

# AN INFLECTION POINT IN REAL-WORLD TREATMENT INTENSIFICATION FOR MEN WITH METASTATIC HORMONE-SENSITIVE PROSTATE CANCER (MHSPC) IN THE UNITED STATES (US): RESULTS FROM PATIENT CHART REVIEWS

Peter J Goebell, MD, PhD<sup>1</sup>; Stephanie Chen, MBIOT<sup>2</sup>; Jamie Partridge Grossman, PhD, MBA<sup>2</sup>

<sup>1</sup>Division of Urology, University Hospital Erlangen, Erlangen, Germany; <sup>2</sup>Bayer HealthCare Pharmaceuticals Inc., Whippany, NJ, USA

## 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 National Comprehensive Cancer Network (NCCN) 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.<sup>1-5</sup>
- 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.<sup>6</sup>

## OBJECTIVE

- Use contemporary RWD to analyze whether mHSPC patients, and especially those newly initiating treatment between Jan'21-Jun'23, are receiving doublet or triple therapy treatment intensification per guideline recommendations.

## METHODS

- Retrospective chart review data on mHSPC patients from the US was collected online from physician participants of the Ipsos Global Oncology Monitor, 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.**

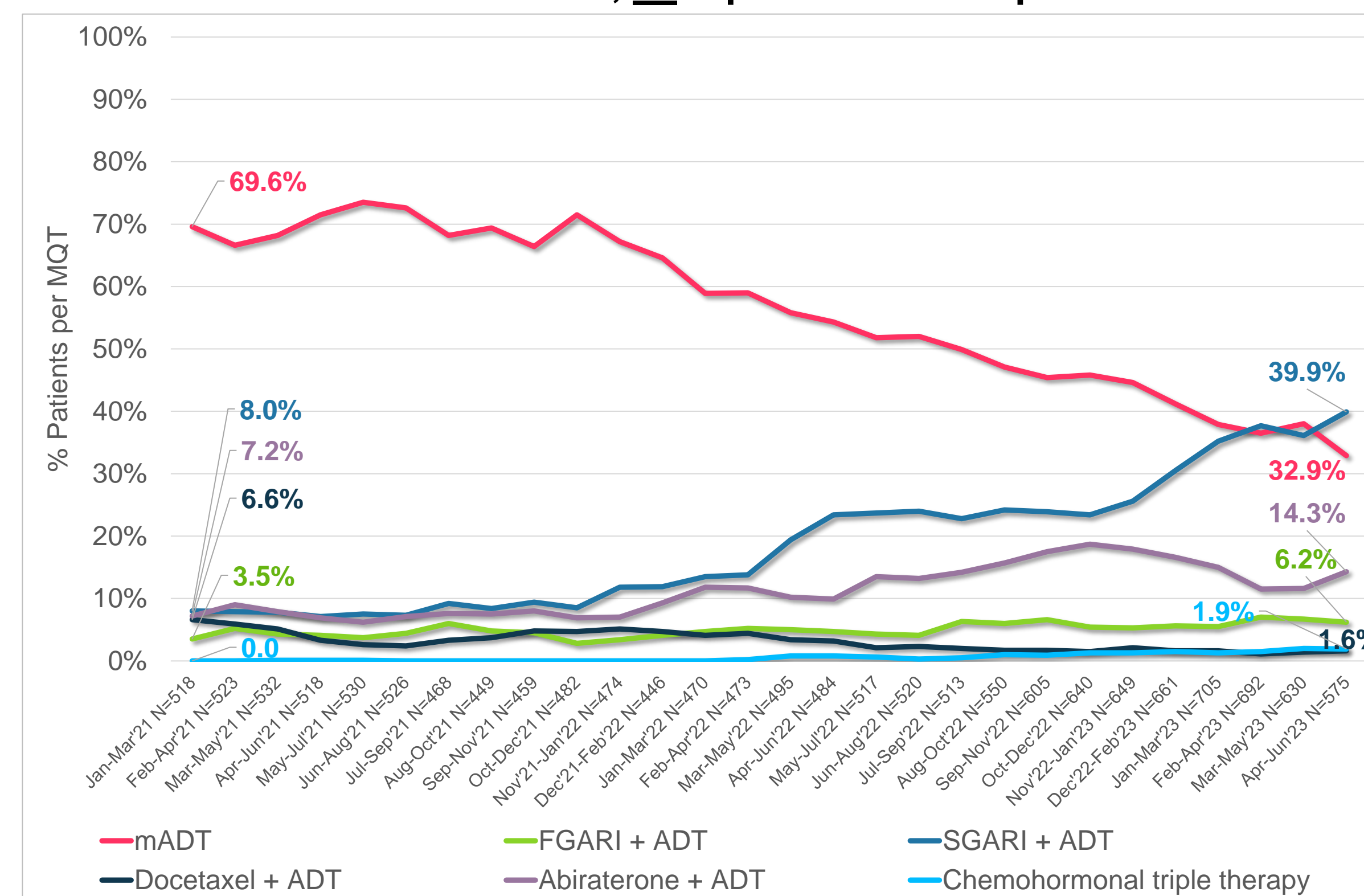
		All mHSPC Patients		New mHSPC Patients	
		Jan-Mar'21 N=518	Apr-Jun'23 N=575	Jan-Mar'21 n=57	Apr-Jun'23 n=70
<b>Ethnic Group</b>	Caucasian	63.4%	65.6%	54.1%	57.2%
	Black African American	21.7%	20.3%	21.4%	24.6%
	Hispanic/Latin American	12.0%	12.7%	24.5%	16.0%
	Far East Asian/ Asian	2.1%	1.4%	-	2.2%
	Other	0.7%	-	-	-
<b>Patient Age Group</b>	≤64	17.9%	17.8%	13.8%	22.8%
	65-74	32.0%	41.6%	34.7%	31.6%
	≥75	50.1%	40.6%	51.4%	45.6%
<b>ECOG PS</b>	0	35.9%	29.6%	46.0%	38.3%
	1	50.4%	60.3%	50.6%	55.7%
	2+	13.7%	10.0%	3.4%	5.9%
<b>Gleason Score</b>	1-5	3.1%	1.7%	-	3.9%
	6	11.1%	3.1%	-	6.4%
	7	27.6%	23.1%	22.6%	4.9%
	8-10	50.2%	63.3%	72.5%	80.1%

