

AR-V7 splice variant and resistance to enzalutamide and abiraterone in men with metastatic castration-resistant prostate cancer: Overall survival results

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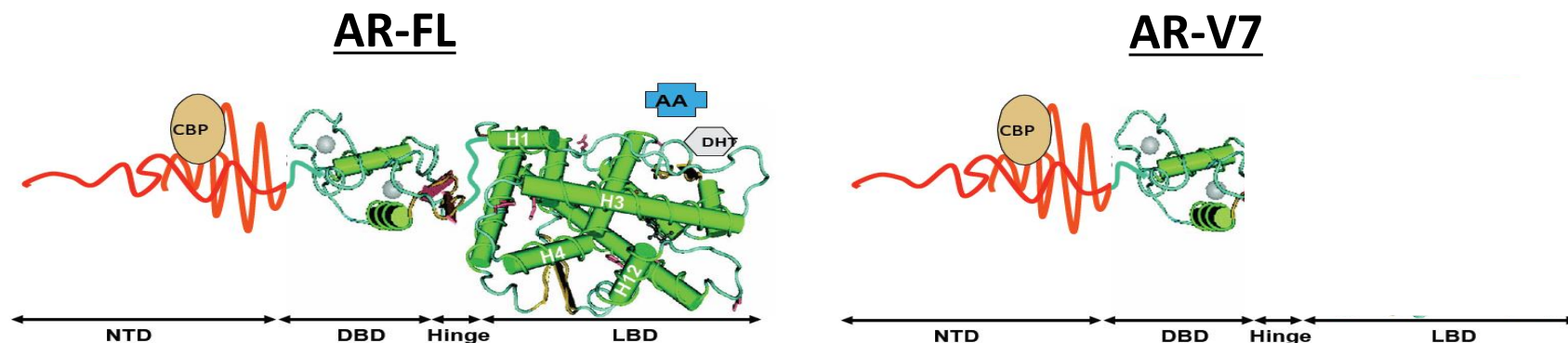
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Background

- Androgen receptor variant-7 (AR-V7) is a truncated isoform of the AR that lacks the LBD, the target of enzalutamide and abiraterone, but remains constitutively active as a transcription factor



Background

- We previously reported that detection of AR-V7 in CTCs from men with mCRPC was associated with resistance to enzalutamide and abiraterone (*ASCO 2014, NEJM 2014*)
 - PSA₅₀ rates and PFS were inferior in AR-V7(+) men
- Here, we present overall survival (OS) data from this study

Design: Prospective biomarker study

- We planned to enroll 30 men (each) with CRPC who were about to begin therapy w/ enzalutamide or abiraterone
- 85% Power to detect a difference in PSA response rates from 10% (in AR-V7[+] men) to 60% (in AR-V7[–] men), using a 2-sided $\alpha=0.10$
- CTC samples were collected at 3 time points
 - *Baseline*/pretreatment
 - At time of *Response* to enzalutamide/abiraterone
 - At time of *Resistance* to enzalutamide/abiraterone

