ACTIVITY OF SEQUENTIAL NEW DRUGS (NDS) POST-DOCETAXEL (DOC) FAILURE, IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (mCRPC) PATIENTS (PTS). UPDATE FROM A MULTICENTER ITALIAN EXPERIENCE


1Oncology, S. Chiara Hospital, Trento, ITALY
2Medical Oncology, IRCCS Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (I.R.S.T.), Meldola, Meldola (FC), ITALY
3Medical Oncology, CRO Aviano, Aviano, ITALY
4Medical Oncology, NCI Pascale, Naples, ITALY
5Medical Oncology, IOV-IRCCS, Padua, ITALY
6Department of Radiological, Oncological and Anatomopathological Sciences, La Sapienza University of Rome, Rome, ITALY
7Medical Oncology, IRCC - Fondazione Piemontese per la Ricerca sul Cancro, Turin, ITALY
8Medical Oncology, University of Turin, Orbassano, ITALY
9Medical Oncology, Villa Sofia Gervello Hospital, Palermo, ITALY
10Medical Oncology, Civil Hospital, Lugo di Romagna, ITALY
11Oncology, Medical Oncology, Pordenone, ITALY
12Oncology, Medical Oncology, Ospedale Policlinico-Modena, Modena, ITALY
13Oncologia Medica, Fondazione IRCCS - Istituto Nazionale dei Tumori, Milan, ITALY
14Medical Oncology, Civil Hospital, Cremona, ITALY
15Department of Oncology, Humanitas Cancer Center IRCCS, Rozzano, ITALY
16Medical Oncology, Civil Hospital, Faenza, ITALY
17Medical Oncology, Civil Hospital, Taormina, ITALY
18Oncohematology, Ospedale Casa Sollievo della Sofferenza, San Giovanni Rotondo, ITALY

Aim: Abiraterone acetate (AA), cabazitaxel (CABA), and enzalutamide (ENZ) may prolong survival in mCRPC pts progressing after DOC, although it is not clear how to use NDS, to best exploit their efficacy and avoiding their possible cross resistances. We report updated results (preliminary data reported at ASCO 2014) from a large series of pts, receiving 2 NDS (or 3 in a limited series) after DOC progression in routine clinical practice.

Methods: All NDS were available in Italy through a compassionate use program (CUP), or after the regulatory authorities approval (Only CABA in 2012 and AA in 2013). Based on a multi-institutional collaboration, we collected data of pts who received at least 2 NDS after DOC.

Results: A consecutive series of 254 mCRPC pts, median age 71 yrs (46-91), with bone (89%), nodal (56%) or visceral (20%) mets, was identified. All received NDS as 2nd and 3rd line after DOC, but 37 also as 4th line. The biochemical response rate (bRR) (PSA ≥ 50%) was 37% in 2nd line, 24% in 3rd and 34% in 4th line, while the rate of objective response (oRR) was 14%, 14% and 11%, respectively, and the median PFS was 6, 4 and 3 months, respectively. The table reports the outcomes of AA, CABA and ENZ according to the sequence adopted.

<table>
<thead>
<tr>
<th>Sequence</th>
<th>3rd line</th>
<th>4th line</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>eval pts</td>
<td>bRR (%)</td>
</tr>
<tr>
<td>AA post CABA</td>
<td>68 28 4</td>
<td>4 25 1</td>
</tr>
<tr>
<td>CABA post AA</td>
<td>12 8 0 2</td>
<td></td>
</tr>
<tr>
<td>CABA post ENZ</td>
<td>88 28 4</td>
<td>2 50 0</td>
</tr>
<tr>
<td>ENZ post AA</td>
<td>16 25 10 2</td>
<td></td>
</tr>
<tr>
<td>ENZ post CABA</td>
<td>49 20 3 20</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions: To our knowledge this retrospective study reports the highest number of pts treated post-DOC with at least 2 NDS and it is the first to provide 4th-line data. It appears from our findings that similar bRR and oRR are achieved by CABA and ENZ while AA seems less active in 3rd line and responses in 4th line are rare.

Disclosure: O. Caffo: Honoraria from Sanofi-Aventis and Janssen-Cilag. U. De Giorgi, R. Sabbatini and G. Procopio: Honoraria from Janssen; P.A. Zucali: Honoraria from Janssen and Sanofi-Aventis. All other authors have declared no conflicts of interest.