Portuguese Clinical Practice in the Treatment of Metastatic Hormone-sensitive Prostate Cancer

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BACKGOUND AND OBJECTIVES:

— Prostate cancer (PC) is the second most frequent cancer in men worldwide and causes almost 4% of all cancer-related male deaths (1).

— In Portugal, according to the latest data from the National Oncology Registry (RON), in 2018 there were 5,741 new cases of PC, representing 21.2% of all cancer diagnosis in men diagnosed in that year (2).

— New pharmacological agents have been introduced in recent years for the treatment of metastatic PC; this stage can be broadly divided in 2 categories, namely disease that has not been treated with androgen deprivation therapy (metastatic hormone-sensitive prostate cancer, mHSPC) and disease that is resistant to such therapy (metastatic castration-resistant prostate cancer, mCRPC) (3).

— The objective of this study was to assess the clinical practice in the treatment of mHSPC in the Portuguese National Health Service.

METHODS:

— A panel with six experts (5 oncologists and 1 urologist) highly experienced on mHSPC treatment was conducted during 2020 to characterize the clinical practice in Portugal in that year.

— Experts, who were geographically and institutionally diversified and representative of national clinical practice, replied independently to an electronic questionnaire. Responses were collected, and results were based on arithmetic averages, according to Portuguese methodological guidelines.

RESULTS:

— In 2020, the majority (70%) of patients with mHSCP were treated with luteinizing hormone-releasing hormone agonists or antagonists (LHRHa), while the remaining patients (30%) received LHRHa associated with docetaxel (Table 1).

Table 1. Therapeutic regimens distribution for mHSPC.

Regimen	Patients
LHRHa ± ADT	70%
LHRHa ± ADT + docetaxel	30%

ADT: Androgen deprivation therapy; LHRHa: Luteinizing hormone-releasing hormone agonist or antagonist; mHSPC: Metastatic hormone-sensitive prostate cancer.

— Treatment with LHRHa can also be associated with androgen deprivation therapy (ADT), a practice estimated to have happened in approximately half of the patients (52%) in this setting.

— According to the experts' panel, 82% and 79% of mHSPC patients treated with LHRHa and LHRHa associated with docetaxel will later need mCRPC treatment, respectively.

— Regardless of the regimen used in the mHSPC setting, most patients (81%) were treated with either enzalutamide or abiraterone.

CONCLUSIONS:

— Despite the possibility of association of taxane chemotherapy agents (docetaxel) to hormone therapy in the treatment of mHSPC, in 2020 the majority of patients in Portugal were treated exclusively with hormone therapy.

— A large proportion of patients will eventually develop mCRPC and need further lines of therapy in this setting; these patients were treated with second generation hormone agents preferentially to docetaxel.

— This study allowed the characterization of the Portuguese clinical practice in mHSPC treatment, providing critical information to the assessment of new health technologies in this area.

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REFERENCES:

[1] Rawla P. Epidemiology of prostate cancer. World J Oncol. 2019;10(2):63;
[2] Costa Miranda A, Mayer-da-Silva A, Glória L, Brito C, Ferraz J. Registo Oncológico Nacional de Todos os Tumores na População Residente em Portugal, em 2018. Lisboa; 2021;
[3] Sartor O, de Bono JS. Metastatic prostate cancer. N Engl J Med. 2018;378(7):645–57.

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