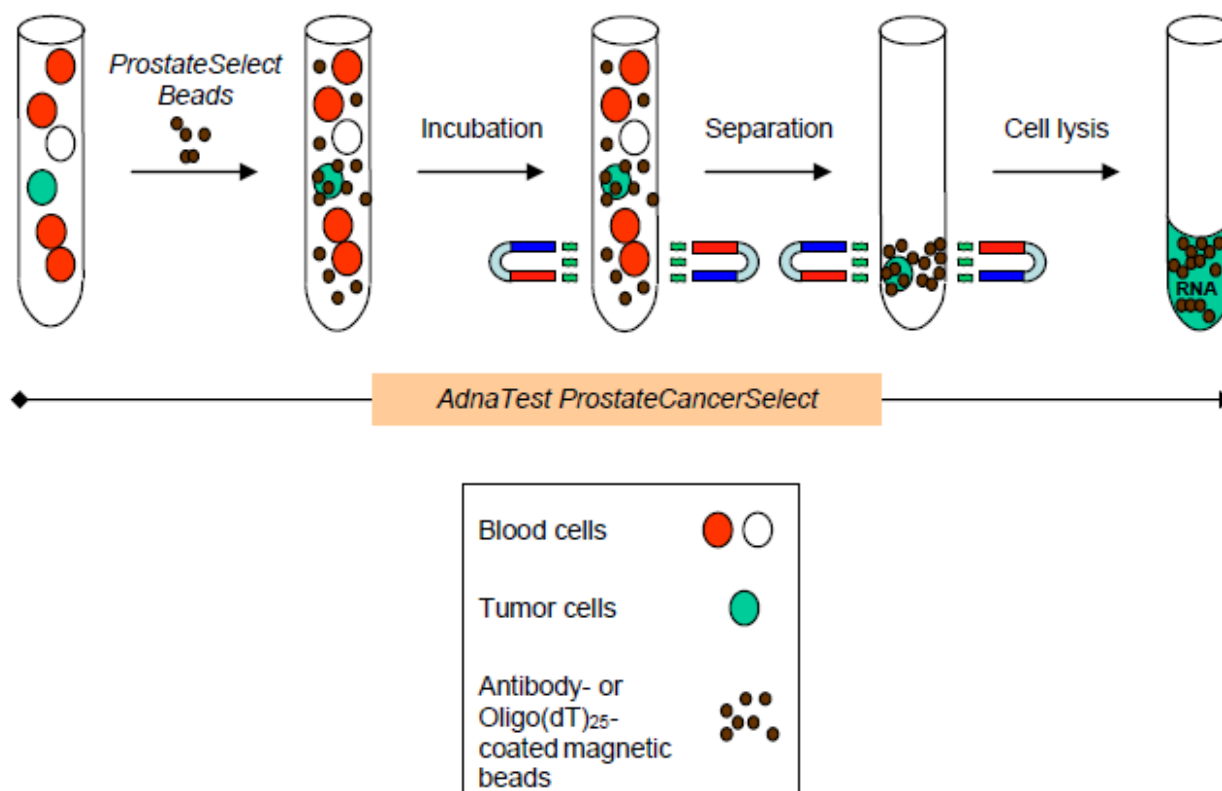
Outcome Measures

- PSA₅₀ response rate (*presented previously*)
- PSA progression-free survival (*presented previously*)
- Progression-free survival (*presented previously*)
- Overall survival

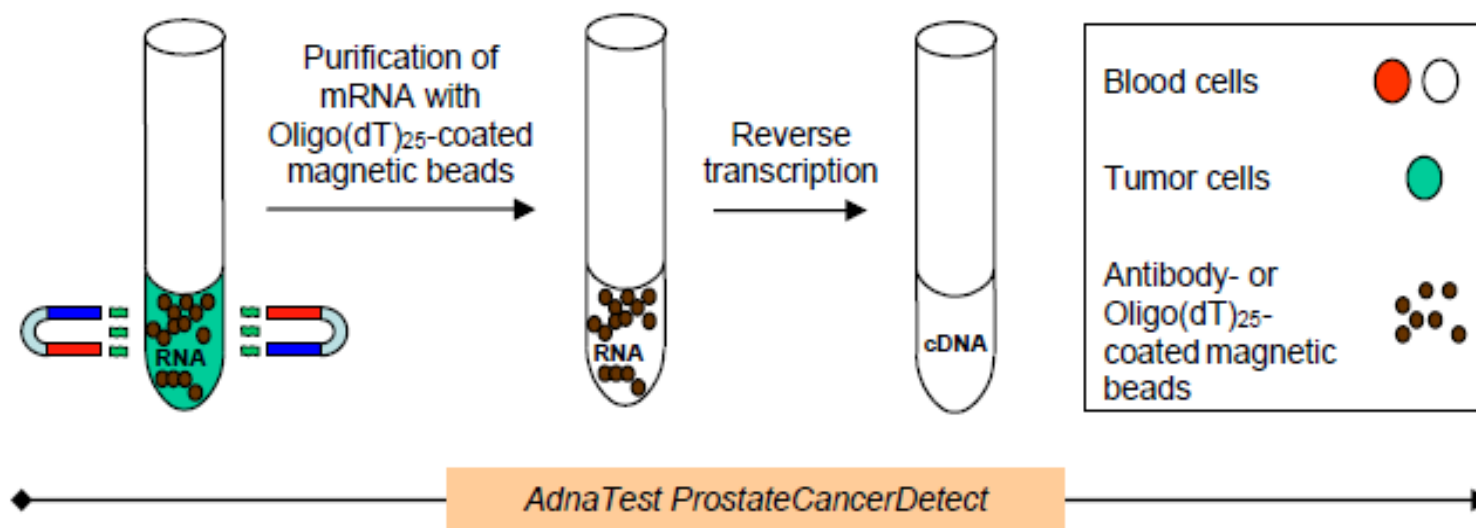
CTC-Based qRT-PCR AR-V7 Assay

- AdnaTest ProstateCancer*Select* kit
 - isolation and enrichment of CTCs
 - immunomagnetic capture via epithelial and tumor-associated antigens
- AdnaTest ProstateCancer*Detect* kit
 - mRNA expression analysis by qRT-PCR
 - multiplexed RT-PCR probe sets to detect prostate CTCs
 - PSA, PSMA, EGFR, Actin (control)
 - we have developed custom primers for AR and AR-V7

