Kuppen M.C.P.¹, Westgeest H.M.¹,², Van Den Eertwegh A.J.M.³, Van Moorselaar R.J.A.³, Mehra N.⁴, Coenen J.L.L.M.⁵, Van Den Bergh A.C.M.⁶, Aben K.K.H.⁷, Bergman A.M.⁸, Somfod D.M.⁹, Lavalaye J.¹⁰, Uyl-De Groot C.A.¹, Gerritsen W.R.⁴

INTRODUCTION

In the PREVAIL study¹ an overall survival benefit for enzalutamide (ENZ) in docetaxel-naïve metastatic CRPC patients was shown. The mechanisms of action of ENZ and antiandrogens (A) as bicalutamide, are overlapping. Despite the fact that 87% of patients in PREVAIL were treated with prior antiandrogens, it is hypothesized that prior antiandrogen treatment has a negative impact on subsequent ENZ due to cross-resistance.

OBJECTIVE

The aim of this study is to investigate response and treatment duration of ENZ with or without prior antiandrogens treatment for CRPC in a real-world cohort.

METHODS

CAPRI is an observational, investigator-initiated study in 20 Dutch hospitals. CRPC-patients diagnosed between 2010-2016 were included. The design has been described previously². All docetaxel-naïve patients treated with ENZ before July 1st 2017 were included. Patients were followed until death, lost to follow-up or 1-1-2018. Subgroups were created based on sequence:

- ENZ as 1st line (CRPC>ENZ)
- ENZ as 2nd line after antiandrogen addition for CRPC (CRPC>A>ENZ)

Primary outcomes were PSA response defined as a ≥50% decline from baseline value and treatment duration in months.

RESULTS

386 patients treated with ENZ were included: 137 pts in CRPC>ENZ and 249 pts in CRPC>A>ENZ. Bicalutamide was the dominant antiandrogen (n=230, 92%).

Median follow-up from ENZ was 16.7 months with 24% still on ENZ treatment at end of follow-up.

Baseline characteristics (Table 1) were well balanced except for more bone metastases and shorter period from castration to CRPC in CRPC>ENZ. 25% of CRPC>A>ENZ had ≥50% PSA response on antiandrogens with a median treatment duration of 281 days.

CONCLUSION

Outcomes of enzalutamide seem to be unaffected by prior antiandrogen treatment for castration-resistant state. The effect of ENZ therefore did not seem to be influenced by the prior antiandrogn treatment. Of note, >80% of the PREVAIL population was also pretreated with AA¹. Different baseline characteristics with prognostic favorable factors and more missing values in CRPC>A>ENZ may have impacted our results. Timing of ENZ treatment was likely related to presence of worse prognostic factors with possible unknown confounding as patient and physician preference. Caution is advised until further study was designed to assess treatment preferences in CRPC. Randomized research directly comparing bicalutamide to enzalutamide indicates favorable outcomes for enzalutamide³,⁴.

DISCUSSION

We observed similar PSA response and treatment duration for ENZ in patients with or without prior antiandrogen treatment for castration-resistant state. The effect of ENZ therefore did not seem to be influenced by the prior antiandrogn treatment.

REFERENCES


DISCLOSURES

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