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Introduction & Objectives: Since 2013 it was approved the use of Enzalutamide (Ez), an androgen-receptor inhibitor, in castration-resistant metastatic prostate cancer (CRmPC) treatment. It's efficiency is known not only during and after treatment with Docetaxel (dT) but also for patients without any previous chemotherapy.

The authors describe this center experience with the use of Ez in CRmPC, showing data regarding it's safety and efficiency.

Materials & Methods: A retrospective study, of CRmPC patients treated with Ez from January 2014 to July 2018. The progression free survival (PFS) and overall survival (OS) were calculated since the beginning of Ez administration and it was used the Kaplan-Meier method. Patients doing dT in an hormonosensitivity setting were excluded.

Results: The sample gathers 74 patients. The median age at diagnosis of prostate cancer was 66 years (49-87) and the median age of beginning of Ez was 72 years (52-91). When starting Ez, 75,5% of patients had co-morbidities and 77% presented with ECOG-PS between 0 and 1. 48,6% of all patients had methastatic disease at the time of diagnosis. The median time to castration resistance was 27 months (2-180).

Ez was started before chemotherapy with dT in 51,2% of all patients. The median treatment time was 8,5 months (1-30). A higher than 50% PSA reduction occurred in 66,7%, with median time to PSA nadir of 3 months (0-12). 64,3% of this patients had progression, 45,2% died and PFS had median of 8,5 months (1-49).

Ez was started after chemotherapy with dT in 48,8%. The median treatment time was 5 months (0-34). A higher than 50% PSA reduction occurred in 50%, with median time to PSA nadir of 3,5 months (1-11). There was progression in 83,3% of patients, 76,4% died and PFS median time was 6 months (0-47).

OS had median value of 29 months (12-45) for the Ez before chemotherapy with dT group, and 17 months (9-24) for the Ez after chemotherapy with dT group. The median follow-up time was 12 months.

There were side effects reported in 29,7% of all patients. Ez was suspended for disease progression in 62,2% of patients, in 4,1 % for intolerance and in 2,7% for global deterioration.

Conclusions: This data show that Ez is a valid and useful choice in CRmPC treatment. In this institution the use of Ez counts more than 4 years of experience. Ez is well tolerated and has good response rates. Recently there are more patients starting treatment with Ez before chemotherapy with dT. Recommendations regarding the optimal treatment sequence in CRmPC are awaited. Meanwhile the selection of patients to have Ez treatment before or after chemotherapy must be individualized.