CONTEMPORARY TRENDS IN TREATMENT INTENSIFICATION FOR MEN WITH METASTATIC HORMONE-SENSITIVE PROSTATE CANCER (MHSPC) IN 4 EUROPEAN COUNTRIES & THE UNITED KINGDOM (UK): RESULTS FROM PATIENT CHART REVIEWS

RWD92

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BACKGROUND

- The mHSPC treatment landscape has evolved with the approval of novel antihormonals, and most recently of chemohormonal triple therapy.
- Treatment guidelines such as those from the European Society of Clinical Oncology have updated accordingly to recommend treatment intensification with such therapies.
- However, real-world data (RWD) showed continued prevalent use of non-recommended regimens such as monotherapy with androgen deprivation therapy (mADT) among others.[1-5]
- Since guideline-concordant care is associated with better patient outcomes, it is important to continuously monitor and evaluate the latest, contemporary RWD for closing of the concordance gap between real-world vs guideline-recommended treatment for men with mHSPC.[6]

OBJECTIVE

- Use contemporary real-world data (RWD) on mHSPC to assess distinct utilization of androgen deprivation therapies (ADT) and whether patients are receiving doublet or triple therapy treatment intensification in accordance with recent approvals and guideline updates.

METHODS

- Cross-sectional retrospective study of mHSPC patients in 4 European countries – Germany, France, Spain, Italy – and the United Kingdom (UK), from the Ipsos Global Oncology Monitor.
- Patient chart data abstracted from patient charts and provided online by treating physicians, screened on caseload.
- Data was descriptively analyzed for patient characteristics and treatment utilization rates as moving quarterly totals (MQTs) between Jan-Mar'21 and Apr-Jun'23 for the full mHSPC cohort and for the newly-initiating treatment ("new") mHSPC subgroup therein.
- Treatment regimens were categorized as mADT including luteinizing hormone-releasing hormone agonists and antagonists, docetaxel chemotherapy, first-generation androgen receptor inhibitors (FGARIs), abiraterone, second-generation ARIs (SGARIs), and chemohormonal triple therapy using an antihormonal, docetaxel, and ADT.

TABLE 1. Reported patient characteristics from first and last quarters of the study period.

		All mHSPC Patients		New mHSPC Patients	
		Jan-Mar'21 N=256	Apr-Jun'23 N=289	Jan-Mar'21 n=65	Apr-Jun'23 n=54
Ethnic Group	Caucasian	67.7%	79.5%	67.2%	53.9%
	Hispanic/ Latin American	8.3%	6.5%	1.2%	2.3%
	Black African American*	7.0%	7.9%	19.2%	17.6%
	Middle Eastern/ North African	0.7%	1.5%	6.4%	1.3%
	Far East Asian/ Asian**	0.8%	0.8%	2.3%	3.2%
	Mixed Race	12.3%	2.9%	3.7%	21.8%
	Other	3.3%	0.9%	-	-
Patient Age Group	≤64	6.3%	8.9%	8.0%	9.6%
	65-74	37.5%	46.0%	30.6%	26.0%
	≥75	62.2%	53.4%	65.7%	72.1%
ECOG PS	0	37.8%	52.5%	34.3%	37.9%
	1	48.6%	38.9%	51.7%	37.3%
	2+	13.7%	8.6%	14.0%	24.8%
Gleason Score	6	3.6%	1.3%	1.8%	3.2%
	7	37.0%	31.8%	24.7%	14.2%
	8-10	57.4%	65.1%	67.1%	77.8%

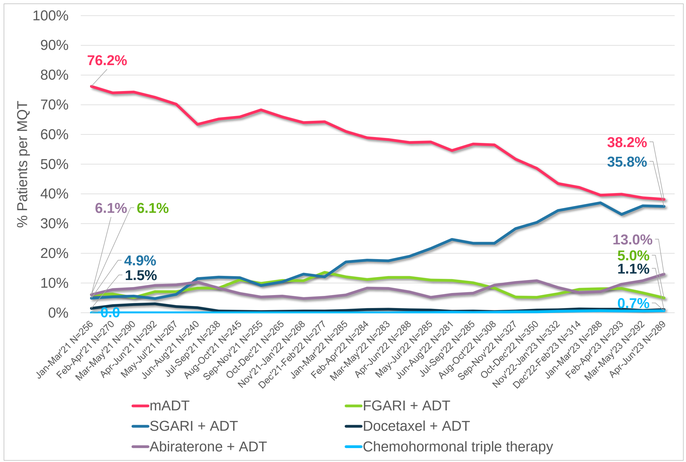
*Includes Black Afro-Caribbean. **Includes Indian sub-continent.

