

# DUCGs Årsmøde

Specialeansvarlig Overlæge Mette Moe

Faglig sekretær i DAPROCA

Medlem af RADS fagudvalg for metastatisk kastrationsresistent c. prostata

Medlem af dansk onkologisk prostata gruppe



AALBORG UNIVERSITETSHOSPITAL

Onkologisk afdeling

Behandlingsalgoritme for mCRPC  
og  
Tidlig kemoterapi til M1 sygdom



AALBORG UNIVERSITETSHOSPITAL

Onkologisk afdeling

## Hvad ved vi om behandling til mCRPC?

- TAX 327 – Docetaxel til metastatisk sygdom (2004) – primært givet til symptomatiske patienter
- TROPIC - Cabazitaxel 2. linie til metastatisk sygdom efter (2010) progression på Docetaxel

## Hvad ved vi om behandling til mCRPC?

- COU-AA-301 – Abiraterone post docetaxel - 2011
- AFFIRM – Enzalutamid post docetaxel – 2012
- COU-AA-302 – Abiraterone præ docetaxel - 2013
- PREVAIL – Enzalutamid – prædocetaxel – 2014
- ALSYMPCA – Radium 223 - 2013

## Hvad ved vi om behandling til mCRPC?

Study	OS Comparator	OS Experimental	HR	Ref
AFFIRM	13.6 <i>Placebo</i>	18.4	0.63	Scher 2012 NEJM
PREVAIL	299/845 (35%) after 22 MO – <i>Estimated OS:</i> 30.2 <i>Placebo</i>	241/872 (28%) after 22 MO – <i>Estimated OS:</i> 32.4	0.71	Beer 2014 NEJM
COU-AA-301	11.2 <i>Placebo</i>	15.8	0.74	Fizzazi Lancet Oncol 2012
COU-AA-302	30.3 <i>Placebo</i>	34.7	0.81	Ryan Lancet Oncol
ALSYMPCA	11.2 <i>Placebo</i>	14.0	0.70	Parker 2013 NEJM
TAX327	16.3 <i>Mitoxantrone</i>	19.2	0.79	Berthold JCO 2008
TROPIC	12.7 <i>Mitoxantrone</i>	15.1	0.70	De Bono 2010 Lancet

**mCRPC  
1300 ptt**

PS <2 og <12 mdrs respons  
på endokrin behandling

PS 0 og 1

PS ≥2  
(se algoritme 1)

Symptomatisk

Asymptomatisk/mild symptomatisk  
(Kun håndkøbsanalgetica)

Med eller uden viscerale  
metastaser

Med viscerale  
metastaser

Uden viscerale metastaser

**1. Linje**

Docetaxel

Enzalutamid

Enzalutamid  
Abiraterone

**2. Linje**

Patienterne tilbydes, ud fra en individuel konkret vurdering: Cabazitaxel, Enzalutamid, eller Abiraterone

