

# Real world data on outcomes in metastatic castrate resistant prostate cancer patients treated with abiraterone or enzalutamide : A regional experience

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## Background

Both abiraterone and enzalutamide have shown to improve overall survival, PSA response and radiographic progression-free survival (PFS) in patients with metastatic castration- resistant prostate cancer (MCRPC) regardless of previous treatment with chemotherapy.

The data regarding the impact of these treatments in regional health services is scarce.

## Methods

This retrospective clinical audit included 75 patients with diagnosis of MCRPC treated with either abiraterone or enzalutamide between the period 1st January 2014 to 31st December 2019 at at Goulburn Valley Health.

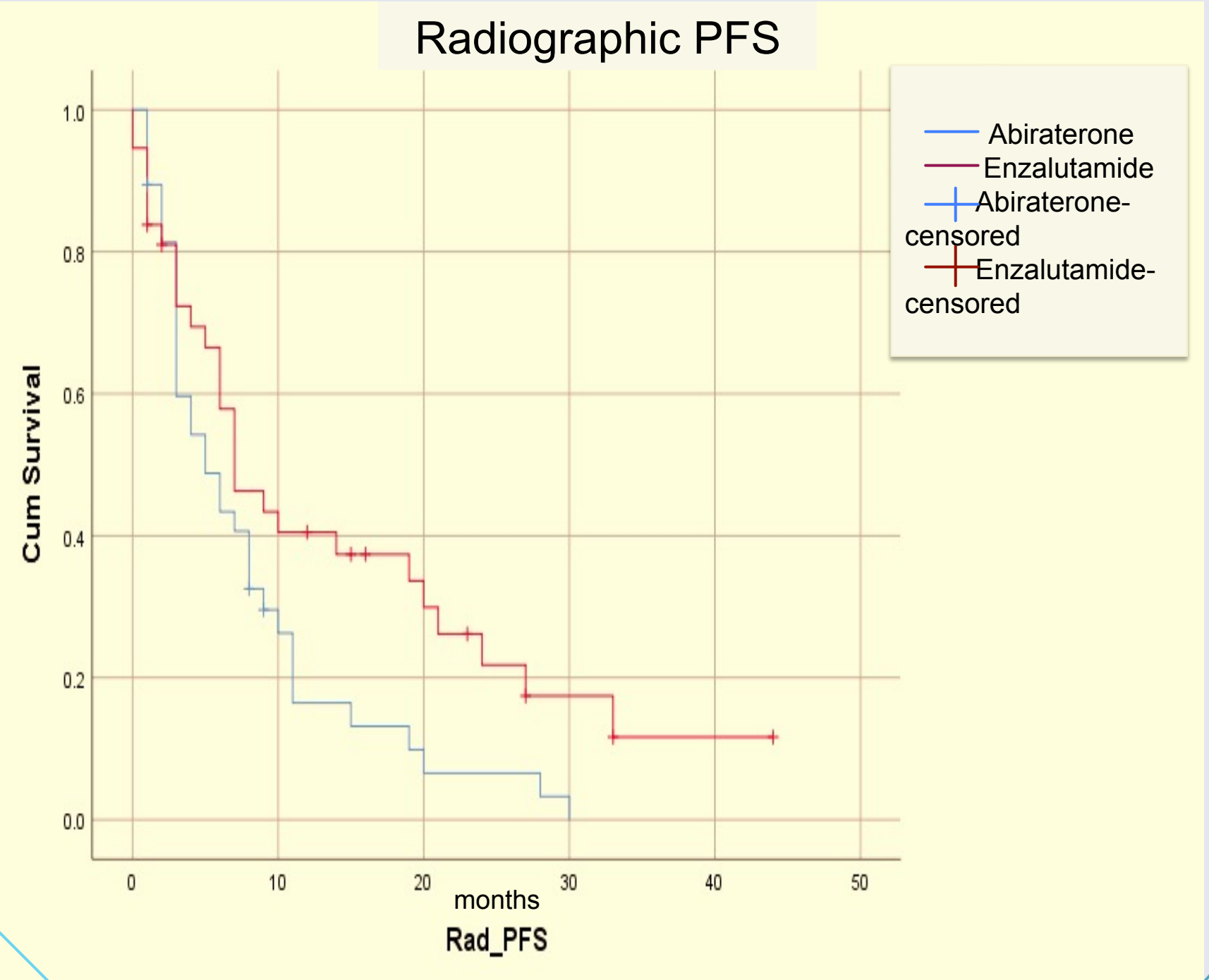
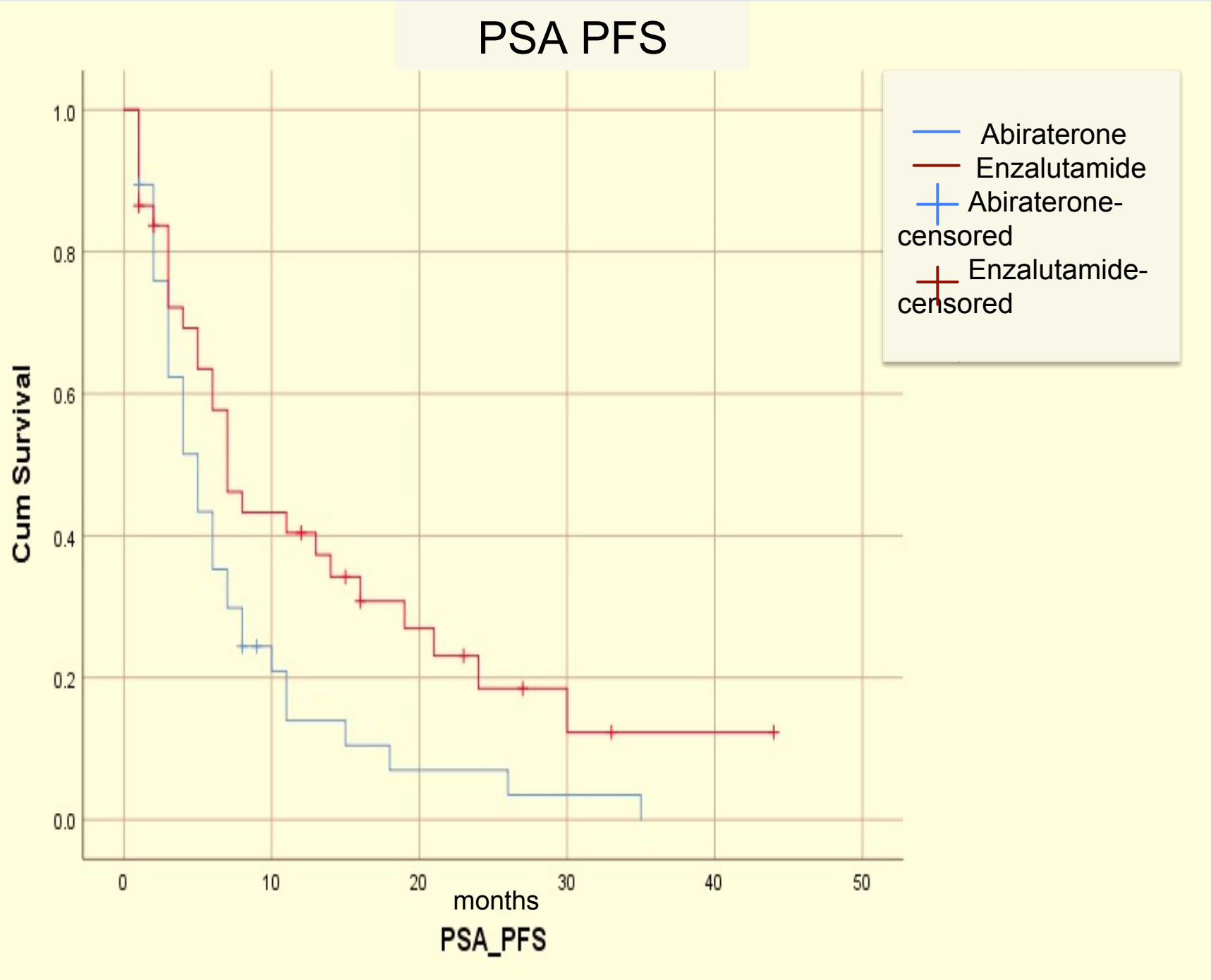
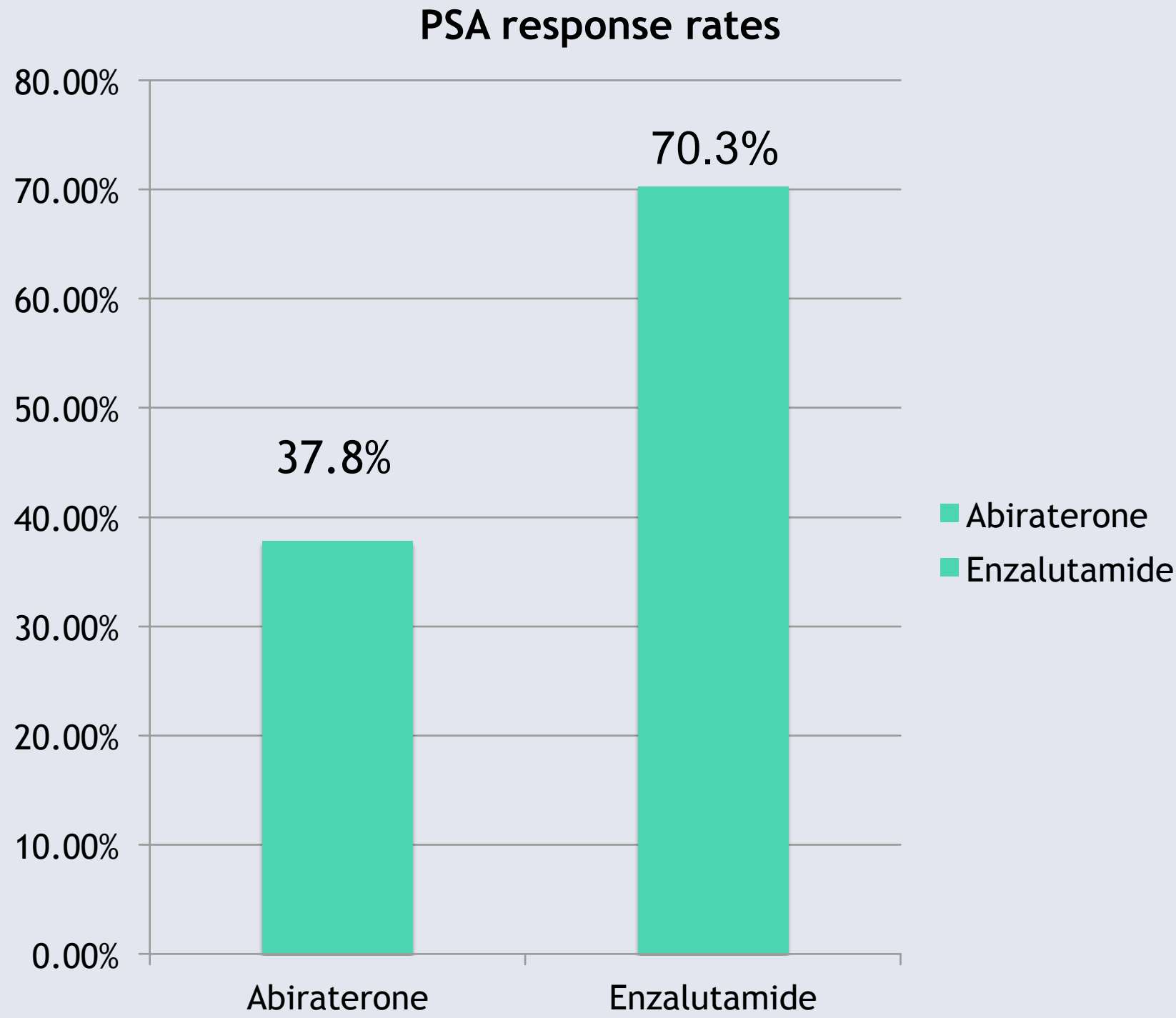
This study assessed the response and survival outcomes with the use of abiraterone and enzalutamide in MCRPC in a regional health service in Victoria. The primary end point was PSA response.

