended for patients with a HRR mutation (germline and/or somatic) *(Level 1, Strong recommendation)*.

COMPETING INTERESTS: Dr. Saad has been an advisory board member for and received honoraria from Abbvie, Amgen, Astellas, AstraZeneca, Bayer, Janssen, Merck, Novartis, Tolmar, TerSera, and Pfizer; and has participated in clinical trials supported by Abbvie, Amgen, Astellas, AstraZeneca, Bayer, BMS, ESSA, Janssen, Merck, Novartis, Pfizer, Point Biopharma, Tolmar, and TerSera. Dr. So has been an advisory board member for Abbvie and Janssen.

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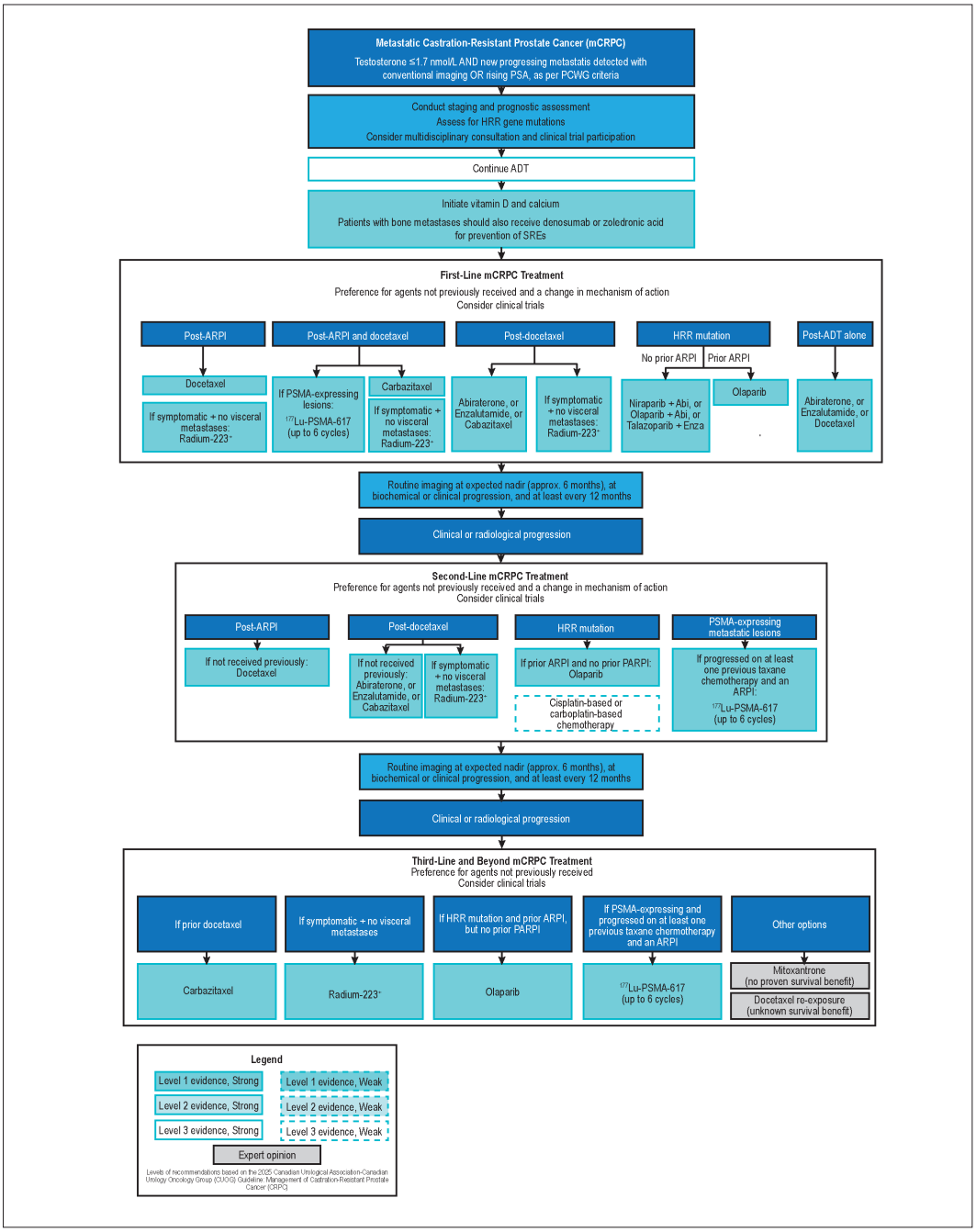

Figure 1. Management of castration-resistant prostate cancer (CRPC). ARPI: androgen receptor pathway inhibitors; BRCAm: breast cancer gene mutation; m: months; mCRPC: metastatic CRPC; HRR: homologous recombination repair; PSADT: prostate-specific antigen doubling time.