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INTRODUCTION

Research shows that while the incidence of metastatic castrate-resistant prostate cancer (mCRPC) has remained relatively stable, its prevalence has grown due to improved patient survival from advanced treatments. Despite multiple new therapies over the last decade, mCRPC still remains a terminal disease and living with such a lethal disease imposes a significant burden on patients’ lives. Treatment strategies should aim to enhance both survival and quality of life (QoL) and further research is needed on patient experiences throughout therapy.

OBJECTIVE

To understand the perspective of patients with mCRPC regarding current treatment options and unmet medical need after first progression on androgen receptor pathway inhibitors (ARPIs).

RESULTS

From an initial pool of 2,942 articles, **12 qualitative and quantitative studies** from diverse countries—including Canada, China, France, Germany, Japan, the UK, USA, Spain, and Sweden—fulfilled the inclusion criteria and were incorporated into the analysis. Nine of these studies, published between 2019 and 2025, gathered data from 2016 to 2022. The research predominantly focused on mCRPC patients aged 60 years and above. The qualitative studies involved ~30 participants each, comprising both patients and caregivers, while the quantitative studies included patient groups ranging from 100 to 300 individuals.

mCRPC patients consistently underscored the importance of treatments that effectively **delay disease progression, extend survival**, and maintain quality of life (QoL). Among treatment benefits, **QoL was prioritized highest**, followed by progression-free survival, overall survival, and pain reduction. Patient experts emphasized the necessity for therapies that prolong survival, delay chemotherapy & its adverse effects and enable patients to sustain or enhance their QoL, especially in the absence of curative options. The **main factors that impact patients’ QoL** with the current treatments (Chemo/ ARPIs/ androgen receptor-axis-targeted therapies/ radium-223) include **fatigue, pain, sleep disturbances, mood disturbances, and gastrointestinal symptoms**.

Patients’ experience with first line / second line ARPIs

- Overall, patients reported that ARPIs had **met their expectations** in terms of treatment effectiveness and side effects and cited **ease of administration** as a key benefit.
- Patients generally reported **high satisfaction** with their treatment experiences, which was also stable over the first 12 months.
- Both patients and carers reported that they felt more positive about the disease condition compared to before ARPI and patients were **less reliant/dependent** on others. Patients felt **greater control over their life** and were better able to continue working and/or doing daily activities.
- ARPI patients in pre-chemo setting reported the treatment to have hope while ARPI patients in post-chemo setting reported a feeling of achieving “bonus time” with treatment to spend with family.
- Patients specifically reported how **pain, worry/stress, fatigue, and diarrhoea/nausea** had a **negative impact on QoL**, whilst generally feeling well and being able to participate in family activities were factors associated with improvements in QoL.

CONCLUSIONS

- **QoL and delaying chemotherapy** emerged as **key priorities** for patients with mCRPC, who often face a challenging trade-off between disease control and QoL.
- There is an **unmet need for therapeutic options that effectively delay disease progression** as well as initiation of chemotherapy without adversely impacting QoL.
- Patients expressed their **desire for prolonged survival balanced with adequate QoL** and reported fatigue reduction and pain alleviation as desired treatment benefits.

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METHOD

- A targeted literature review was conducted on multiple data sources using the Embase platform, Regulators’, HTAs’ and Patient organizations’ websites, and Google Scholar.
- Studies that were published in English from January 2014 to April 2025 were included.
- The review included studies that assessed mCRPC patients’ experience with current treatment options, their preferences and expectations and, explicitly included mCRPC patients who progressed following treatment with ARPIs.

