

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, PhD¹; Stephanie Chen, MBIOT²; Jamie Partridge Grossman, PhD, MBA²

¹Division of Urology, University Hospital Erlangen, Erlangen, Germany, ²Bayer 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.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 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.

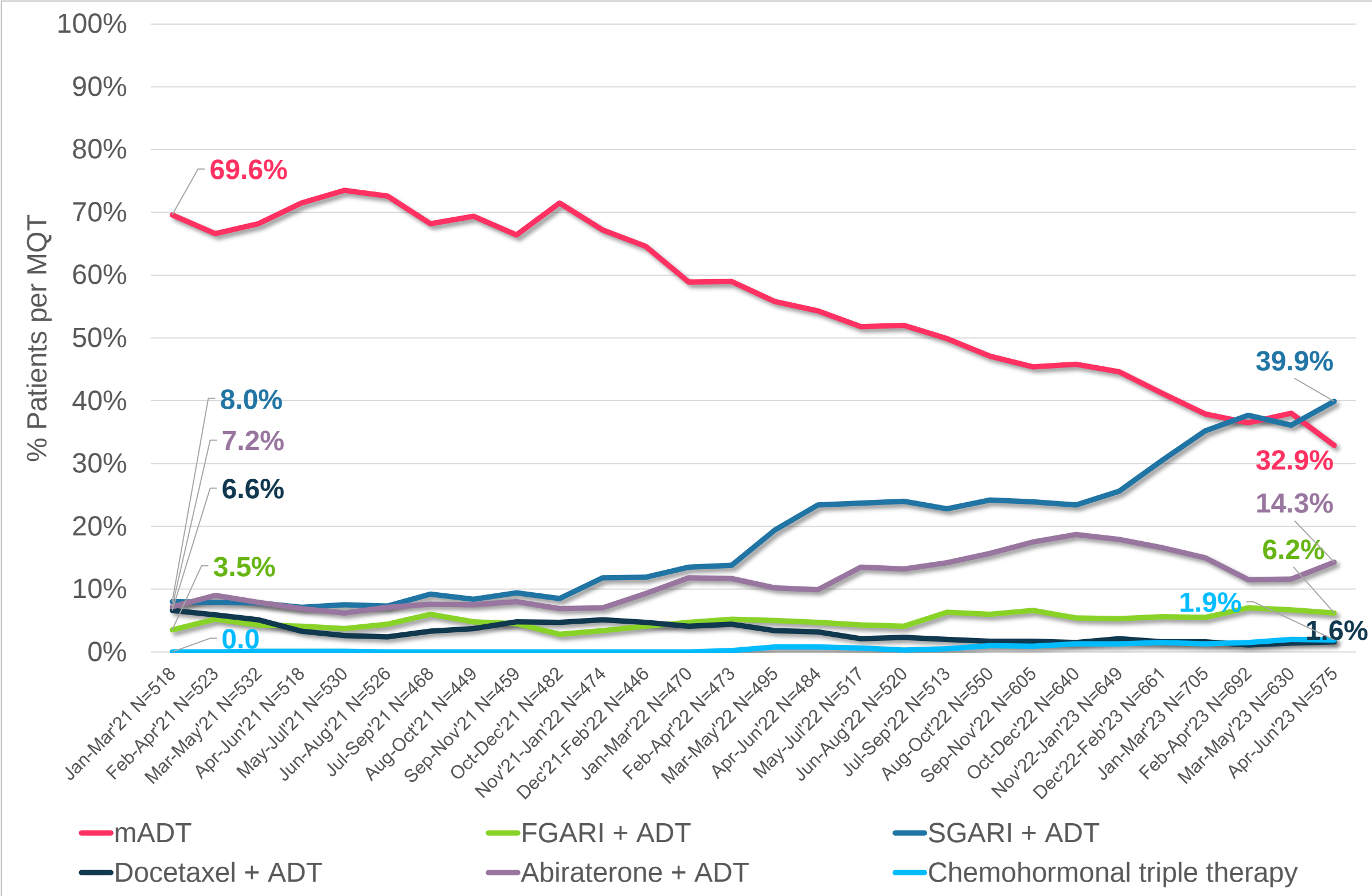
		All mHSPC Patients		New mHSPC Patients	
		Jan-Mar’21 N=518	Apr-Jun’23 N=575	Jan-Mar’21 n=57	Apr-Jun’23 n=70
Ethnic Group	Caucasian	63.4%	65.6%	54.1%	57.2%
	Black African American	21.7%	20.3%	21.4%	24.6%
	Hispanic/Latin American	12.0%	12.7%	24.5%	16.0%
	Far East Asian/ Asian	2.1%	1.4%	-	2.2%
	Other	0.7%	-	-	-
Patient Age Group	≤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%
ECOG PS	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%
Gleason Score	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

