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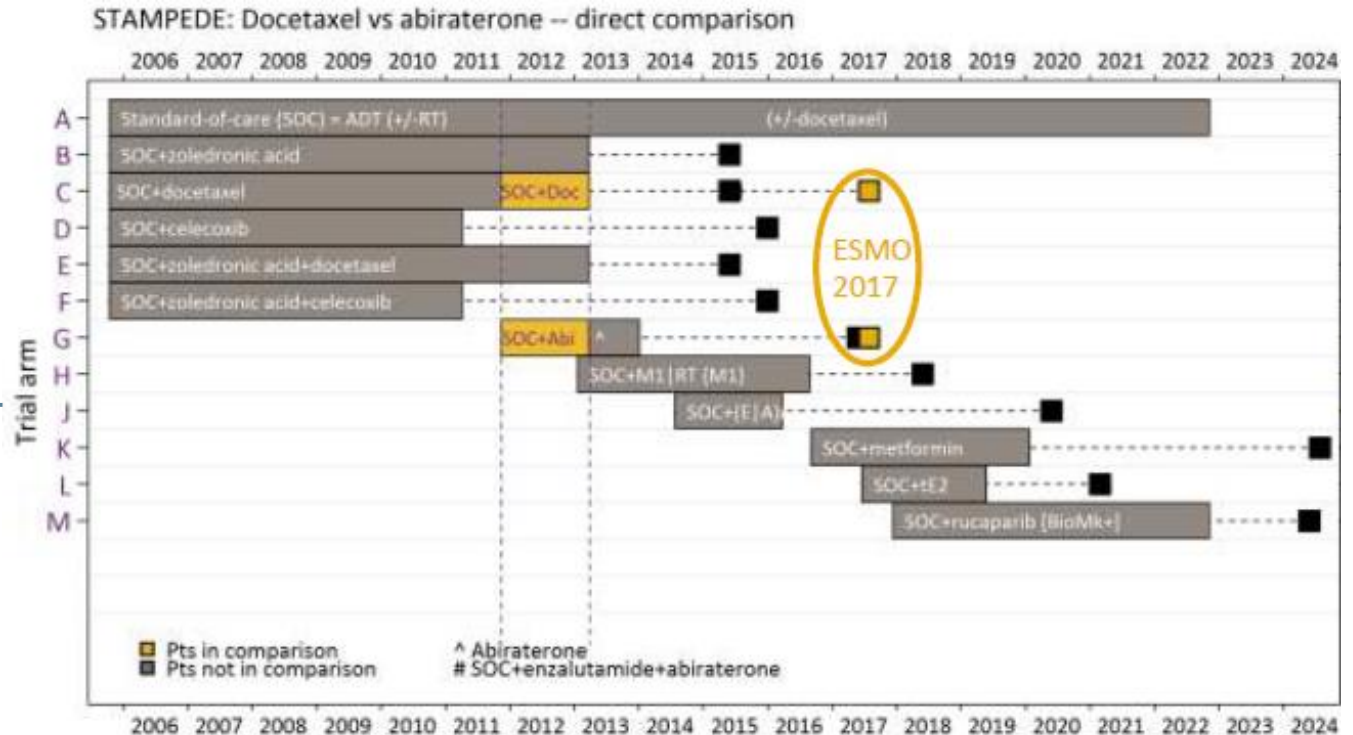
HIGHLIGHTS ON PROSTATE CANCER

**ADDING ABIRATERONE ACETATE PLUS
PREDNISOLONE OR DOCETAXEL FOR
PATIENTS WITH HIGH-RISK PROSTATE
CANCER STARTING LONG-TERM ANDROGEN
DEPRIVATION THERAPY: DIRECTLY
RANDOMISED DATA FROM STAMPEDE
(NCT00268476)**