Figure 1. PRISMA

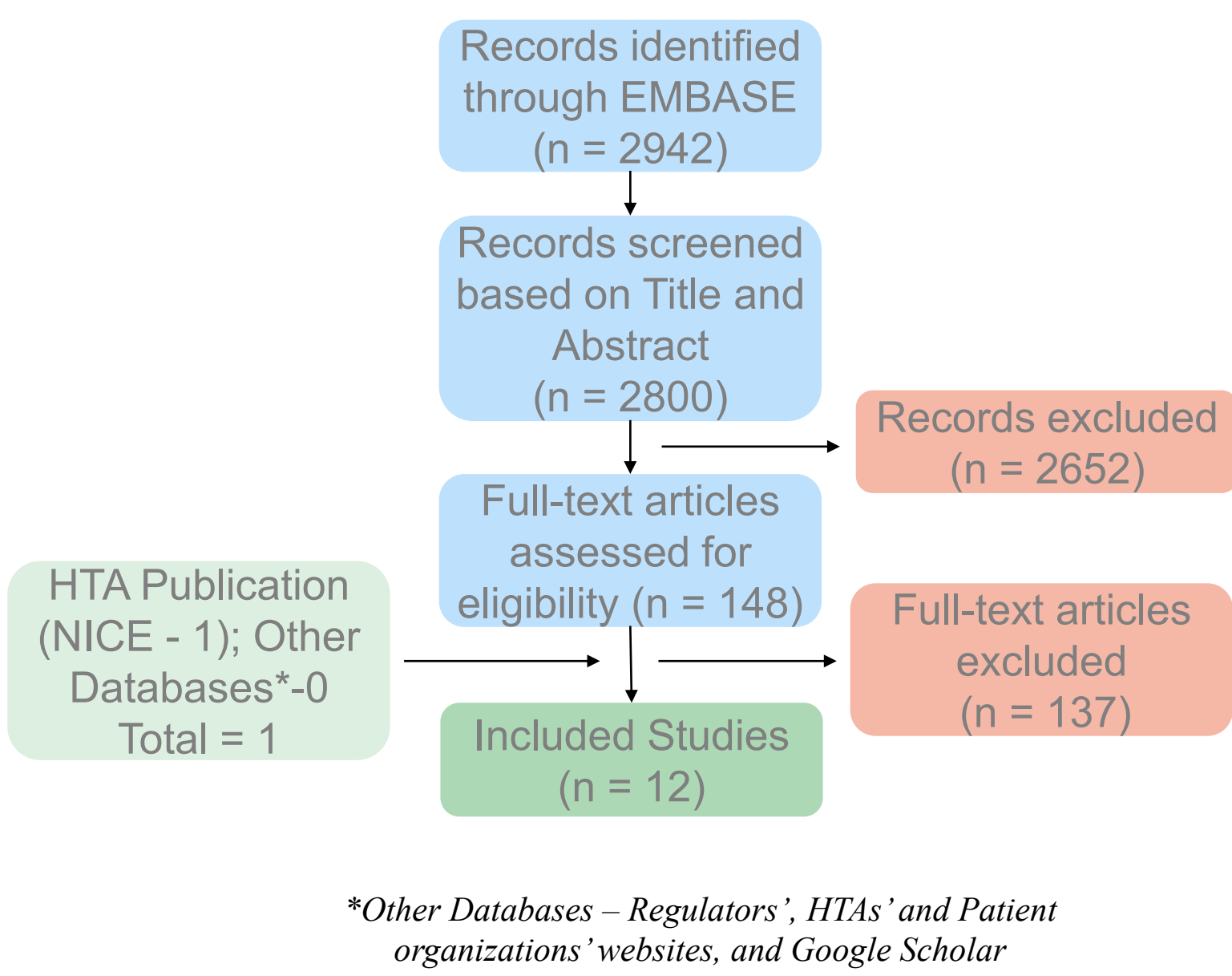
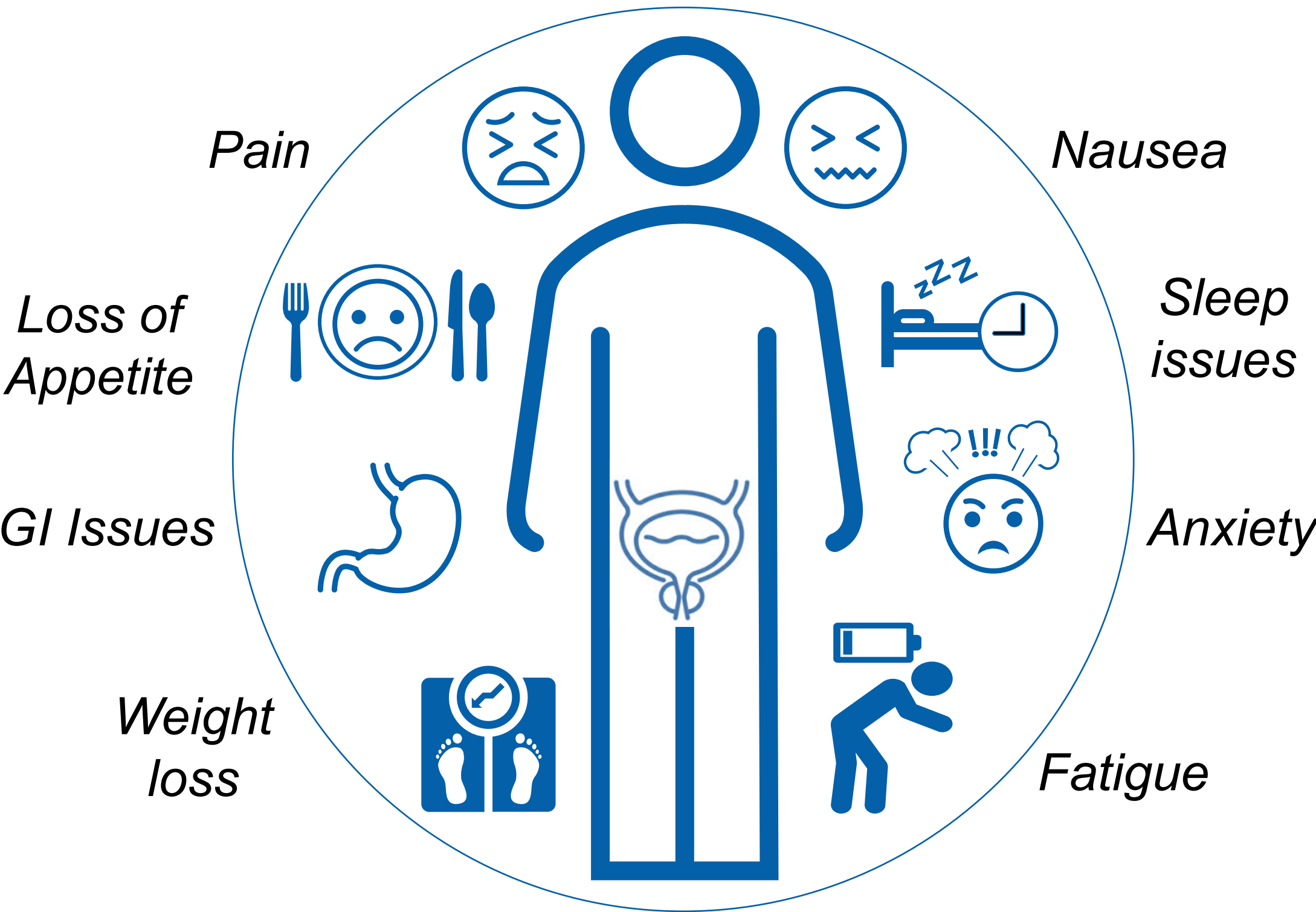


Figure 1. Treatment specific symptoms impacting QoL (higher frequency with chemotherapy compared to ARPIs)



Patients’ experience with chemotherapy

- Patients receiving chemotherapy reported fatigue, gastrointestinal issues, and greater anxiety more often than patients receiving other therapies such as ARPI and radium-223.
- Due to its debilitating adverse effects, patients **viewed chemotherapy negatively** and expressed a strong desire for more treatment options to delay chemotherapy.
- Patients with past experience of chemotherapy were found to be more **hesitant to consider similar treatments**.

Previous treatment experiences with chemotherapy make men hesitant to try it again “*And for me, (...) I’ve been thinking a lot about how I want quality during that time, I don’t wanna live just to survive. That’s easy to say and I don’t know if I’m making those decisions but that’s the way I’ve been thinking. To choose just to live another month and feel like crap ... because I’m thinking ... I’d rather feel good until ‘bam’ [I die].*” – mCRPC patient who has previously had chemotherapy.

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