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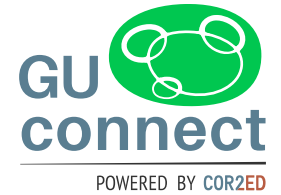
ADVANCES IN METASTATIC HORMONE-SENSITIVE PROSTATE CANCER

ALICIA K. MORGANS, MD, MPH

**Associate Professor of Medicine
Northwestern University, USA**

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DISCLAIMER



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- **Standard of care** for treatment of metastatic hormone-sensitive prostate cancer (mHSPC) **has changed**
 - Chemohormonal therapy (ADT + docetaxel × 6 cycles)
 - ADT + abiraterone acetate
- **Patient selection is critical** to treatment decisions for mHSPC
- Treatment with systemic therapies in addition to ADT **can both prolong life and improve quality of life**

CHEMOHORMONAL THERAPY

CHAARTED and STAMPEDE: ADT + docetaxel vs ADT alone

- ADT + docetaxel 75 mg/m² Q21 days × 6 cycles
 - Prolongs OS in men with mHSPC
 - HR for death = 0.61 (95% CI 0.47–0.80)
- **Updated CHAARTED data** suggests most OS benefit to patients with high volume^a metastatic disease
 - HR in high volume = 0.63 (95% CI 0.50–0.79)
 - HR in low volume = 1.04 (95% CI 0.70–1.55)
- **STAMPEDE analysis** suggests no benefit in the non-metastatic population

ADT + ABIRATERONE ACETATE

ADT + abiraterone acetate + prednisone/prednisolone vs ADT alone

- **LATITUDE**

- Prolongs survival in men with mHSPC with high-risk features
 - At least 2: tumor stage T3 or T4; Gleason \geq 8; PSA level \geq 40 ng/mL
 - HR for death = 0.63 (95% CI 0.52–0.76)

- **STAMPEDE**

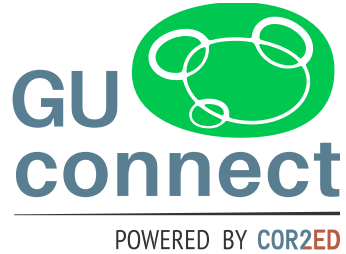
- Prolongs survival in men with mHSPC, high-risk locally advanced, or high-risk relapsing prostate cancer
 - HR for death = 0.62 (95% CI 0.51–0.76)

QUALITY OF LIFE (QoL)

- **QoL** data from **CHAARTED** suggests that the QoL varies by treatment and volume of disease in patients with mHSPC
 - **High volume patients treated with chemohormonal therapy have better QoL at 12 months** when compared with men treated with ADT alone (Mean FACT-P: 118.0 vs 113.7)
 - **Low volume patients treated with chemohormonal therapy have similar QoL at 12 months** compared with men treated with ADT alone (Mean FACT-P: 121.0 vs 120.0)
- **QoL** data from **LATITUDE** suggests improvement in fatigue, functional decline, overall health-related QoL, pain progression with ADT + abiraterone vs ADT alone in patients with high-risk mHSPC

SUMMARY

- **ADT alone is no longer the standard of care for treatment** of mHSPC
 - Chemohormonal therapy (ADT + docetaxel × 6 cycles)
 - ADT + abiraterone acetate
 - **Patients with high volume mHSPC appear to benefit** from ADT + abiraterone or chemohormonal therapy
 - **Patients with low volume mHSPC may not experience benefit** in QoL or survival when treated with chemohormonal therapy
 - **QoL should be considered** in addition to improvements in survival when choosing treatment for mHSPC
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GU CONNECT
Bodenackerstrasse 17
4103 Bottmingen
SWITZERLAND

Dr. Antoine Lacombe
Pharm D, MBA
Phone: +41 79 529 42 79
antoine.lacombe@cor2ed.com

Dr. Froukje Sosef
MD
Phone: +31 6 2324 3636
froukje.sosef@cor2ed.com

