Conclusions:

1.89-14.55) with apalutamide and enzalutamide, however this should be interpreted

Results:

A meta-analysis at trial level was performed including published data from

Methods:

Random-effects or fixed-effects models were performed on the basis of the heterogeneity

gated for fatal adverse events (FAEs) and the relative risk (RR) calculated, with 95% CI.

late hazard-ratio (HR) for OS and MFS, with 95% CI. The safety profile was investi-

Spontaneous and prostate cancer: Meta-

Background:

Androgen deprivation therapy (ADT) is the cornerstone treatment of

Efficacy data was investigated and retrieved to calcu-

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1736 patients 

population) and 2,596 for safety analysis (per-protocol population).

1.89-14.55) with apalutamide and enzalutamide, however this should be interpreted

0.76; p

received novel hormonal agents (806 apalutamide and 930 enzalutamide) and 866 pla-

0.72 (0.60, 0.87)‡

1.29 (1.02, 1.63) ‡

0.72 (0.59, 0.89)‡

1.30 (1.08, 1.59)‡

0.58 (0.46, 0.72) ‡

0.72 (0.60, 0.87)‡

0.80 (0.67, 0.95)‡

0.88 vs 7.2m; HR: 0.94; p

Results for the EORTC-QLQ-PR25 PRSFU and PRAID were not estimated because of the low sample size and small number of

0.03). Safety analysis showed an increased risk of FAEs (HR 5.24; 95% CI,

-PRSF and PRAID for patients who received apalutamide were statistically significant (Table)

‡Higher scores represent higher level of symptoms/more pain;†Higher scores represent higher level of functioning/better quality of life;

*(Higher scores represent higher level of symptoms/more pain)

**Higher scores represent higher level of functioning/better quality of life)

809P Statin use and outcome in metastatic castration-resistant prostate cancer (mCRPC) patients (pts) treated in the TROPIC trial

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Background: Statins have been shown to block DHEAS uptake by prostate cancer cells by competitively binding to SLCO2B1, an organic anionic intracellular transporter. Use of statins by prostate cancer pts has been associated with longer time to progression (TTP) during ADT in the hormone-sensitive setting (Harshman, JAMA Oncol 2015).

Methods: We evaluated the impact of statin use in PFS and OS in mCRPC patients treated with cabazitaxel or mitoxantrone in the TROPIC phase III trial. Kaplan-Meier, univariable (UV) and multivariable (MV) Cox-regression models were constructed to evaluate the association between use of statins and overall survival (OS), PSA progression-free survival (PSA-PFS) and radiographic PFS (rPFS). Covariates included in the multivariable model are listed in the table.

Results: 755 pts were included in the analysis. 138 (18.6%) pts received statins: atorvastatin (53 pts, 38.4%), simvastatin (56 pts, 40.6%), lovastatin (14 pts, 10.1%), pravasta-

tatin (9 pts, 6.5%), pravastatin (9 pts, 6.5%), lovastatin (4 pts, 2.9%) and fluvastatin (2 pts; 1.4%). 72 pts (52.2%) were allocated to the mitoxantrone arm and 66 pts (47.8%) to the cabazitaxel arm of the trial. Statin use was associated with longer median OS (15.8 vs 13.4m; HR: 0.74; p = 0.01) but no difference in PSA-PFS (4.8 vs 4.6m; HR: 0.98; p = 0.824) or rPFS (8.3 vs 7.2m; HR: 0.94; p = 0.661) was observed. Statin use was associated with a longer time on prior hormone-therapy (5.3 vs 3.7 yrs; p < 0.001). In MV Cox-regression models, the impact of statin use in survival was independent of treatment arm (cabazitaxel vs mitoxantrone) and other prognostic factors (Table).
Conclusions: Use of statins by pts treated in the TROPIC trial was associated with a longer OS, independent of treatment arm and other prognostic variables. Further analyses will elucidate the role of statins in mCRPC.

Clinical trial identification: EudraCT: 2006-003087-59; NCT00417079.

Legal entity responsible for the study: David Lorente / Prostate Targeted Therapy Group.

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