Treatments people receive for prostate cancer in real-world settings and differences by age and metastatic site

The full title of this abstract is: Real-world utilization of advanced therapies by metastatic site and age among patients with metastatic castration-sensitive prostate cancer (mCSPC): a Medicare database analysis

- mCSPC is also known as metastatic hormone-sensitive prostate cancer (mHSPC for short).

View abstract

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

View Scientific Abstract

Date of summary: September 2021

Key takeaways

What are the key takeaways from this study?

In this large, nationally representative US study of people with metastatic castration-sensitive prostate cancer (mCSPC for short) from 2009–2018:

- More people with visceral or bone metastases received intensified therapy compared with people with node-only metastases.
  - Intensified therapy is known to increase the length of time that a patient survives following the start of their treatment.
- Older people with mCSPC were less likely to receive androgen deprivation therapy (ADT for short) + docetaxel (an intensified therapy) than younger people with mCSPC.
- The proportion of people who received ADT + novel hormonal therapy (a different type of intensified therapy) was similar regardless of age.
- However, most people in this study did not receive intensified therapy regardless of their age or the severity of their disease.

Phonetics

Find out how to say medical terms used in this summary

Abiraterone
<A-bir-RA-teh-rone>

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

Enzalutamide
<En-zah-LOO-tuh-mide>

Androgen
<AN-droh-jen>

Docetaxel
<DOH-seh-TAK-sil>

Metastatic
<meh-tuh-STA-tik>

Prostate cancer
<PROS-tayt KAN-ser>

Introduction

What did this study look at?

- **Prostate cancer** is one of the most common cancers in men. Most prostate cancers need male sex hormones, called androgens, to grow.
  - Hormones are chemical messengers in the body.
- In some men, treatments that reduce androgen levels will slow down the growth of prostate cancer cells.
  - This type of cancer is called castration-sensitive prostate cancer (CSPC or HSPC for short).
- If CSPC has spread beyond the prostate to other parts of the body, it is called **metastatic** CSPC (mCSPC or mHSPC for short).

- Possible sites where metastasis may occur include:
  - **Visceral** metastasis: the cancer has spread to internal organs other than the original cancer site, such as the liver.
  - **Bone** metastasis: the cancer has spread to the bones.
  - **Node-only** metastasis: the cancer has spread to the lymph nodes (part of the body's immune system), but not to the other organs or bones.

- The most common treatments for prostate cancer that lower androgen levels are:
  - Surgery to remove the testicles, known as surgical castration.
  - **ADT**, also known as chemical castration.
- People with mCSPC can receive **ADT alone or combined with another treatment**. These treatments include:
  - **Nonsteroidal antiandrogens** (NSAA), such as bicalutamide. Nonsteroidal antiandrogens stop an androgen called testosterone from stimulating cancer growth.
  - **Novel hormonal therapy** (NHT), such as abiraterone, apalutamide or enzalutamide. Novel hormonal therapy stops the body from making testosterone or stops testosterone from stimulating cancer growth.
  - Chemotherapy, such as **docetaxel**. Chemotherapy obstructs cancer growth.
- Adding novel hormonal therapy or chemotherapy to ADT is often referred to as **intensified therapy**. These treatments are known to improve **overall survival** compared with ADT alone.
  - The length of time that a patient survives following the start of treatment is referred to as **overall survival**.

- In this **real-world** study, researchers looked at the medical records of people with mCSPC to understand the treatments that they received following diagnosis, as well as their overall survival.
  - **Real-world studies** look at what happens to people in a real-life setting rather than in a clinical trial.
  - The first treatment that a patient receives following diagnosis is referred to as their **first-line treatment**.

What was the aim of this study?

- Researchers wanted to better understand the use of first-line treatments in patients with mCSPC in the United States, and to look at how this changed over time.
- This study looked at:
  - The use of intensified therapy.
  - Whether treatments varied by age group (younger than 75 years and 75 years or older).
  - Whether treatments varied by site of metastasis (where in the body the cancer has spread to).

Researchers wanted to find out...

- Do people with mCSPC receive intensified therapy in real-world settings?
- How did the use of intensified treatments change over time?
- Does age make a difference to whether intensified therapy is used?
- Does disease severity (indicated by site of metastasis) make a difference to whether intensified therapy is used?

Study details

Who took part in this study?

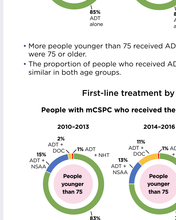
- Researchers looked at records from a total of 35,195 adult men with mCSPC.
- Everyone included in this study had at least one Medicare reimbursement claim for prostate cancer and began treatment with ADT within 90 days before, or any time after, their diagnosis of metastatic prostate cancer.
- People with mCSPC were classified into three groups based on the year they first received treatment:

2010–2013 | 2014–2016 | 2017–2018

Results

What were the results of the study?

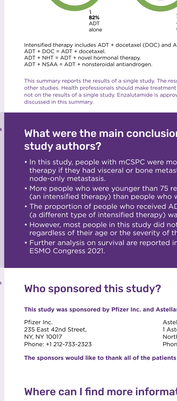
First-line treatment received by people with mCSPC during the entire study period (2010–2018)



- Most people in this study did not receive intensified therapy.
- More people with visceral or bone metastases received intensified therapy (ADT + docetaxel or ADT + novel hormonal therapy) compared with people with node-only metastasis.

First-line treatment by metastatic site

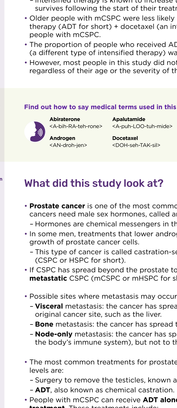
People with mCSPC who received their first-line treatment in:



- More people younger than 75 received ADT + docetaxel than people who were 75 or older.
- The proportion of people who received ADT + novel hormonal therapy was similar in both age groups.

First-line treatment by age group

People with mCSPC who received their first-line treatment in:



Intensified therapy includes ADT + docetaxel (DOC) and ADT + novel hormonal therapy (NHT).
ADT + DOC = ADT + docetaxel.
ADT + NHT = ADT + novel hormonal therapy.
ADT + NSAA = ADT + nonsteroidal antiandrogen.

This summary reports the results of a single 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 is approved to treat the condition under study that is discussed in this summary.

Conclusions

What were the main conclusions reported by the study authors?

- In this study, people with mCSPC were more likely to receive intensified therapy if they had visceral or bone metastases compared to people with node-only metastasis.
- More people who were younger than 75 received ADT + docetaxel (an intensified therapy) than people who were 75 or older.
- The proportion of people who received ADT + novel hormonal therapy (a different type of intensified therapy) was similar in both age groups.
- However, most people in this study did not receive intensified therapy, regardless of their age or the severity of their disease.
- Further analysis on survival are reported in the poster presented at the ESMO Congress 2021.

More information

Who sponsored this study?

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

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Where can I find more information?

For more information on this study, please visit: **https://oncologypro.esmo.org/meeting-resources/esmo-congress-2021/real-world-utilization-of-advanced-therapies-by-metastatic-site-and-age-among-patients-with-metastatic-castration-sensitive-prostate-cancer-mcspc**

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