genitourinary tumours, prostate

PROGNOSTIC FACTORS FOR SURVIVAL AND SEQUENCING OF LIFE-EXTENDING THERAPIES IN METASTATIC CASTRATION RESISTANT PROSTATE CANCER (mCRPC) PATIENTS (PTS) IN POST-DOCETAXEL (D) SETTING

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Aim: Background: Abiraterone (A), Cabazitaxel (C), enzalutamide (E) are able to prolong overall survival (OS) in mCRPC post-D. Optimal sequencing of these agents is not known. In this large retrospective cohort of mCRPC pts treated with C, we evaluated the impact of prognostic factors and sequencing on OS calculated from the first therapy post-D.

Methods: Methods: Records of 246 consecutive mCRPC pts (median age 68 y, Gleason ≥8 at diagnosis 49.6%) who were treated with C (after D) were retrospectively collected in 25 centers (France, Spain, Turkey). Disease history, treatment with A/E before or after C, clinical characteristics at initiation of first therapy post-D (A/E or C) were collected. The influence of selected variables and sequencing with A/E on OS was analyzed by multivariate logistic regression.

Results: Results: At initiation of first therapy post-D, 86.0% of pts were ECOG 0-1, 61.4% had pain, 63.1% had radiological progression and 47.5% had clinical progression. 17.0% of pts had visceral mets. Median duration of response to first androgen deprivation therapy was 20.3 months (mo). All pts received C (median 6 cycles, range 2-28), mainly after 1 line D (75.4%). A/E were given before C in 24.8% or after C in 17.5%. With C, a PSA decrease of ≥50% and ≥30% was reached in 40.8% and 52.9% of pts. Median clinical and/or radiological PFS was 8 mo. Median OS was 13.5 mo when C was used without A/E and 28.9 mo if patients subsequently received A/E and 22.4 mo if A/E were administered before C. In multivariate analysis, OS was significantly reduced in pts with visceral mets (HR [95% CI]: 1.92 [1.19-3.11]) and in those with pain at initiation of first therapy post-D (1.51 [1.05-2.18]). Conversely, OS was significantly prolonged in pts having received 2 active therapies (C and A/E) post-D, with a greater OS benefit when A/E was given after C (0.34 [0.21-0.56]) instead of before C (0.57 [0.39-0.85]).

Conclusions: Conclusions: With the limitation of retrospective design, pts receiving D, C and A/E had a significantly prolonged OS versus those receiving only D and C, which stresses the needs for maximize OS with all available treatment options. Greatest OS benefit was observed in pts receiving D → C → A/E.

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