Sydes M et al. LBA31. ESMO Madrid 2017

STAMPEDE DIRECT COMPARISON OF UP-FRONT DOCETAXEL VS ABIRATERONE FOR METASTATIC HORMONE SENSITIVE PROSTATE CANCER

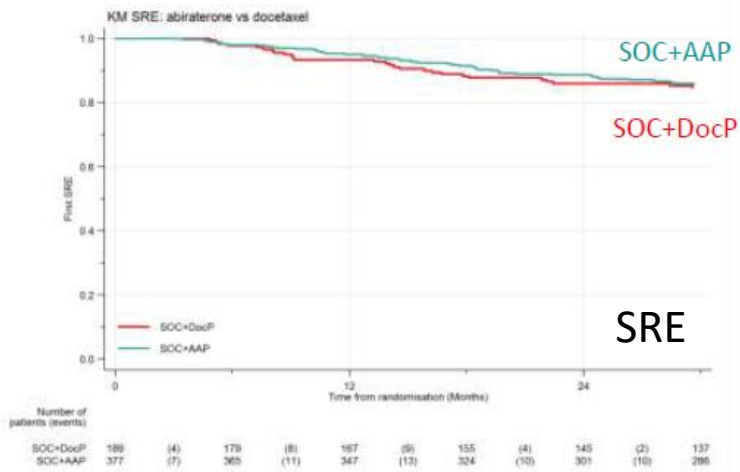
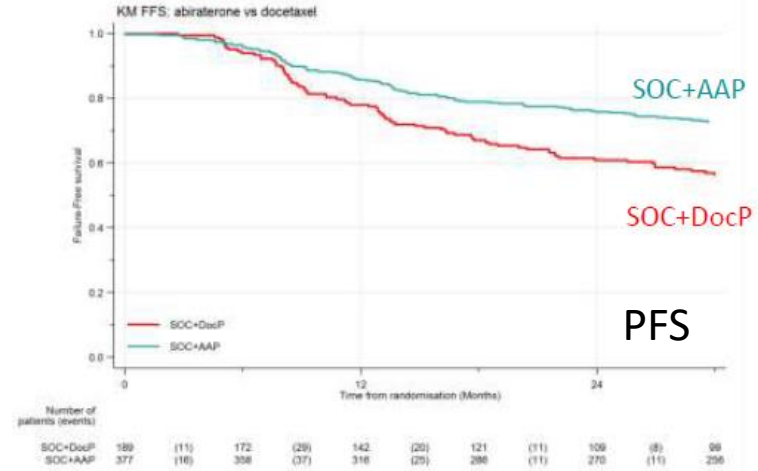
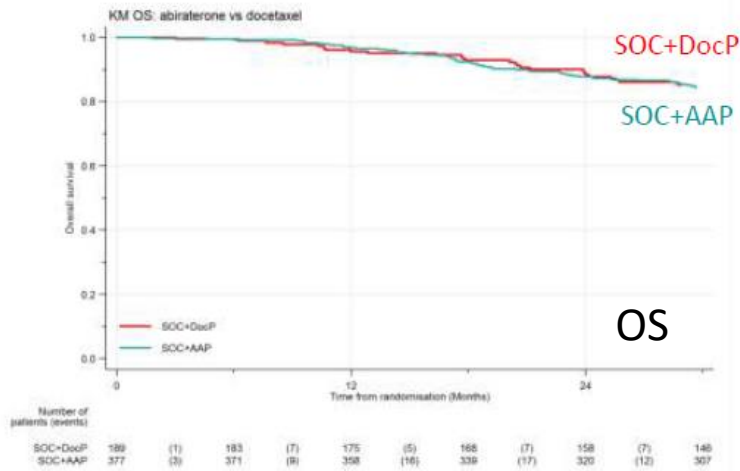
- N=566
- 60% metastatic
- Median age 66
- Med PSA baseline 56 ng/mL
- 6% prior local tx



Recruitment: Nov-2011 to Mar-2013

Patients: 189 SOC+DocP
377 SOC+AAP

NO DIFFERENCE IN OVERALL SURVIVAL, CANCER-SPECIFIC SURVIVAL, SKELETAL RELATED EVENTS BETWEEN UP-FRONT DOCETAXEL AND UP-FRONT ABIRATERONE