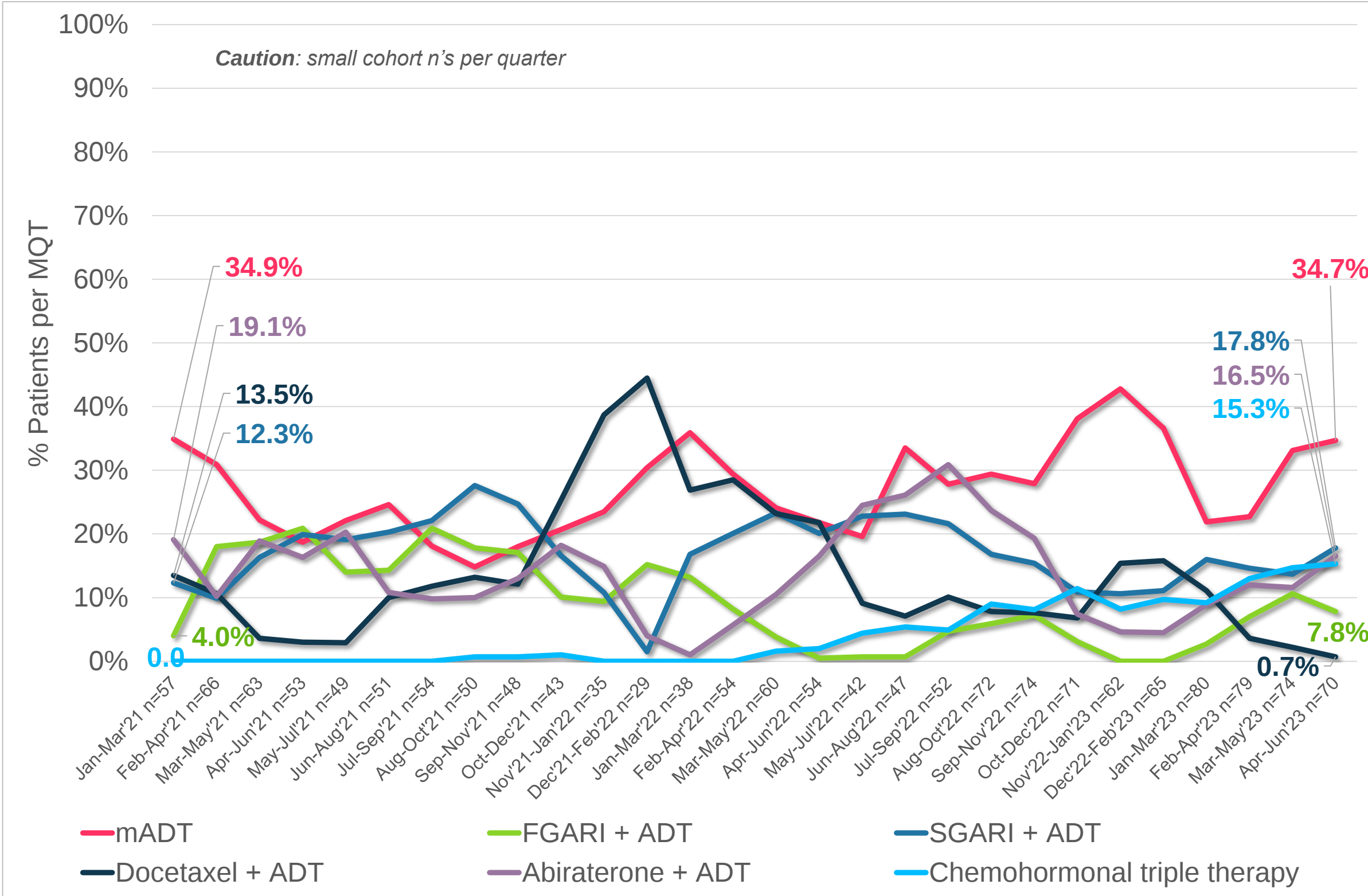
All mHSPC Patients (Fig. 1)

- 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.

References

- Goebell PJ. 2021. Poster **623P** presented at: ESMO 2021; September 2021; Paris, France.
- Partridge J. 2022. Poster **HSD48** presented at: ISPOR 2022; May 2022; Washington D.C., US.
- Goebell PJ. 2022. Poster **HSD101** presented at: ISPOR 2022; May 2022; Washington D.C., US.
- Raval AD. 2024. Poster **66** presented at: ASCO GU 2024; January 2024; San Francisco, US.
- Goebell PJ et al. *Future Oncology*. 2024. Published Online 2024 Feb 14. doi: 10.2217/for-2023-0814
- Kiran C et al. *JCO*. 2020. 38, 7031-7031. doi:10.1200/JCO.2020.38.15_suppl.7031

Disclosures

This study was funded by Bayer HealthCare Pharmaceuticals Inc (Bayer). SC, JPG, and JJ are employees and shareholders of Bayer.

