What characteristics of testosterone-lowering

medicines are preferred by patients with prostate cancer? The full title of this abstract is: Preferences for androgen deprivation therapies

by prior hormonal treatment exposure in patients with prostate cancer:

VIEW ABSTRACT

Please note that this summary only contains information from the scientific abstract: View Scientific Abstract >

A discrete choice experiment.



KEY TAKEAWAYS

What are the key takeaways from this study? • Patients with prostate cancer mostly preferred a testosterone-lowering

- medicine that: - is taken by mouth once a day, rather than an injection received at a doctor's
- office once a month. has a smaller effect on interest in sexual activity.
- has a shorter time between stopping treatment and testosterone returning to normal.
- Preferences were similar regardless of whether patients had received
- testosterone-lowering medicines in the past or not. • These results may help doctors to discuss treatment options and make treatment-related decisions with their patients.
- **PHONETICS**

<PROS-tayt KAN-ser>

Find out how to say medical terms used in this summary



INTRODUCTION

Prostate cancer

What was this study about?

- Cancer is a disease where abnormal cells multiply to form a tumor.

• Prostate cancer typically needs male sex hormones, such as **testosterone**, to grow.

• Prostate cancer is one of the most common cancers in males.

Advanced prostate cancer is a cancer that began in the prostate and has

- The prostate is part of the male body that helps makes semen.

- spread beyond the prostate. Advanced prostate cancer can also be a cancer that has returned following initial treatment such as radiation or surgery. Treatment for advanced prostate cancer can involve lowering testosterone
- prostate cancer. This study looked at patient preferences for characteristics of medicines that lower testosterone to treat prostate cancer.

through medicine or a type of surgery. This often slows the growth of

What was the aim of this study? Researchers wanted to see: how important were different characteristics of testosterone-lowering

medicines for patients when choosing treatment. These characteristics included:

- the cost of the medicine.

at the start of treatment.

- how the medicine is taken (by injection under the skin or into muscle, or a pill by mouth), how often and where it is taken (doctor's office or home). - effect on interest in sex.
- the chance of having heart or blood-vessel issue. - the time it takes for testosterone levels to return to normal after treatment
- is stopped. If preferences for these characteristics differ based on whether patients have

- whether an additional pill is needed to prevent testosterone from increasing

received treatment with testosterone-lowering medicine in the past.

Who took part in this study?

These patients completed a survey. They expressed their preferences for

different characteristics of testosterone-lowering medicines.

• This study looked at males in the United States diagnosed with prostate cancer who were 40 years old or older.

STUDY DETAILS

Researchers then ranked each characteristic by how important it was to patients when choosing treatment.

- Researchers looked at the results assuming costs were the same for all patients. This means that cost was not included in the ranking.
- **304 patients** were included in this study
- 64 years was the average age of patients in this study **155** out of 149 out of **304 patients (51%) 304 patients (49%)** had never received had received testosterone-lowering testosterone-lowering medicine medicine in the past **RESULTS**

Preferences were similar between patients who had or had not received testosterone-lowering medicines in the past.

blood-vessel issues.

of treatment.

In the figure below, the higher the number is for each characteristic, the more important it was to patients.

Treatment

characteristic

A pill taken by mouth

once a day rather than an injection received in

Smaller effect on interest

Shorter time between stopping treatment and

testosterone becoming

in sexual activity

normal

What were the results of this study?

important to patients with prostate cancer were: - how, how often, and where the medicine is taken.

- whether the medicine affects interest in sexual activity.

• The characteristics that were **less important** to patients were:

• The characteristics of testosterone-lowering medicines that were more

- whether the medicine is associated with a lower chance of heart or

- the time it takes for testosterone to return to normal after stopping treatment.

- no additional pill is needed to prevent testosterone from increasing at the start

The importance of different characteristics of testosterone-lowering medicine

> **Patients who** had received

> testosterone-

lowering

medicine in

the past (149 patients)

33%

25%

24%

Patients who

had never

received

testosterone-

lowering medicine

(155 patients)

33%

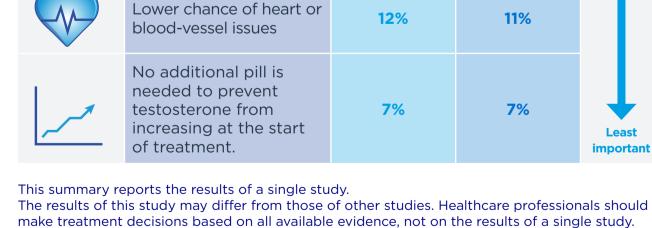
25%

24%

Most important

Least

a doctor's office once a month



CONCLUSIONS

medicine that:

hormone-sensitive prostate cancer.

office once a month.

What were the researchers' main conclusions?

- is taken by mouth once a day rather than an injection received at a doctor's

Relugolix is approved by the U.S. Food and Drug Administration to treat adults with advanced

prostate cancer and by the European Medicines Agency to treat adults with advanced

returning to normal. Preferences were similar regardless of whether patients had received testosterone-lowering medicines in the past or not.

These results may help doctors to discuss treatment options and make

- has a shorter time between stopping treatment and testosterone

Patients with prostate cancer mostly preferred a testosterone-lowering

treatment-related decisions with their patients. **MORE INFORMATION**

has a smaller effect on interest in sexual activity.

Who sponsored this study?

This study was sponsored by Pfizer Inc. in collaboration with Sumitomo

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Writing support for this summary was provided by Michelle Mancher, MPH, and editorial support was provided by Rosie Henderson, MSc, of Onyx (a division of Prime, London, UK) and was funded by Pfizer Inc.

Where can I find more information?

For more information on this study, please visit:

in collaboration with Sumitomo Pharma Switzerland GmbH.

View Scientific Abstract >

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