Abiraterone Acetate in patients with metastatic Castration- Resistant Prostate Cancer (mCRPC) after Docetaxel-based chemotherapy: a single centre experience.

M. Baki, M. Loi, L. Di Brina, D. Franceschini, I. Desideri, G. Zei, S. Cassani, D. Scartoni, A. Mancuso, G. Francolini, B. Detti, G. Simontacchi, L. Livi

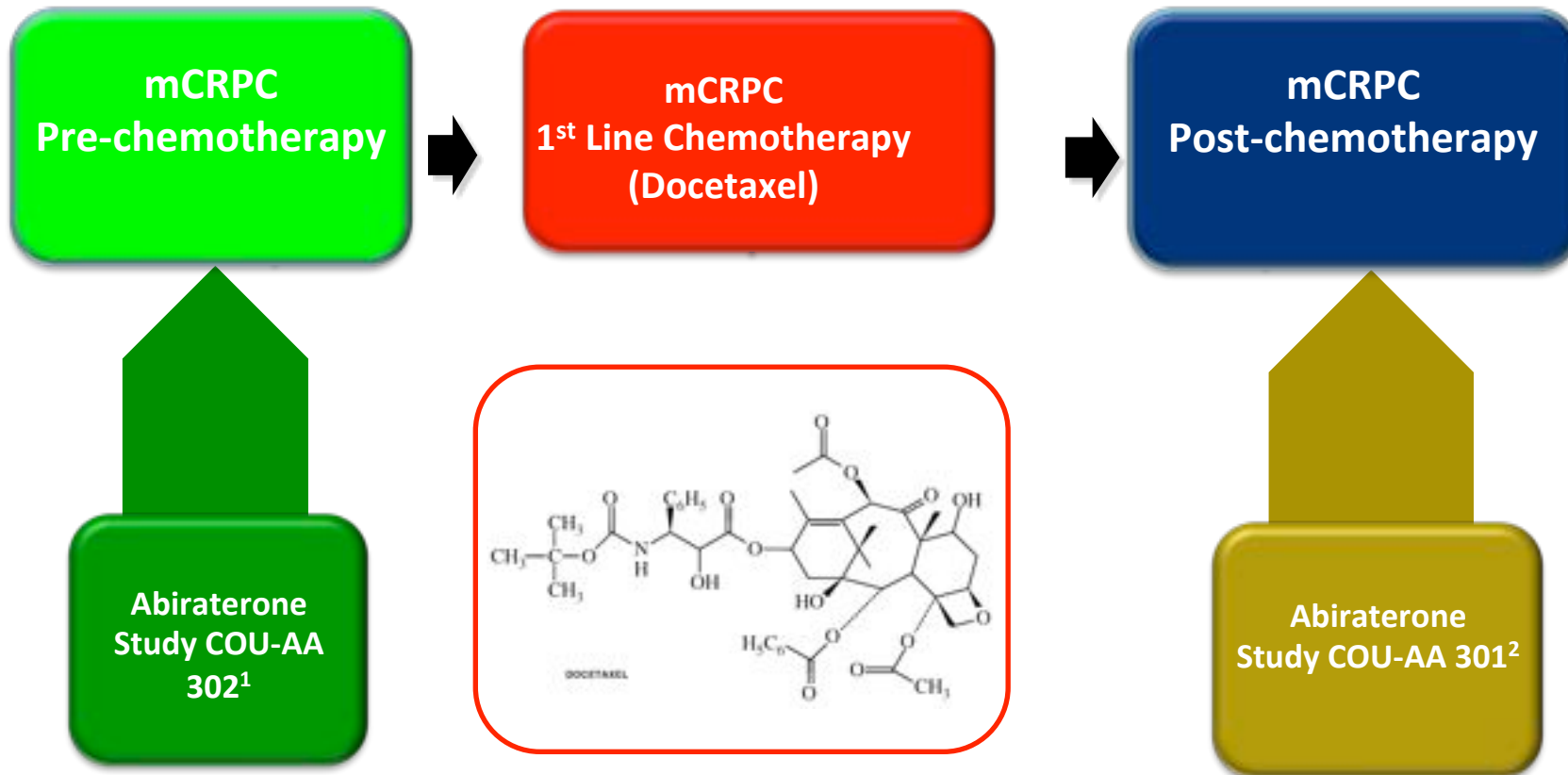Unità di Radioterapia Oncologica, Università degli Studi di Firenze, Firenze, Italia

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Abiraterone: a novel therapeutic entity

❑ Mechanism of action: selective & irreversibile inhibitor of the enzyme **CYP17A1** (17 alfa-hydroxylase/C17,20 lyase), involved in biosynthesis of testosterone.

❑ First **oral** agent in this setting.

❑ Favorable profile of tolerability, with limited toxicities G 3-4.

