

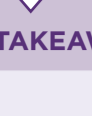
Do outcomes differ in patients with metastatic castration-sensitive prostate cancer who are treated with enzalutamide or apalutamide in the real world?

The full title of this abstract is: Real-world (RW) outcomes associated with enzalutamide (enza) vs apalutamide (apa) in metastatic castration-sensitive prostate cancer (mCSPC): Analysis of United States (US) Oncology Electronic Health Record (EHR) data

VIEW ABSTRACT

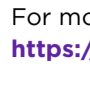
Please note that this summary only contains information from the scientific abstract:

[View Scientific Abstract >](#)



Date of summary:
February 2026

Study number: NCT07086651



Study start date:
July 2025

Study completion date:
October 2025

For more information about this study, go to:
<https://clinicaltrials.gov/study/NCT07086651>

KEY TAKEAWAYS

What are the key takeaways from this study?

- In patients who started their first treatment for metastatic castration-sensitive prostate cancer (mCSPC) with enzalutamide or apalutamide, there was no statistically significant difference in the chance of:
 - stopping first-line treatment,
 - starting a new cancer treatment, and
 - their cancer no longer responding to treatments that lower androgen levels.
- These results suggest that enzalutamide and apalutamide have similar effectiveness when used as first-line treatments in patients with mCSPC who are treated in the United States.

PHONETICS

Find out how to say medical terms used in this summary



Androgen
< AN-droh-jen >



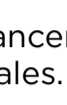
Apalutamide
< A-puh-LOO-tuh-mide >



Enzalutamide
< EN-zuh-LOO-tuh-mide >



Metastatic
< meh-tuh-STa-tik >



Prostate cancer
< PROS-tayt KAN-ser >

INTRODUCTION

What did this study look at?

- Prostate cancer** is a cancer that occurs in the prostate. It is one of the most common cancers in males.
 - The prostate is part of the male body that helps make semen.
 - Cancer is a disease where abnormal cells multiply and form a tumor.
- Most prostate cancers need male sex hormones, called androgens, to grow. Testosterone is an example of an androgen.
- Castration-sensitive prostate cancer (**CSPC**) is a type of prostate cancer that responds to treatments that lower androgen levels and cause castration.
- Castration** means that the testicles only make small amounts of androgens or do not make any androgens.
- Metastatic** means that cancer has spread to other parts of the body.
- This study looked at patients with **mCSPC**.

What treatments did patients in this study receive?

- All patients in this study received hormone treatments called androgen-receptor pathway inhibitors (**ARPIs**).
 - ARPIs can stop the body from making testosterone or stop testosterone from making cancer grow.
- Enzalutamide** and **apalutamide** are types of ARPIs that block the actions of androgens inside cancer cells.

What does the study describe?

- In this **real-world study**, researchers looked at medical records of patients who took either enzalutamide or apalutamide as the first-line treatment for their mCSPC.
 - Real-world studies look at what happens to people in a real-life setting (such as a doctor's office or hospital) rather than in a clinical study.
 - First-line treatment is the first treatment given for a disease. If it does not work or causes severe side effects, another treatment may be added or used instead.
- This study looked at medical records from the **Flatiron Health** database because it contains detailed information on patients who are treated in community cancer centers or centers that specialize in cancer care in the United States.

Researchers wanted to find out...

- For patients with mCSPC who took first-line enzalutamide or apalutamide, did the treatment that they received make a statistically significant difference in the chance of:
 - stopping their first-line treatment?
 - starting a new cancer treatment?
 - their cancer no longer responding to treatments that cause castration?



What is statistical significance?

- Statistical significance helps researchers decide whether the results of a study are likely to be due to a real effect or just random chance.



STUDY DETAILS

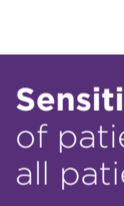
Who was included in this study?

The study looked at medical records from the Flatiron Health database between January 2013 and May 2025.