Docetaxel

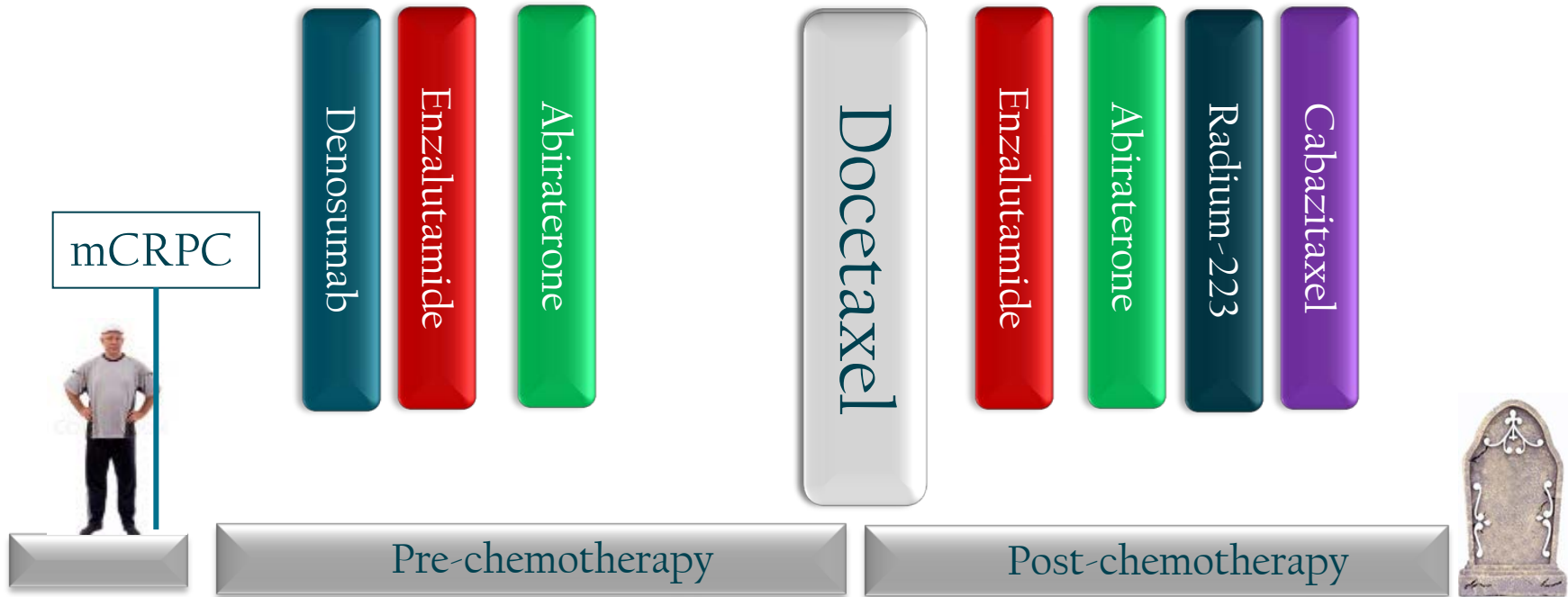
**3. linje og efterfølgende linjer**

Patienterne tilbydes, ud fra en individuel konkret vurdering: Cabazitaxel, Enzalutamid, Abiraterone eller Radium 223.  
Patienter som har oplevet progression med et lægemiddel kan ikke tilbydes dette igen.

Radium 223 kan indgå på alle stadier af mCRPC ved symptomgivende knoglemetastaser og uden visceral metastasering

# I en kompleks klinisk hverdag: Multidisciplinært samarbejde – MDT

# Behandlingssekvens?





# Tidlig kemoterapi til M1 sygdom

**E3805**

## **CHAARTED: ChemoHormonal Therapy versus Androgen Ablation Randomized Trial for Extensive Disease in Prostate Cancer**

Christopher Sweeney, Yu-Hui Chen, Michael Carducci, Glenn Liu, Mario Eisenberger, Yu-Ning Wong, Noah Hahn, Manish Kohli, Robert Dreicer, Nicholas Vogelzang, Joel Picus, Daniel Shevrin, Maha Hussain, Jorge Garcia, Robert DiPaola



**ECOG-ACRIN**  
cancer research group  
Reshaping the future of patient care

PRESENTED AT:



