

Impact of new agents (NAs) on survival of metastatic castration-resistant prostate cancer (mCRPC) patients (pts): A single-Institution retrospective analysis.

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Abstract Disclosures**Background:**

Until few years ago, docetaxel (DOC) was the only agent able to significantly prolong overall survival (OS) of mCRPC pts: at the time of disease progression, other drugs without any survival benefit (mitoxantrone, vinorelbine, cyclophosphamide) or DOC re-challenge (DOC-re) in selected cases could be proposed. In the last years several NAs [abiraterone (AA), cabazitaxel (CAB), enzalutamide (ENZ), radium 223(RA223)] have been introduced in the clinical practice since they demonstrated an OS improvement. Moreover, a hypothetical cumulative OS advantage could derive from their sequential use. The present report is aimed to assess the impact on NAs on mCRPC pts' OS in the daily clinical practice.

Methods:

We retrospectively evaluated all mCRPC pts treated in our Institution from 02/2002 to 06/2015 and recorded their medical history, anticancer treatments and survival outcomes. For the purpose of the present study, we consider pts who never received at least one NA (group A) and pts who received at least one NA (group B). To avoid selection bias due to a fast performance status worsening preventing further treatments, we consider only pts who received at least one agent after first line progression. For the OS analysis we considered the start of mCRPC first line.

Results:

We selected a consecutive series of 212 pts: 80 not treated (Group A) and 132 treated (Group B) with NAs. In the Group A 50 pts received first-line DOC followed by DOC-re only, while the remaining 30 pts received also agents different than DOC. In the group B 78, 35, and 19 pts received one, two, and three NAs, respectively. Group A pts were significantly younger and had higher baseline levels of PSA and lactate dehydrogenase (LDH). The OS was significantly longer in Group B than in Group A (36.0 vs 19.6 mos, $p < 0.0001$). The impact of NAs use on OS was confirmed at the multivariate analysis comprising the other factors which significantly affected OS (hemoglobin, LDH, alkaline phosphatase, pain, performance status, PSA).

Conclusions:

Although the limitation due to its retrospective nature, our analysis confirms that the introduction of NAs in the daily clinical practice led to an OS improvement.

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