Researchers included patients with mCSPC who:

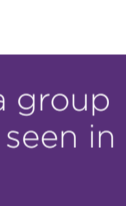
- received first-line treatment with either enzalutamide or apalutamide on or after January 1, 2020; and
- did not have metastatic castration-resistant prostate cancer (**mCRPC**) before or for at least 3 months after starting treatment.
 - mCRPC is a type of advanced prostate cancer that has spread to other parts of the body and does not respond to treatments that cause castration.

1274 patients with mCSPC received enzalutamide or apalutamide



864 patients received **enzalutamide**

410 patients received **apalutamide**



- Researchers also carried out a **sensitivity analysis** to see if the results were different in patients whose cancer did not stop responding to treatments that cause castration at any time during first-line treatment.

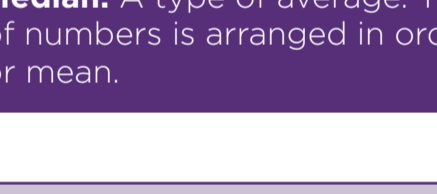
Sensitivity analysis means that the researchers look at the data from a group of patients in the study who have certain characteristics which are not seen in all patients.

- Researchers used a statistical method to make sure that any differences in patient characteristics before the start of the study did not impact the results in the two treatment groups.
- Researchers looked at medical records of patients who took first-line

enzalutamide

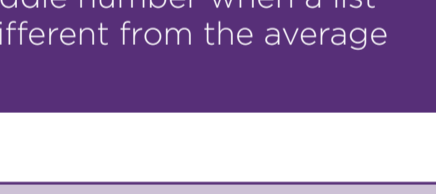
or

apalutamide



1 year 11 months

who were followed-up for a median of



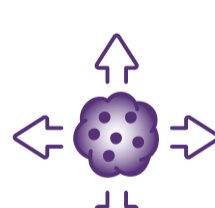
2 years

Median: A type of average. The median is the middle number when a list of numbers is arranged in order. The median is different from the average or mean.

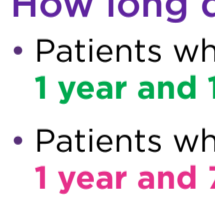
RESULTS

What were the results of the study?

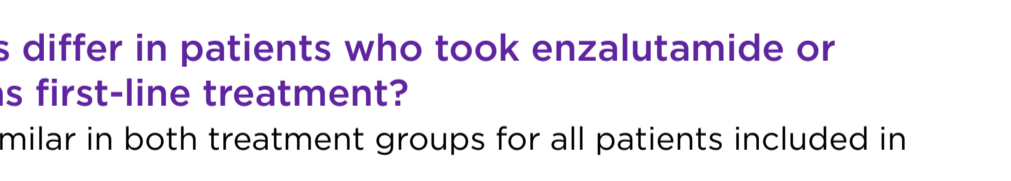
For both treatment groups:



- 80% of patients received cancer treatment in community practices outside of hospitals and academic centers.



- 68% had de novo metastatic disease, which means that their cancer had already metastasized to distant parts of the body when they were told that they had cancer.

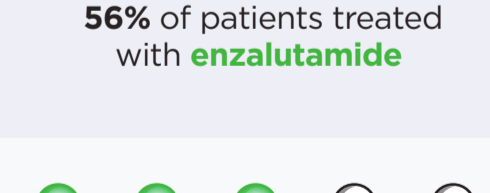


How long did patients continue first-line treatment?

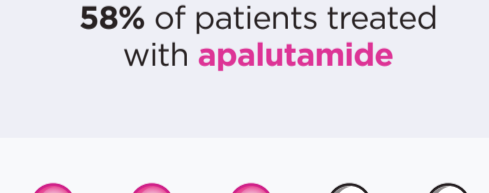
- Patients who took **enzalutamide** continued treatment for a median of **1 year and 10 months**.
- Patients who took **apalutamide** continued treatment for a median of **1 year and 7 months**.