## Results

Characteristic	Enzalutamide (N=37)	Abiraterone (N=38)
ECOG status- no.(%)		
• 0	1 (3)	1 (2)
• 1	17 (46)	12 (32)
• 2	10 (27)	17 (45)
• 3	9 (24)	8 (21)
Risk stratification- no.(%)		
• High	28 (76)	26 (68)
• Low	7 (19)	4 (11)
• Unknown	2 (5)	8 (21)
Burden of disease- no.(%)		
• High	12 (32)	20 (52)
• Low	25 (68)	18 (48)
Visceral metastases- no. (%)	7 (19)	8 (21)
Prior treatment- no.(%)		
• Chemotherapy	14 (37)	20 (52)
• Abiraterone	2 (5)	-
• Enzalutamide	-	9 (24)

37 patients received enzalutamide and 38 received abiraterone. 32% of patients receiving enzalutamide had a high burden of disease, compared to 52% receiving abiraterone. 37% of patients in the enzalutamide group and 52% in the abiraterone group had received prior chemotherapy.

PSA response rates were higher in the enzalutamide group than abiraterone group (70.3% vs 37.8%). Both PSA and radiographic PFS were longer in the enzalutamide group than abiraterone group; 7 months vs 5 months for both end points



## Conclusion

Both abiraterone and enzalutamide have shown to result in significant PSA response rates and PFS benefit in MCRPC patients in the real world setting, as reflected in previous clinical trials. The difference in responses are probably impacted by the unbalanced burden of disease in the two groups.