Objective: To evaluate management of PC patients in France, Germany, Italy, Spain and the UK. Methods: A survey from Dec 2009 to May 2010 revealed the characteristics of the CRPC population and their treatment practice. Results: 191 urologists and 157 oncologists completed the survey. 40% (n=1405) of patients had CRPC of which 35% (n=487) were metastatic. Mean age of CRPC patients was 71 years, 35% were current or ex-smokers and 10% had a family history of PCa. The majority of CRPC patients had 2 co-morbidities, primarily hypertension (64%) and diabetes (33%). Bone metastases were common (77%), followed by liver (35%) and lung (26%). Most physicians believed patients would stop responding to initial hormone therapy between 19-24 months. 58% and 49% of CRPC patients terminated the 1st and 2nd treatment regimen due to disease progression. After failure of initial luteinizing hormone releasing hormone agonist (LHRHa) defined by elevated PSA, 49% of the physicians would change to LHRHa + antiandrogen (AA) or another LHRHa (20%). CRPC patients requiring chemotherapy would initially receive this without LHRHa (31%). Conclusion: From this EU survey, 40% of all PCa patients seen in daily practice have CRPC, which develops approximately after 19-24 months on LHRHa. When CRPC patients fail initial LHRHa, most European physicians add AA or switch to another LHRHa. If CRPC patients undergo chemotherapy, this is usually given without LHRHa. Based upon the literature, LHRHa treatment should be maintained during chemotherapy [Heidenreich et al. Guidelines on prostate cancer. EAU; April 2010].