RESULTS

Patient Characteristics (All & New mHSPC)

- **Ethnicity**: Both the full mHSPC cohort and new mHSPC subgroup were ethnically diverse (**Table 1**).
- **Age**: For both all and new mHSPC cohorts, the majority of patients were aged ≥75 years but trended younger from first to last quarters (all: 76.1 vs 74.1; new: 76.3 vs 75.7).
- **Functional Status**: The vast majority of patients had good baseline performance as indicated by Eastern Cooperative Oncology Group Performance Score (ECOG PS) 0-1; improving trend for the full mHSPC cohort vs worsening, for the new mHSPC subgroup.
- **Disease Aggressiveness**: A majority of all mHSPC patients and even more of new mHSPC, had high grade tumors (Gleason Score 8-10); proportion increased about 10% for each cohort during the study period.

FIGURE 1. Treatment utilization, all reported mHSPC patients



Source: Ipsos Global Oncology Monitor (January 2021 – June 2023), oncologists in Germany, France, Spain, Italy, and the UK treating oncology patients, data collected online. Participating physicians were primary treaters and saw a minimum number of patients per wave. Data © Ipsos 2024, all rights reserved

Treatment Utilization

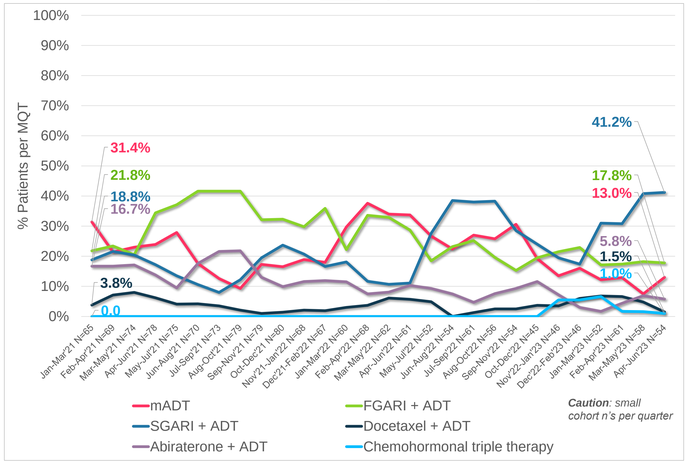
All mHSPC Patients (Fig. 1)

- mADT declined over the study period (76.2% to 38.2%); SGARI + ADT steadily increased (4.9% to 35.8%); abiraterone + ADT and FGARI + ADT respectively increased (6.1% to 13.0%) and decreased (6.1% to 5.0%); docetaxel + ADT remained at single digit rates (1.5% to 1.1%).
- Chemohormonal triple therapy initiated halfway through the study period and remained low (0% to 0.7%).
  - Regulatory approval (for darolutamide + ADT + docetaxel, the solely approved triple therapy) and guideline updates took place only shortly before the end of the study period.

New mHSPC Patients (Fig. 2)

- Treatment trends were more variable but largely in keeping with the full cohort.
- Similar trends observed in declines of mADT (31.4% to 13.0%) and FGARI + ADT (21.8% to 17.8%) but uniquely also of abiraterone + ADT (16.7% to 5.8%); low use of docetaxel + ADT; late emergence of chemohormonal triple therapy.
  - Darolutamide triple therapy was the only form prescribed throughout the study period, reaching recent maximum of 6.6% (Jan-Mar'23).

FIGURE 2. Treatment utilization, new reported mHSPC patients



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CONCLUSIONS

- According to this study, up to 3 years post guideline updates on mHSPC treatment intensification, RWD still shows considerable non-concordance versus guidelines among all observed mHSPC, primarily as continued mADT.
- However, latest utilization trends within the study also suggest a narrowing of the gap in the observed increase of SGARI doublet therapy and the emergence of triple therapy in line with guideline recommendations, especially among patients newly initiating treatment within the study period.
- Continued assessments are important to ensure real-world mHSPC patients are receiving optimized, timely care consistent with clinical evidence-based guidelines.

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Disclosures

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