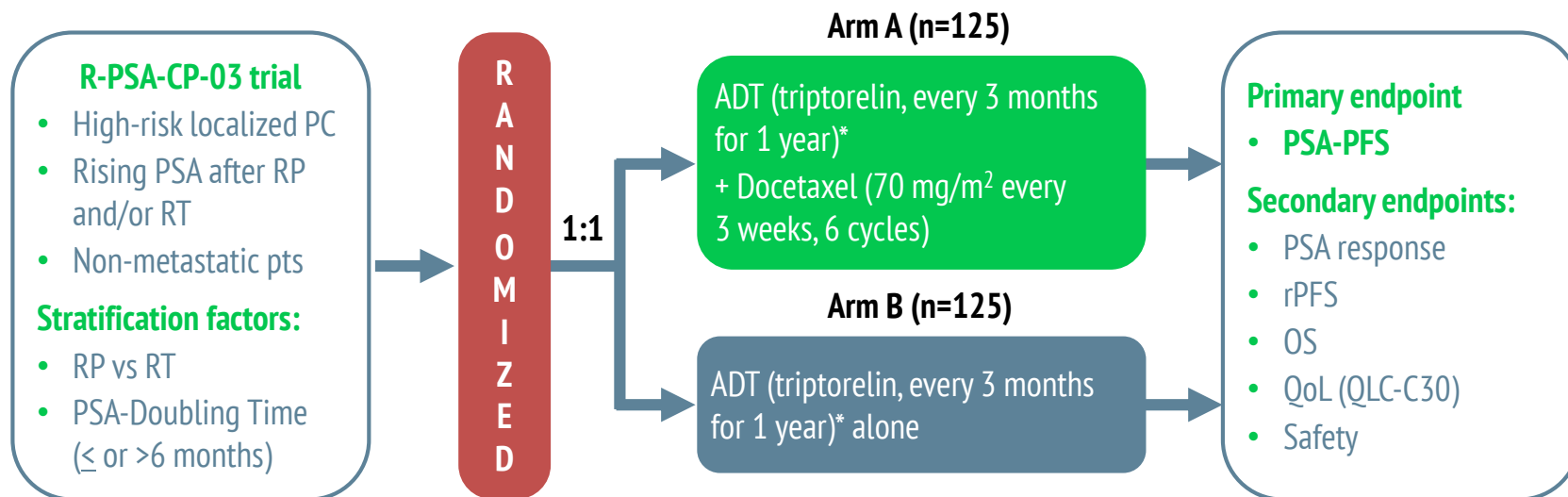


Progression free survival (driven by PSA) favored abiraterone

**DOCETAXEL WITH ANDROGEN
SUPPRESSION FOR HIGH-RISK LOCALIZED
PROSTATE CANCER PATIENTS WHO
RELAPSED PSA AFTER RADICAL
PROSTATECTOMY AND/OR
RADIOTHERAPY: A RANDOMIZED PHASE III
TRIAL**

Oudard S et al. 7840. ESMO Madrid 2017

ADDING DOCETAXEL UP-FRONT FOR BIOCHEMICALLY RECURRENT PROSTATE CANCER



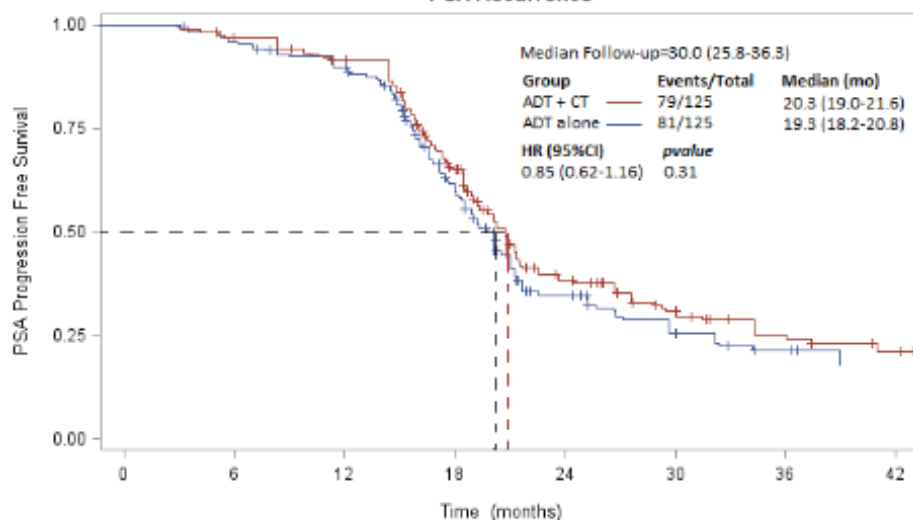
29 French centers from June 2003 to Sept 2007

*bicalutamide for 3 weeks at LH-RH agonist initiation

- Rising PSA (≥ 0.2 ng/mL after RP, or ≥ 1 ng/mL after XRT)
- At least 1 high risk feature
 - Pathologic pelvic LN+
 - Gleason ≥ 8
 - + surgical margin
 - PSA DT < 6 months
 - PSA velocity > 0.75 ng/mL/year
 - time from RP/RT < 12 mo

