Abstract #168135

Clinical outcomes of patients (pts) ≥ 80 years treated with new agents (NAs) for metastatic castration resistant prostate cancer (mCRPC): A multicenter analysis from the daily clinical activity.

ABSTRACT DELETED

Abstract Text:

Background: The availability of abiraterone (ABI), cabazitaxel (CABA), enzalutamide (ENZ) changed the landscape mCRPC pts. When mCRPC is diagnosed in elderly pts the feelings of a unfavorable risk/benefit ratio may limit the use of these NAs. We assessed the clinical outcomes of mCRPC octogenarians treated with NAs in the daily clinical practice. **Methods:** We reviewed the clinical records of all ≥ 80 yrs mCRPC pts treated with NAs in the clinical practice, recording the clinical history, the treatment details and outcomes. **Results:** We collected data from a consecutive series of 74 octogenarians from 2012 to 2015. The median age was 83 yrs (range 80-94). The median baseline ECOG PS was 1 (range 0-3). The median Cumulative Illness Rating Scale severity score was 1.15 (range 1-2.4). Sixty-five, 6 and 3 pts received 1, 2 and 3 NAs, respectively, for a total of 86 treatments: ABI was administered in 62 pts (pre and post docetaxel), CABA (4 pts) and ENZ (20 pts) were administered only after docetaxel. The clinical outcomes are detailed in the table. During ABI the main toxicities were mainly cardiac (grade 3 in 2 pts – grad 5 in 1 pt), hypertension (grade 3 in 1 pt), fatigue (grade 3 in 1 pt), hyperglycemia (grade 3 in 1 pt), edema (grade 2 in 4 pts): 90% of these events were observed in chemo-naïve pts. We recorded a grade 3-4 neutropenia in 2 CABA pts and one grade 4 cardiac event and one grade 3 edema during ENZ therapy. **Conclusions:** Our experience from the daily clinical practice suggests that the outcomes of NAs in mCRPC octogenarians seems to be similar to those of pivotal trials when they are administered in second line after docetaxel, while in 3rd/4th line their activity seems to be very limited. Outcomes of ABI in chemo-naïve pts were worse than expected and the observed toxicities suggest caution in selecting pts in this special population.

Setting	Drug	# pts	PSA response > 50%	Objective response	mPFS (mos)	mOS (mos)
1st line	ABI	31	9 (29%)	4 (13%)	7.5	10.1
2nd line	ABI	26	13 (50%)	7 (27%)	5.6	16.9
	ENZ	15	13 (87%)	7 (47%)	5.6	15.8
	All	41	26 (63%)	14 (34%)	5.6	16.9
>2nd line	ABI	5	0 (0%)	0 (0%)	3.5	7.0
	CABA	4	2 (50%)	0 (0%)	5.1	10.2
	ENZ	5	1 (20%)	0 (0%)	7.1	7.1
	All	14	3 (21%)	0 (0%)	3.8	7.1

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