Abiraterone: Randomized trials

mCRPC
Pre-chemotherapy

→

mCRPC
1st Line Chemotherapy
(Docetaxel)

→

mCRPC
Post-chemotherapy

Abiraterone
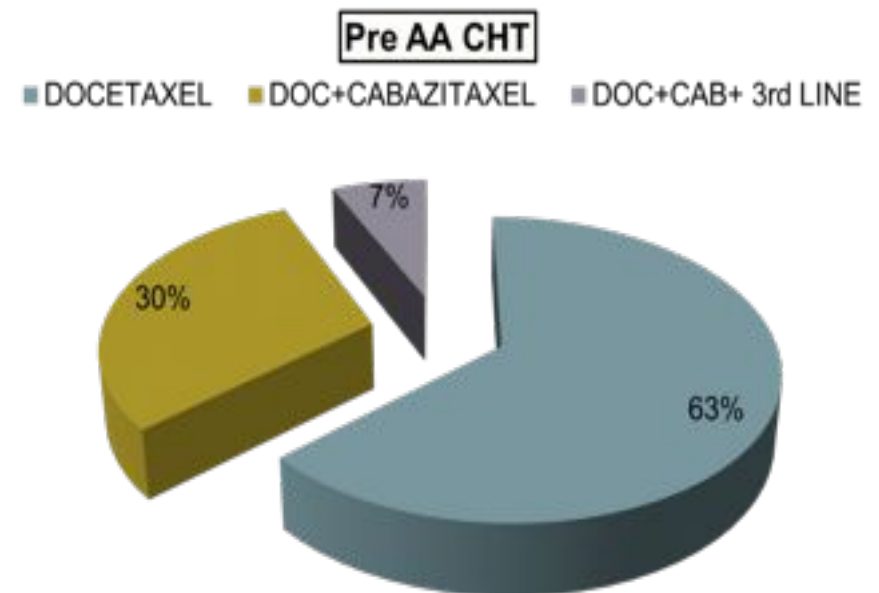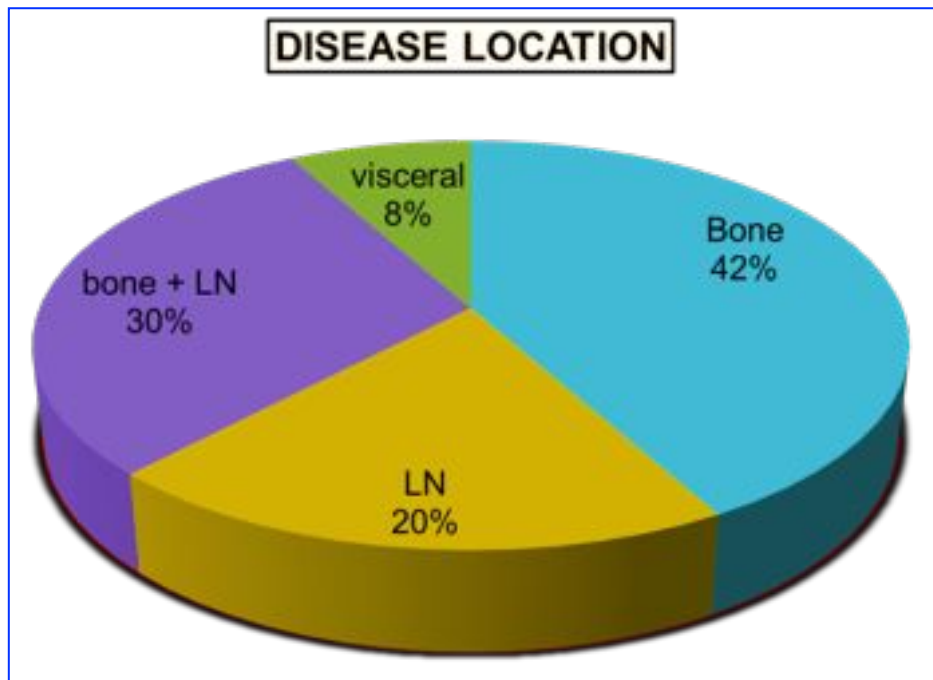Study COU-AA 302[1]

Abiraterone
Study COU-AA 301[2]

APPROVED DECEMBER 2012

APPROVED APRIL 2011

Materials and Methods

- 30 patients with mCRPC
- March 2013 - October 2014
- All previously treated with Docetaxel
- Median age at AA start: 67 ys (range: 53-86 ys).

DISEASE LOCATION

- visceral 8%
- Bone 42%
- bone + LN 30%
- LN 20%

Pre AA CHT

- DOCETAXEL
- DOC+CABAZITAXEL
- DOC+CAB+ 3rd LINE

- 7%
- 30%
- 63%

Materials and Methods

❖ 66.7% concomitant LHRH antagonist + 33.4% LHRH agonist

❖ Median PSA before AA = 41.9 ng/dL (range 2.74 - 251.5).

❖ Median no. of AA cycles = 11.5 (range: 2-19).

❖ The median time from initial diagnosis to development of mCRPC = 76 (8–143) months.

❖ The median duration of hormonal therapy before docetaxel = 49 (9–155) months.

Results

*Median FU = 11.2 mo (range: 1.4 – 19.6)

*40% of pat. developed radiological and/or clinical progressive disease (12 pat).

*2 pts died of disease.

*Median time of progression = 8.1 mo (range 3.5 – 15.5)

<u>Results</u>

*__Univariate analysis for PFS__:
 -Performance status : PS 0-1 vs PS 2 (p= 0.04)
 - Duration of HT before CHT< or > 4 yrs (p= 0.04)

*__Toxicity__ : no G3 or G4
         7 % with transitory ↑ ↑ liver enzymes

Conclusion :

➢ AA improved PFS in mCRCP patients previously

  treated with chemotherapy.

➢ Adverse events G3 are unusual

➢ AA is a well tollerated treatment. It is feasible in

  patients > 75 years and with poor PS (≥ 2)

THANKS FOR YOUR ATTENTION, WELL IF PAID ATTENTION

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