NO CLEAR BENEFIT FROM UP-FRONT DOCETAXEL

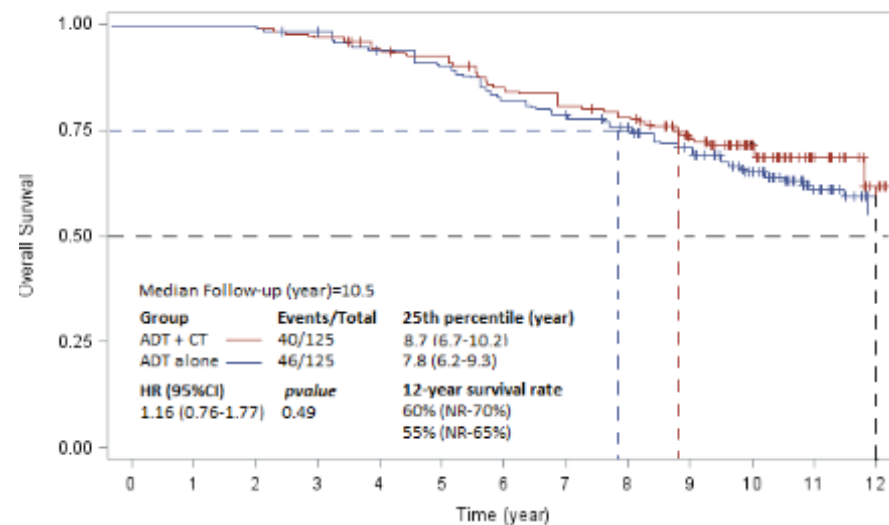
PSA Recurrence



Number of patients at risk

	ADT	125	120	110	62	28	18	12
	ADT+CT	125	116	108	74	33	19	11
								6

Overall survival



Number of patients at risk

	ADT	125	125	124	121	114	111	102	96	89	79	57	27	27
	ADT+CT	125	125	125	120	114	108	99	96	92	74	49	24	12

**LUTETIUM-177 PSMA THERANOSTICS
PHASE II TRIAL: EFFICACY, SAFETY AND
QoL IN PATIENTS WITH CASTRATE-
RESISTANT PROSTATE CANCER TREATED
WITH LUPSMA**

Hofman M et al. 7850. ESMO Madrid 2017

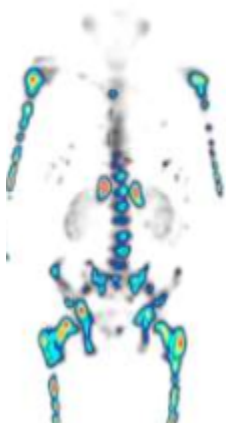
^{177}Lu -PSMA IN mCRPC WITH HIGH GALLIUM-PSMA UPTAKE

THERANOSTICS

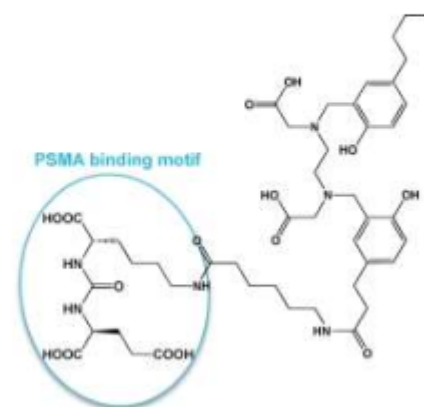
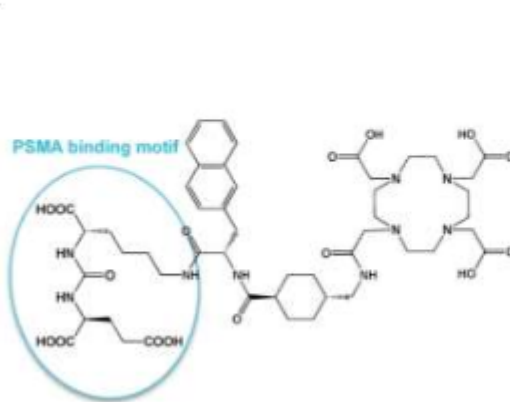
TARGETED THERAPEUTIC + DIAGNOSTIC COMPANION

