genitourinary tumours, prostate

RANDOMISED PHASE 3 TRIAL OF ENZALUTAMIDE IN ANDROGEN DEPRIVATION THERAPY WITH RADIATION THERAPY FOR HIGH RISK, CLINICALLY LOCALISED, PROSTATE CANCER: ENZARAD (ANZUP 1303)


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Background: Adjuvant androgen deprivation therapy (ADT) including a luteinising hormone releasing hormone analogue (LHRHA) is standard of care given before during and after radiotherapy for localised prostate cancer (PC) at high risk of recurrence. Enzalutamide is a new second generation androgen receptor (AR) inhibitor that is more potent and binds with a higher affinity to the AR than conventional non-steroidal anti-androgens (NSAA) and improves survival in metastatic castration-resistant PC. We hypothesise that the incorporation of enzalutamide in adjuvant ADT, given before, during and after radiotherapy for localised PC at high risk of recurrence, will further improve outcomes. Aim: To determine the effectiveness of enzalutamide as part of adjuvant ADT with a LHRHA in men planned for radiotherapy for localised PC at high risk of recurrence.

Trial design: Open label, randomised, stratified, 2-arm, phase 3 intergroup trial

Eligibility: Localised PC, high risk of recurrence, suitable for EBRT with curative intent

Stratification: Gleason 8-10, T3-4, PSA >20, study site

Endpoints: Overall survival (Primary), Cause-specific survival, PSA PFS, Clinical PFS, HRQOL, Adverse events, ICER

Accrual: 800 participants. 2 yrs accrual + 5.5 years minimum follow-up. 80% power to detect a 33% reduction in the hazard of death assuming a 5-year survival rate of 76% amongst controls. Participants will be randomised 1:1 to enzalutamide 160mg daily for 24 months versus conventional NSAA for first 6 months. Background treatment for all participants: LHRHA for 24 months and EBRT (78Gy/39F) starting after week 16. Study assessments are at baseline, weeks 4, 12, 16, 20 and 24, then 3-4 monthly until year 5, 6-monthly until year 7, then annually. Imaging with CT/MRI and bone scan at baseline and then as clinically indicated. Tertiary correlative objectives include the identification of prognostic / predictive biomarkers from archival tumour tissue, and from fasting bloods collected at baseline, 24 weeks, 5 years, and first evidence of progression.

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Disclosure: C. Sweeney: Consulting with honoraria to declare with Asetallas, Janssen and Sanofi; P. Nguyen: Consulted for Medivation (<$10,000) in Sept 2014. All other authors have declared no conflicts of interest.