## RESULTS

### Patient Characteristics (All & New mHSPC)

- Ethnicity:** Both the all-mHSPC and new mHSPC cohorts were ethnically diverse (**Table 1**).
- Age:** For both all and new mHSPC cohorts, about half of patients were respectively < and ≥75 years of age, trending younger over the study period.
- Functional Status:** The vast majority of patients, especially in the new mHSPC subgroup, had good baseline performance as indicated by Eastern Cooperative Oncology Group Performance Score (ECOG PS) 0-1, and increased even more over the study period.
- Disease Aggressiveness:** The proportion of patients with high grade tumors (Gleason Score 8-10) increased from about 50% to >60% over the study period for the full mHSPC cohort, and from an even higher baseline of >70% to about 80% for the new mHSPC cohort.

**FIGURE 1. Treatment utilization, all reported mHSPC patients**



Source: Ipsos Global Oncology Monitor (January 2021 – June 2023), oncologists in the US 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

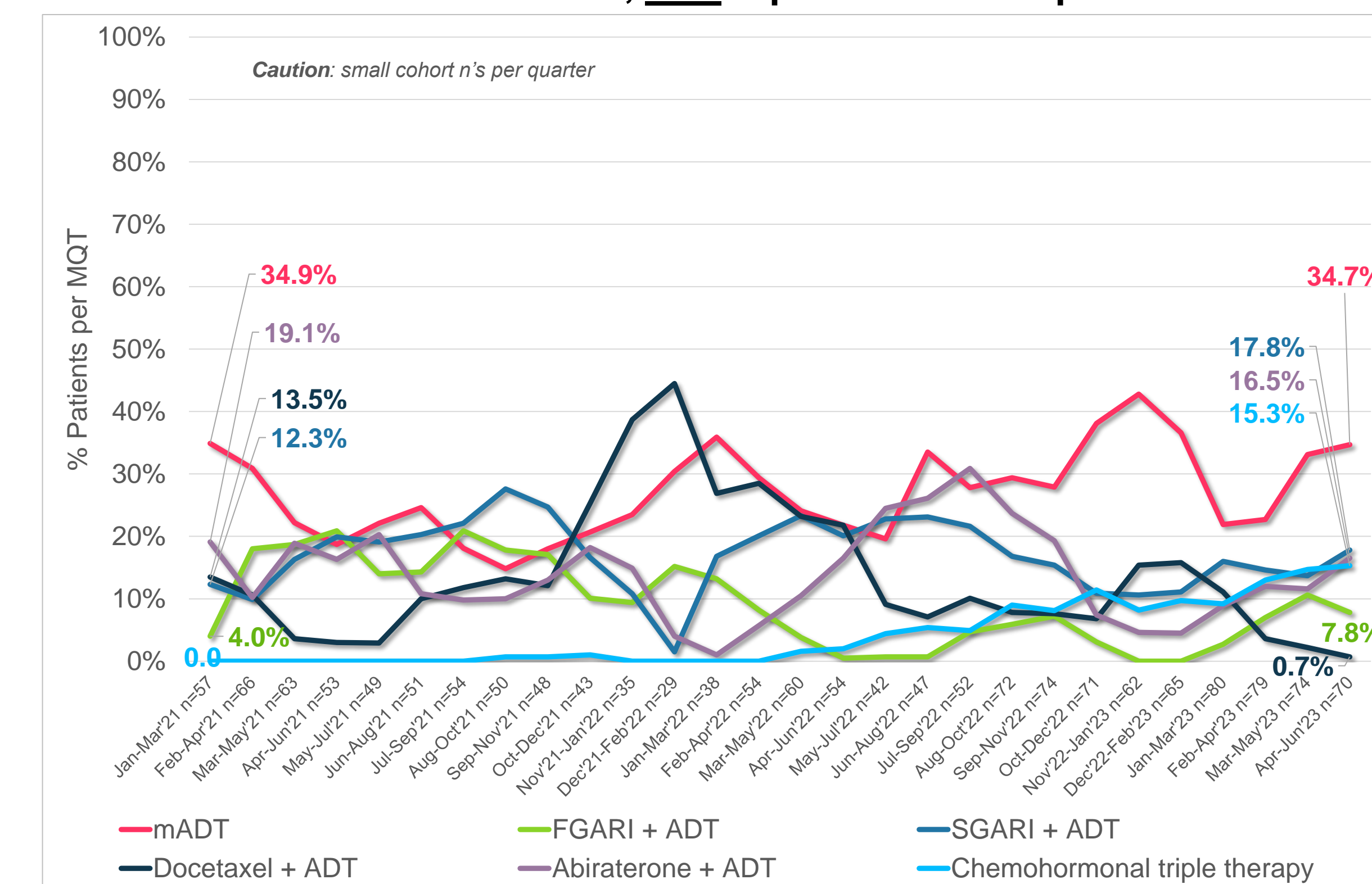
### All mHSPC Patients (Fig. 1)

- mADT has moderated over time to 32.9% among full mHSPC cohort, while doublet therapy with SGARI + ADT has increased to become a leading treatment (39.9%).
- Abiraterone + ADT (14.3%), FGARI + ADT (6.2%), and chemohormonal triple therapy (1.9%) also increased while docetaxel + ADT (1.6%) decreased.

### New mHSPC Patients (Fig. 2)

- Treatment trends showed greater variability for the new mHSPC subgroup but were largely in keeping with those of the full cohort.