^{177}Lu -PSMA-617

^{68}Ga -PSMA-11 PET/CT



Post-therapy
SPECT/CT

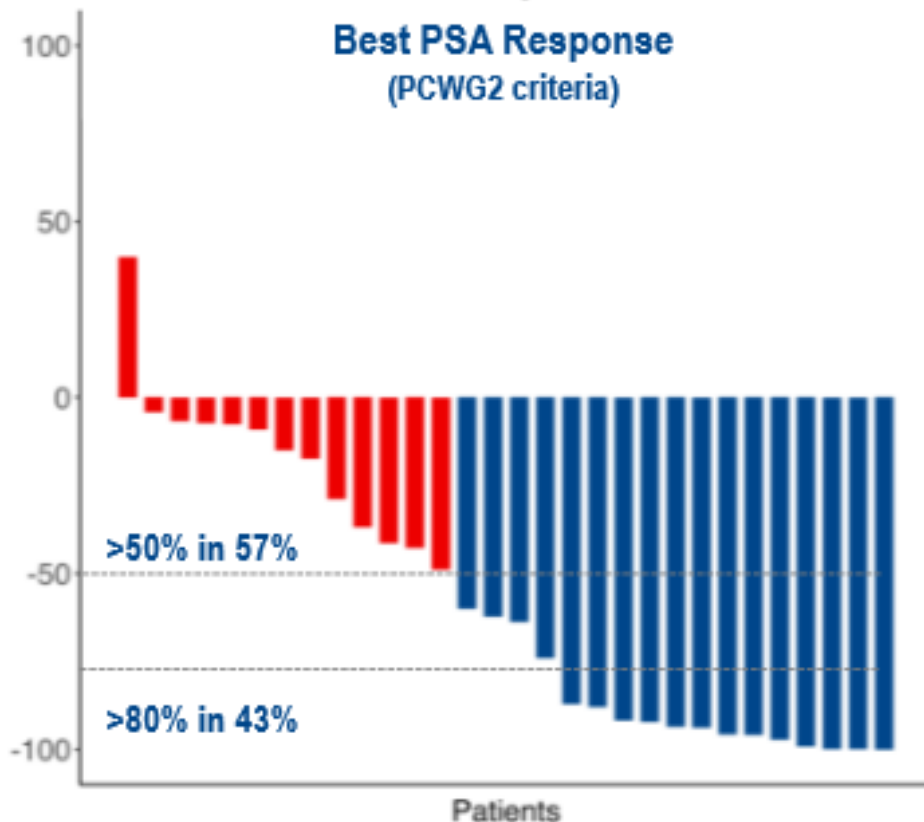


Pre-therapy
PET/CT

- mCRPC with progression after docetaxel AND abiraterone and/or enzalutamide
- Med age 70, baseline PSA 552.6, 47% had \geq prior chemo regimens
- 10% visceral mets, 80% nodal mets, 97% bone mets

TREATMENT: ^{177}Lu PSMA 4-8 GBq q6 weeks for up to 4 doses

¹⁷⁷Lu-PSMA TREATMENT OUTCOMES



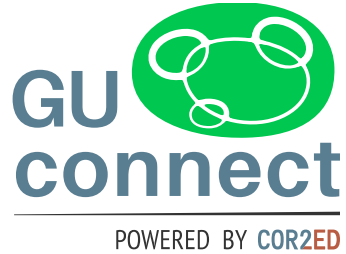
Toxicity	G1/2 (%)	G3/4 (%)
Dry mouth	63	0
Nausea	50	0
Vomiting	20	0
Fatigue	17	3
Dry eyes	7	0
Bone pain	7	3
Anorexia	7	0
Infusion related reactions	0	0
Renal toxicity	0	0

Haematotoxicity:

Toxicity	G1/2 (%) (baseline)	G1/2 (%) (any cause)	G3/4 (%) (LuPSMA)
Haemoglobin	80	73	23
Neutrophils	0	40	10
Platelets	17	43	27

CONCLUSIONS

- Abiraterone and Docetaxel have similar efficacy in mHSPC “up-front” with ADT
 - Men with metastatic prostate cancer should receive one of the two intensification strategies
 - Docetaxel not likely beneficial up-front for biochemical recurrence
 - Possibly some *very* high risk patients could benefit
 - ^{177}Lu -PSMA is promising, not yet available outside of clinical trials
 - Ongoing randomized trial against cabazitaxel
 - Combination trials with anti-PD-L1 or PARP
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