Individualized Diagnostic and Treatment of Prostate Cancer

Guest Editor:

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Deadline for manuscript submissions:
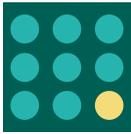**closed (31 July 2020)**

Message from the Guest Editor

Dear Colleagues,

Prostate cancer (PCa) is characterized by extensive clinical and histomorphological heterogeneity and tumor multifocality. In recent years, considerable improvements have been made in the radiological (magnetic resonance imaging (MRI)-based) detection of significant PCa foci. The largest and most suspicious lesions detected by standardized multiparametric MRI (mpMRI) may be representative of index lesions on the final pathology and might be treated in a targeted fashion in the future. In this context, different evidence has been gathered in recent years, proposing that mpMRI and targeted biopsies be applied to men at risk of PCa even in biopsy-naïve men. In addition, MRI and clinical parameters have been integrated into various risk models, such as the most recent ERSPC risk calculator, to predict individuals' risk of harboring a significant disease. However, whether and to what extent these improvements in diagnostics contribute to treatment or follow-up of PCa, such as in active surveillance of low-risk disease, is largely unknown and one of the key questions in current research.

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Special Issue

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Message from the Editor-in-Chief

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