- Similar trends in the decline of both mADT (34.7%) and docetaxel + ADT (0.7%) and rise of treatment intensification with SGARI + ADT (17.8%) and triple therapies (15.3%; guideline-recommended: 14.8%,) were observed.
  - For these newly-initiating treatment patients, the decline of mADT was already evident early during the study period.
  - FGARI + ADT use (7.8%) decreased from earlier vs latter halves of the study period.
- Among all and new mHSPC patients, darolutamide triple therapy predominated over abiraterone triple therapy (1.6% vs 0.3%, 11.2% vs 3.6% respectively).

**FIGURE 2. Treatment utilization, new reported mHSPC patients**



Source: Ipsos Global Oncology Monitor (January 2021 – June 2023), oncologists in the US 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

## CONCLUSIONS

- According to this study, at 3 years post guideline update on treatment intensification for mHSPC, RWD shows residual non-concordance versus guidelines primarily as mADT which remains a leading treatment among the real-world patients.
- However, latest trends within the study also suggest an inflection point: a narrowing of the gap in the observed increase of treatment intensification with utilization of guideline-recommended SGARI doublet and triple therapy regimens, especially among patients newly initiating treatment.
- Continued assessments are important to ensure real-world mHSPC patients are receiving optimized, clinical care.

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## Disclosures

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