P048 Enzalutamide in metastatic castration resistant prostate cancer before chemotherapy

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Ferreia Pereira F.[1], Castro Oliveira L.[2], Rosinha A.[1], Carneiro F.[1], Teixeira A.[2], Faustino C.[1], Coutinho C.[2], Maurício J.[1], Sousa N.[1]

[1]Instituto Português de Oncologia do Porto, Dept. of Medical Oncology, Porto, Portugal, [2]Hospital Senhora da Oliveira, Dept. of Medical Oncology, Guimarães, Portugal

Introduction & Objectives: Prostate cancer is the most common cancer in men. Managing metastatic disease involves the sequential use of hormonotherapy and chemotherapy. The aim of this study is to evaluate the effectiveness of enzalutamide in men with metastatic castration resistant prostate cancer (mCRPC) prior to chemotherapy.

Materials & Methods: Retrospective cohort with sequential recruitment of patients who started enzalutamide between Jul/2015 and Dec/2018, based on pharmacy dispensing records, at two Portuguese hospitals. A patient was eligible if enzalutamide was their first systemic treatment for mCRPC. Effectiveness was assessed by overall survival (OS), progression free survival (PFS), and cumulative incidence of adverse events of grade > 3 (AEs G3+ CTCAE).

Results: Pharmacy records identified 120 patients treated with enzalutamide, of which 69 met inclusion criteria. Cohort's median age was 77 years (81% > 70 years) with a median time from prostate cancer diagnosis of 77 months (range 14-251). Metastatic disease was present at diagnosis in 29%. Median time from diagnosis to castration resistant disease was 66 months (range 10-231). At the start of enzalutamide, 72.5% had bone metastasis, 62.3% lymph node metastasis and 2.9% visceral metastasis, with median PSA of 43.85 ng/mL (range 0.021-940) and all patients presented radiographic progression. Median treatment duration was 9 months (range 1-35) with 17% presenting AEs G3+ and 4 patients stopping treatment due to toxicity. With a median follow up of 10 months, 71% had PSA response (define as decline > 50%), with median PFS 8 months (95%CI 6-10), and median OS 28 months (95%CI-16-41). Of the 32 patients progressing, 11 received Docetaxel; 1 Radium-223 and 1 Abiraterone.

Conclusions: Enzalutamide had significant impact on PFS and OS in men with mCRPC with good tolerability. In our cohort PFS and OS were consistent with those reported in the Prevail trial and only 17% presented AEs G3+. The earlier use of enzalutamide may have better outcomes, but the optimal sequencing of treatments in mCRPC remains uncertain.