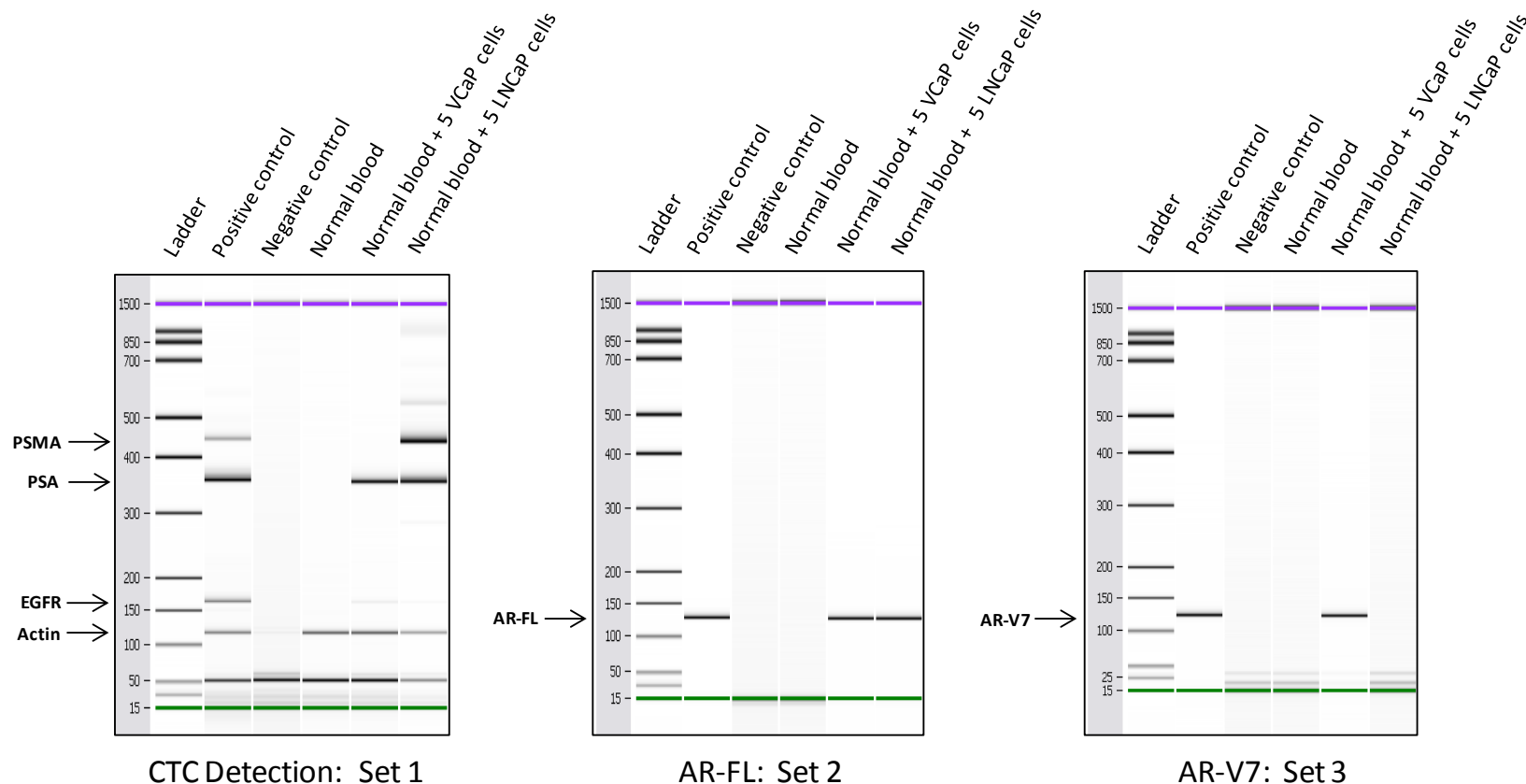
AdnaTest ProstateCancerSelect



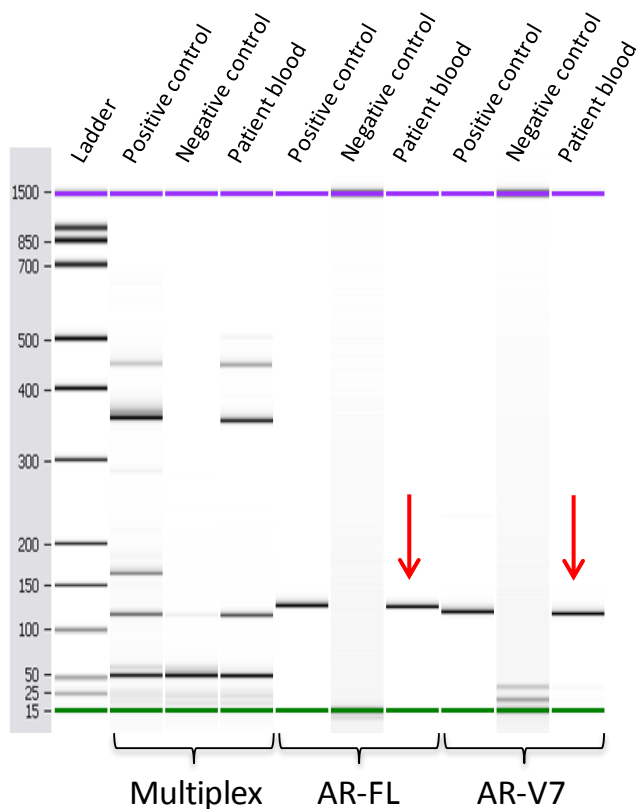
AdnaTest ProstateCancer*Detect*



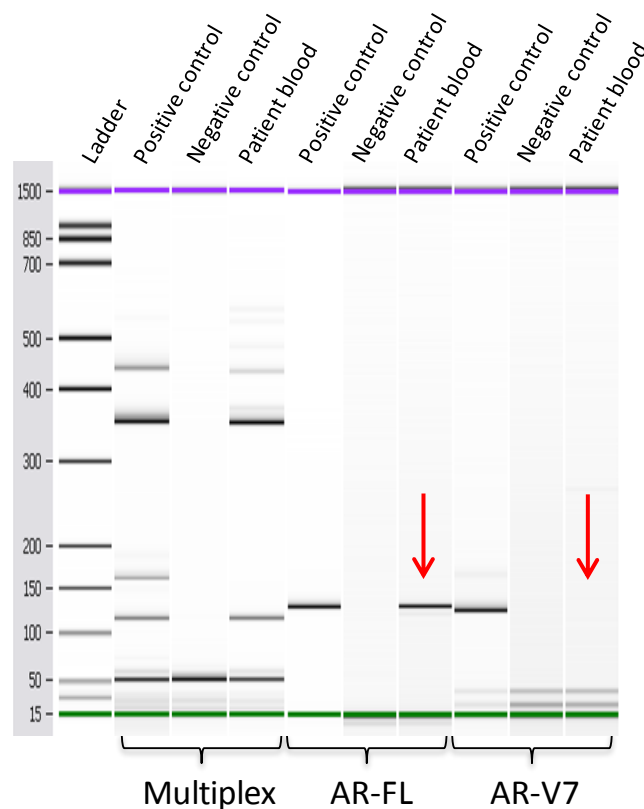
Detection of CTCs, AR-FL, AR-V7



Detection of AR-V7: (+) and (-)



Patient 2: Pre-treatment sample



Patient 5: Pre-treatment sample

Characteristics - Enzalutamide

Baseline Characteristic	All Patients (N=31)	AR-V7 Negative (N=19)	AR-V7 Positive (N=12)
Age (years) Median	70	72	69
Gleason sum at diagnosis, (%) ≥8	60.0%	52.6%	72.7%
No. of prior hormonal therapies Mean	3.3	3.2	3.4
Prior use of abiraterone, (%) Yes	64.5%	47.4%	91.7%
Prior use of docetaxel, (%) Yes	64.5%	52.6%	83.3%
Presence of visceral metastases, (%) Yes	32.3%	15.8%	58.3%
Baseline PSA (ng/mL) Median	44.3	29.8	144.3