Did the results differ in patients who took enzalutamide or apalutamide as first-line treatment?

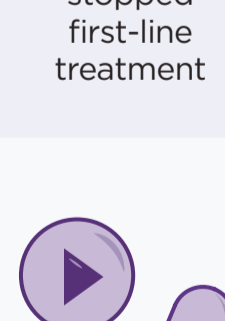
- Results were similar in both treatment groups for all patients included in this study:



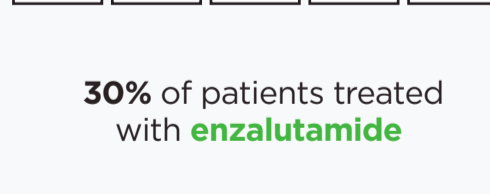
56% of patients treated with enzalutamide



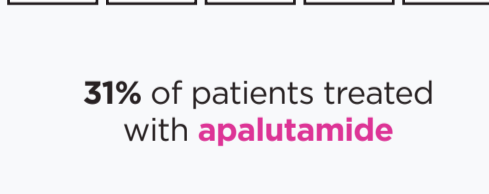
58% of patients treated with apalutamide



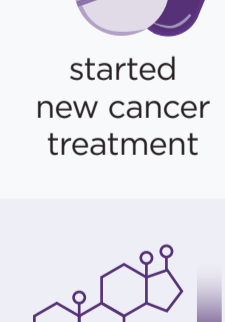
stopped first-line treatment



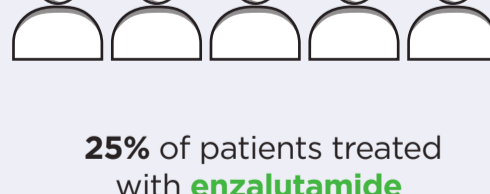
30% of patients treated with enzalutamide



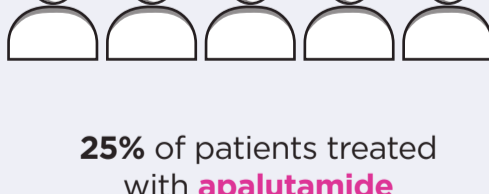
31% of patients treated with apalutamide



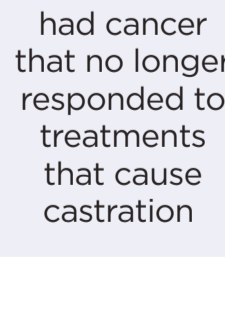
started new cancer treatment



25% of patients treated with enzalutamide



25% of patients treated with apalutamide



had cancer that no longer responded to treatments that cause castration

- When researchers looked only at patients whose cancer did not stop responding to treatments that cause castration at any time during first-line treatment, results were similar in both treatment groups.

This summary reports the results of a single, real-world study. The results of this study may differ from those of other studies. Health professionals should make treatment decisions based on all available evidence, not on the results of a single study. Enzalutamide and apalutamide are approved to treat the condition that is discussed in this summary.

CONCLUSIONS

What were the researchers' main conclusions?

- Patients with mCSPC who started first-line enzalutamide or apalutamide had a similar chance of:
 - stopping first-line treatment,
 - starting a new cancer treatment, and
 - their cancer no longer responding to treatments that cause castration.
- These results suggest that enzalutamide and apalutamide have similar effectiveness when used as first-line treatments in patients with mCSPC who are treated in the United States.

MORE INFORMATION

Who sponsored this study?

This study was sponsored by **Pfizer Inc.** and **Astellas Pharma Inc.**

Pfizer Inc.
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Where can I find more information?

For more information about this study, please visit:
<https://clinicaltrials.gov/study/NCT07086651>

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Pfizer's generative artificial intelligence (AI) assisted technology, MAIA (Medical Artificial Intelligence Assistant), was used in the production of this abstract plain language summary. MAIA was used to develop the first draft of this plain language summary. After using this tool, the authors reviewed and edited the content as needed, and take full responsibility for the content of the publication.