# E3805 – CHAARTED Treatment

## STRATIFICATION

### Extent of Mets

-High vs Low

### Age

≥70 vs < 70yo

### ECOG PS

-0-1 vs 2

### CAB > 30 days

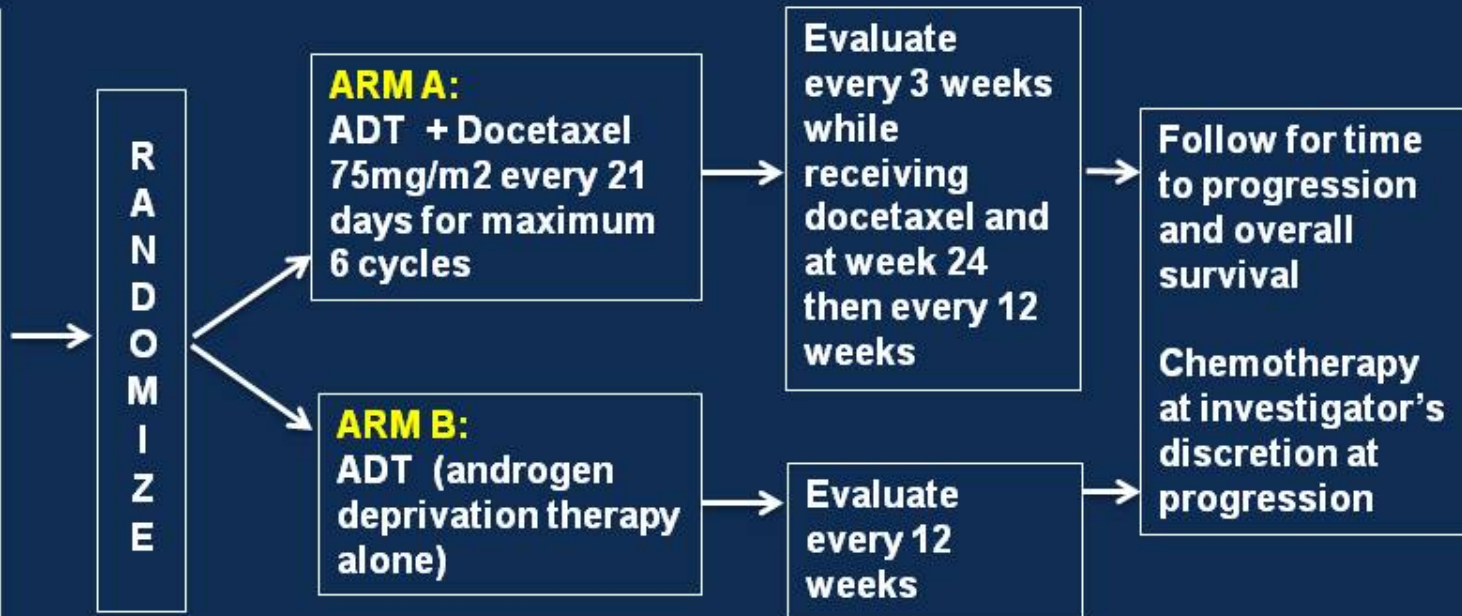
-Yes vs No

### SRE Prevention

-Yes vs No

### Prior Adjuvant ADT

≤12 vs > 12 months



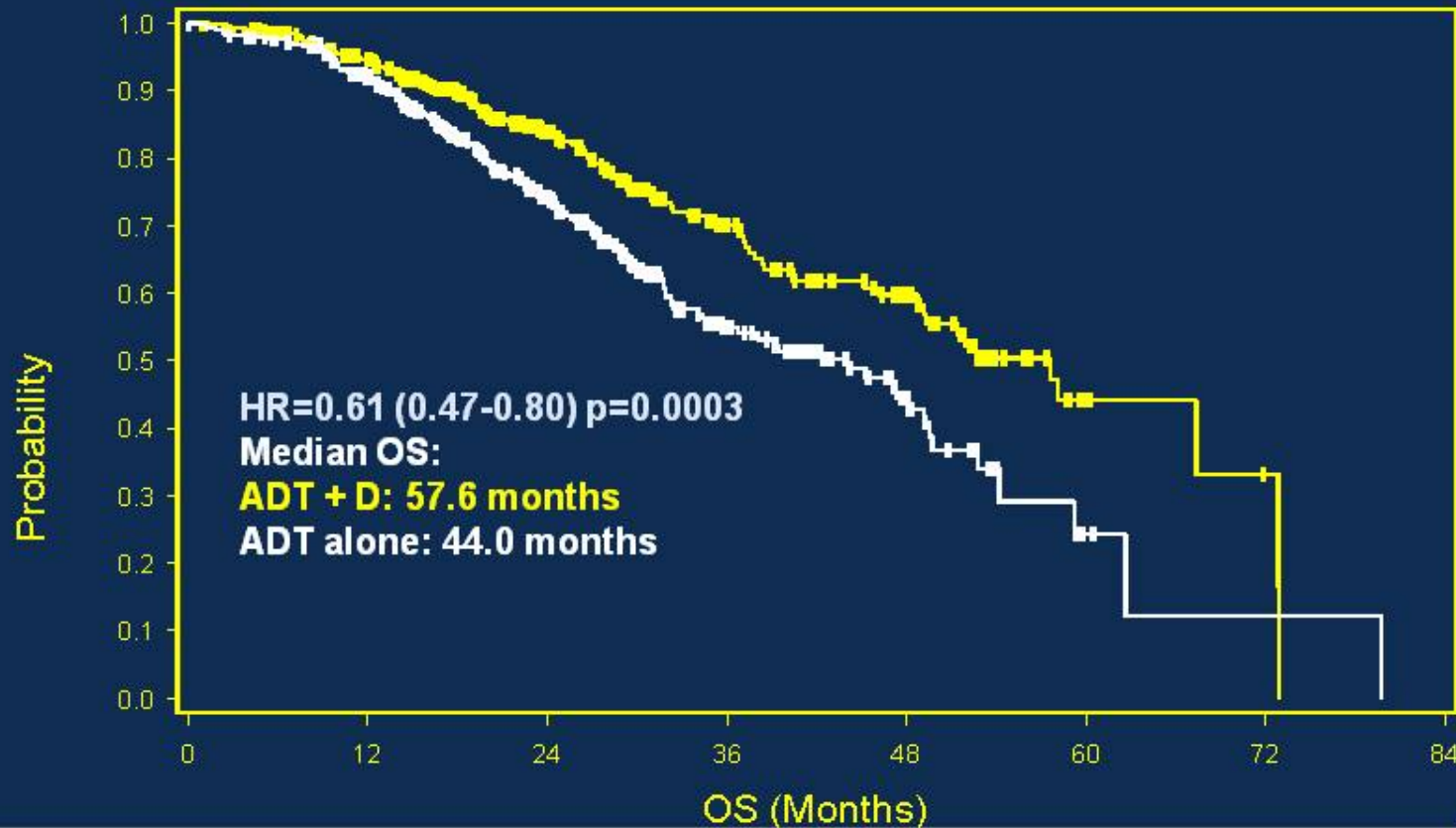
