Previous novel hormonal therapy or taxane chemotherapy received in the real world by patients with metastatic castration-resistant prostate cancer and how it affects survival

The full title of this abstract is: Real-world treatment patterns and outcomes of patients with metastatic castration-resistant prostate cancer stratified by prior novel hormonal therapy and taxane use

VIEW ABSTRACT

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

View Scientific Abstract >

Study number: Not applicable

Date of summary: May 2024

KEY TAKEAWAY

What is the key takeaway from this study?

- Most patients with mCRPC had not previously received **novel hormonal therapy** or **taxane chemotherapy** before their cancer got worse.
- However, the use of **novel hormonal therapy** or **taxane chemotherapy** for less advanced disease is increasing over time.
- The order in which treatments were given may make a difference in how long patients live.

PHONETICS

Find out how to say medical terms used in this summary

Abiraterone
< A-bih-RA-teh-none >

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

Metastatic
< meh-tuh-STA-tik >

GLOSSARY

Cancer: abnormal cells that grow and divide without control and spread to other parts of the body.

Chemotherapy: a type of treatment that uses medicines to stop the growth of cancer cells.

Novel hormonal therapy: treatment that block the making of male sex hormones or stop male sex hormones from helping prostate cancer cells grow. Examples are abiraterone and enzalutamide.

Prostate: a male reproductive gland that sits below the bladder.

Taxane: a type of chemotherapy drug used to treat cancer. A common taxane drug used to treat prostate cancer is docetaxel.

INTRODUCTION

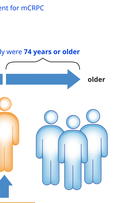
What does this study look at?

What is metastatic castration-resistant prostate cancer?

- **Metastatic castration-resistant prostate cancer** is called **mCRPC** for short. It is cancer that starts in the prostate gland.
- Castration-resistant means the prostate cancer does not respond to medicines that lower levels of testosterone in the blood.
  - Testosterone is a male sex hormone. Hormones work by carrying messages from one part of the body to another. Testosterone can help prostate cancers grow.

What are the treatment options for patients with metastatic castration-resistant prostate cancer?

- Treatment options for mCRPC initially included **novel hormonal therapy** and a type of chemotherapy called a **taxane**.
- However, over time, **novel hormonal therapy** and **taxane chemotherapy** have moved to treat less advanced disease.
- For patients who progress from less advanced disease to mCRPC, the order in which they should receive treatments is not clear.
- Whether a patient can receive a specific treatment for mCRPC will depend on if they have already received it for less advanced disease.



What does this summary describe?

1. Whether patients with mCRPC had received previous treatment with **novel hormonal therapy** or **taxane chemotherapy** for less advanced disease.
2. How the proportion of patients who received treatment with previous **novel hormonal therapy** or **taxane chemotherapy** changed over time.
3. How long patients lived according to whether they received previous treatment with **novel hormonal therapy** or **taxane chemotherapy**.

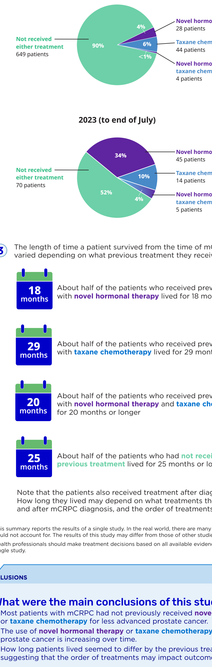
Researchers wanted to find out...

- Did patients with mCRPC who received different previous treatment live for different lengths of time?

STUDY DETAILS

Who took part in this study?

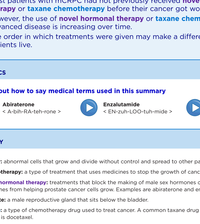
Researchers looked at a database of medical records of people who received treatment for mCRPC in the US between January 2016 and July 2023.



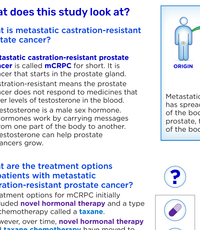
RESULTS

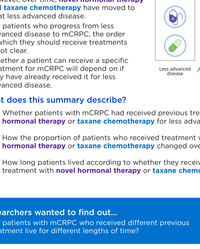
What were the results of this study?

1. Most patients had not received previous treatment with **novel hormonal therapy** or **taxane chemotherapy**:



2. The use of previous **novel hormonal therapy** or **taxane chemotherapy** increased over the time studied:





3. The length of time a patient survived from the time of mCRPC diagnosis varied depending on what previous treatment they received:

18 months About half of the patients who received previous treatment with **novel hormonal therapy** lived for 18 months or longer

29 months About half of the patients who received previous treatment with **taxane chemotherapy** lived for 29 months or longer

20 months About half of the patients who received previous treatment with **novel hormonal therapy** and **taxane chemotherapy** lived for 20 months or longer

25 months About half of the patients who had **not received either previous treatment** lived for 25 months or longer

Note that the patients also received treatment after diagnosis of mCRPC. How long they lived may depend on what treatments they received before and after mCRPC diagnosis, and the order of treatments.

This summary reports the results of a single study. In the real world, there are many factors that this study could not account for. The results of this study may differ from those of other studies.

Health professionals should make treatment decisions based on all available evidence and not just on a single study.

CONCLUSIONS

What were the main conclusions of this study?

- Most patients with mCRPC had not previously received **novel hormonal therapy** or **taxane chemotherapy** for less advanced prostate cancer.
- The use of **novel hormonal therapy** or **taxane chemotherapy** for less advanced prostate cancer is increasing over time.
- How long patients lived seemed to differ by the previous treatment received, suggesting that the order of treatments may impact outcome.

MORE INFORMATION

Who sponsored this study?

This study was sponsored by Pfizer Inc.

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Where can I find more information?

For more information on this study, please visit:

View Scientific Abstract >

For more information on prostate cancer in general, please visit:
https://www.cancer.net/cancer-types/prostate-cancer

Medical writing was provided by Annette Smith, PhD, of CMC Affinity, a division of IPG Health Medical Communications, and was funded by Pfizer Inc. Pfizer's generative artificial intelligence (AI)-assisted technology, MAIA (Medical Artificial Intelligence Assistant) was used in the production of this publication to suggest content. After using the technology, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.