- ADT allowed up to 120 days prior to randomization.
- Intermittent ADT dosing was not allowed
- Standard dexamethasone premedication but no daily prednisone

Presented by: Christopher J. Sweeney, MBBS

PRESENTED AT:



# Primary endpoint: Overall survival



Presented by: Christopher J. Sweeney, MBBS

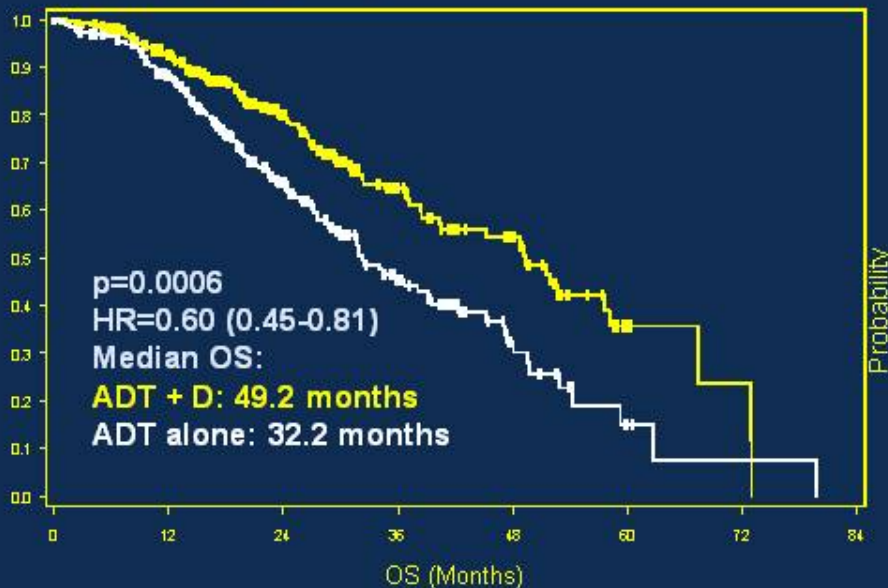
PRESENTED AT:



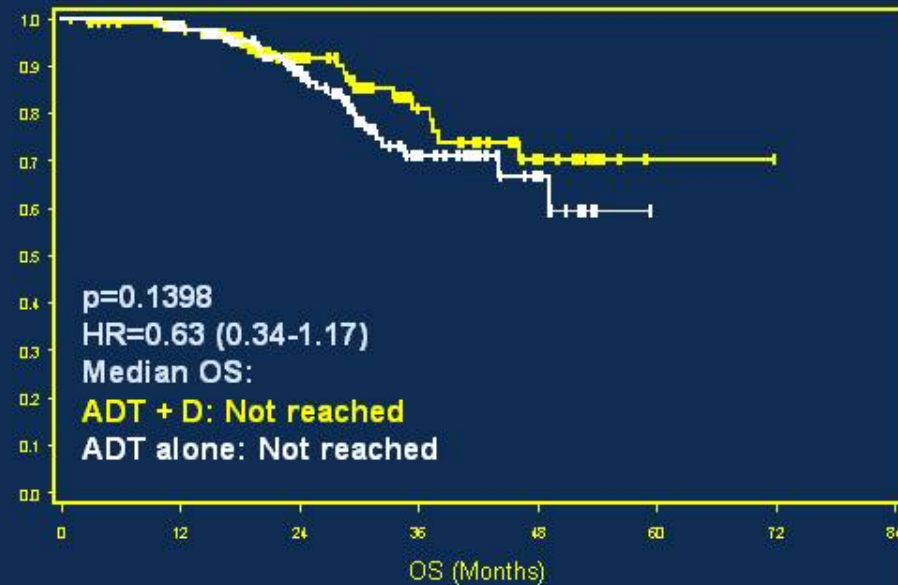


# OS by extent of metastatic disease at start of ADT

## High volume



## Low volume



In patients with **high volume metastatic disease**, there is a **17 month improvement in median overall survival** from 32.2 months to 49.2 months  
We projected 33 months in ADT alone arm with collaboration of SWOG9346 team

Presented by: Christopher J. Sweeney, MBBS

PRESENTED AT:



# Docetaxel and/or zoledronic acid for hormone-naïve prostate cancer: First survival results from STAMPEDE

**Nicholas James**

University of Warwick and Queen Elizabeth Hospital Birmingham

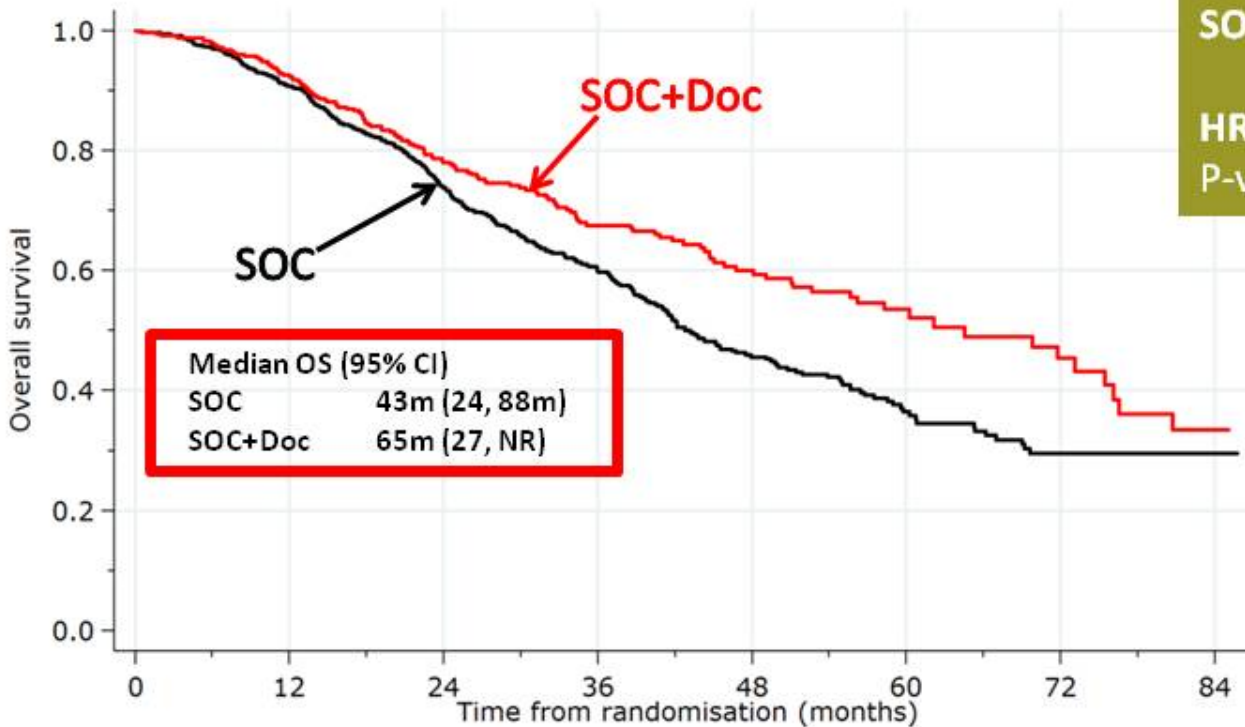
*on behalf of*

Matthew Sydes, Malcolm Mason, Noel Clarke, David Dearnaley, Melissa Spears, Robin Millman, Chris Parker, Alastair Ritchie, J. Martin Russell, John Staffurth, Robert Jones, Shaun Tolan, John Wagstaff, Andrew Protheroe, Rajaguru Srinivasan, Alison Birtle, Joe O'Sullivan, Richard Cathomas, Mahesh Parmar and the STAMPEDE Investigators

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PRESENTED AT: ASCO | Annual '15 Meeting

# Docetaxel: Survival – M1 Patients



SOC	343 deaths
SOC+Doc	134 deaths
HR (95%CI)	0.73 (0.59, 0.89)
P-value	0.002

Non-PH p-value 0.23

Median OS (95% CI)	
SOC	43m (24, 88m)
SOC+Doc	65m (27, NR)

Restricted mean OS time	
SOC	49.3m
SOC+Doc	56.1m
Diff (95%CI)	6.8m (2.8, 11.0m)

Group	At risk (events)	0	12	24	36	48	60	72	84						
SOC	725	(66)	645	(117)	469	(75)	254	(52)	134	(21)	58	(10)	24	(0)	10
SOC+Doc	362	(27)	326	(49)	242	(27)	151	(13)	91	(8)	37	(5)	24	(5)	9

# Primære forskelle i studie design

## GETUG-15

- N= 193 (ADT) vs 192 (ADT+DOC)
- 100% M+ pts
- 47-48% high vol patients
- 9 cycles of docetaxel
- No daily prednisone
- Accrual 2004-2008
- 80% vs 45% docetaxel salvage

## CHAARTED

- N= 393 (ADT) vs 397 (ADT+DOC)
- 100% M+ pts
- 64-66% high vol patients
- 6 cycles of docetaxel
- No daily prednisone
- Accrual 2006-2012
- 48% vs 23% docetaxel salvage

## STAMPEDE

- N= 1184 (SOC) vs 592 (SOC+DOC)
- 39% M0 pts (24% N0/M0 pts)
- ?% high vol patients
- 6 cycles of docetaxel
- 10 mg daily prednisone
- Accrual 2005-2013
- 41% vs 14% docetaxel salvage

## Hvad sker der nu?

STAMPEDE er ikke publiceret endnu. Vi venter på data

Ved retningslinje møde i DAPROCA ultimo oktober diskuteres videre strategi

Formentlig starter vi med at tilbyde kemoterapi til patienter, der opfylder inklusionskriterierne i CHAARTED



**HOW I FEEL**

**WHEN I CATCH A BIG  
FISH**

# Tak for idag