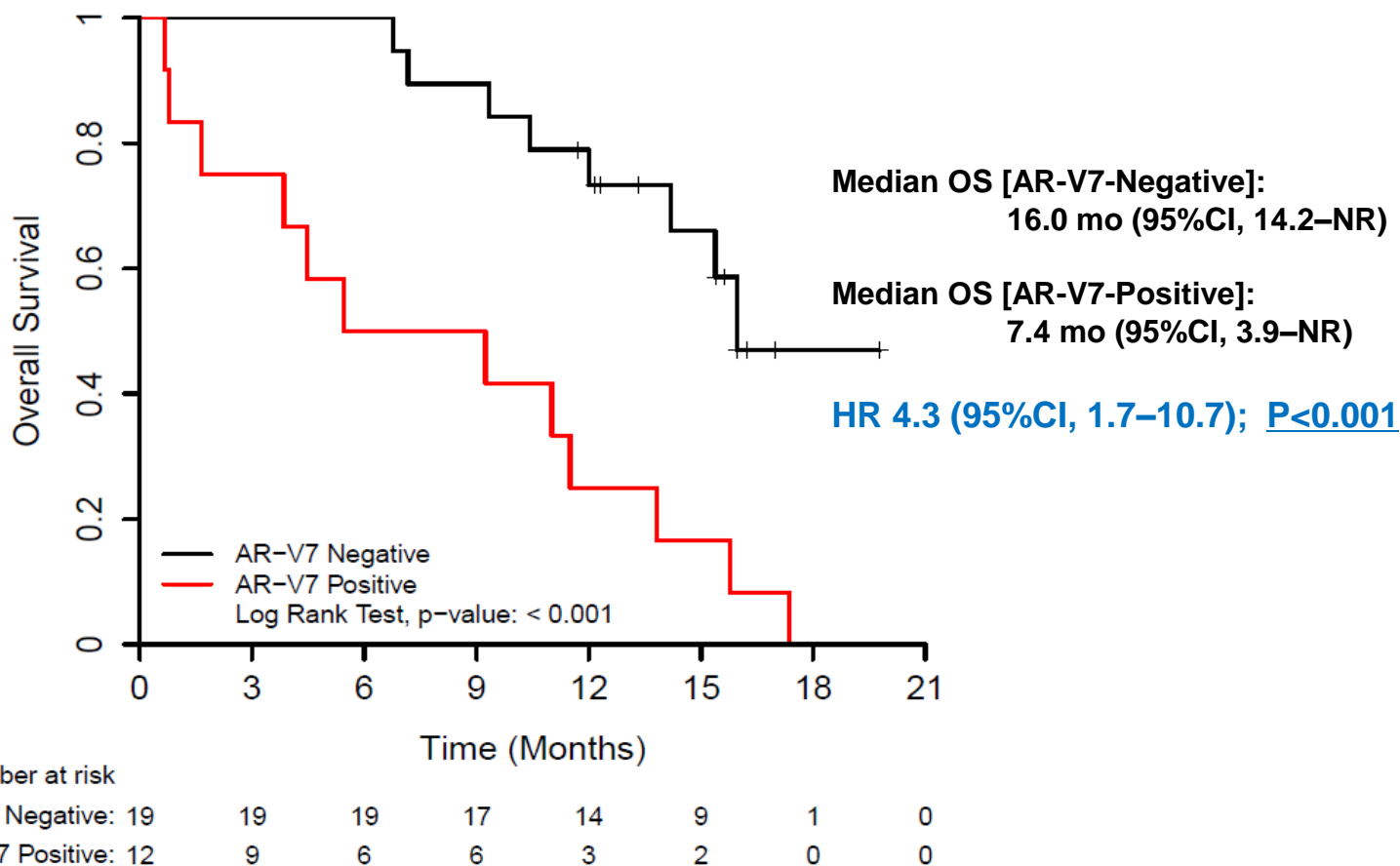
Characteristics - Abiraterone

Baseline Characteristic	All Patients (N=31)	AR-V7 Negative (N=25)	AR-V7 Positive (N=6)
Age (years) Median	69	69	69
Gleason sum at diagnosis, (%) ≥8	73.3%	76.0%	60.0%
No. of prior hormonal therapies Mean	2.5	2.2	3.7
Prior use of enzalutamide, (%) Yes	12.9%	8.0%	33.3%
Prior use of docetaxel, (%) Yes	16.1%	16.0%	16.7%
Presence of visceral metastases, (%) Yes	25.8%	32.0%	0%
Baseline PSA (ng/mL) Median	37.8	31.4	86.9

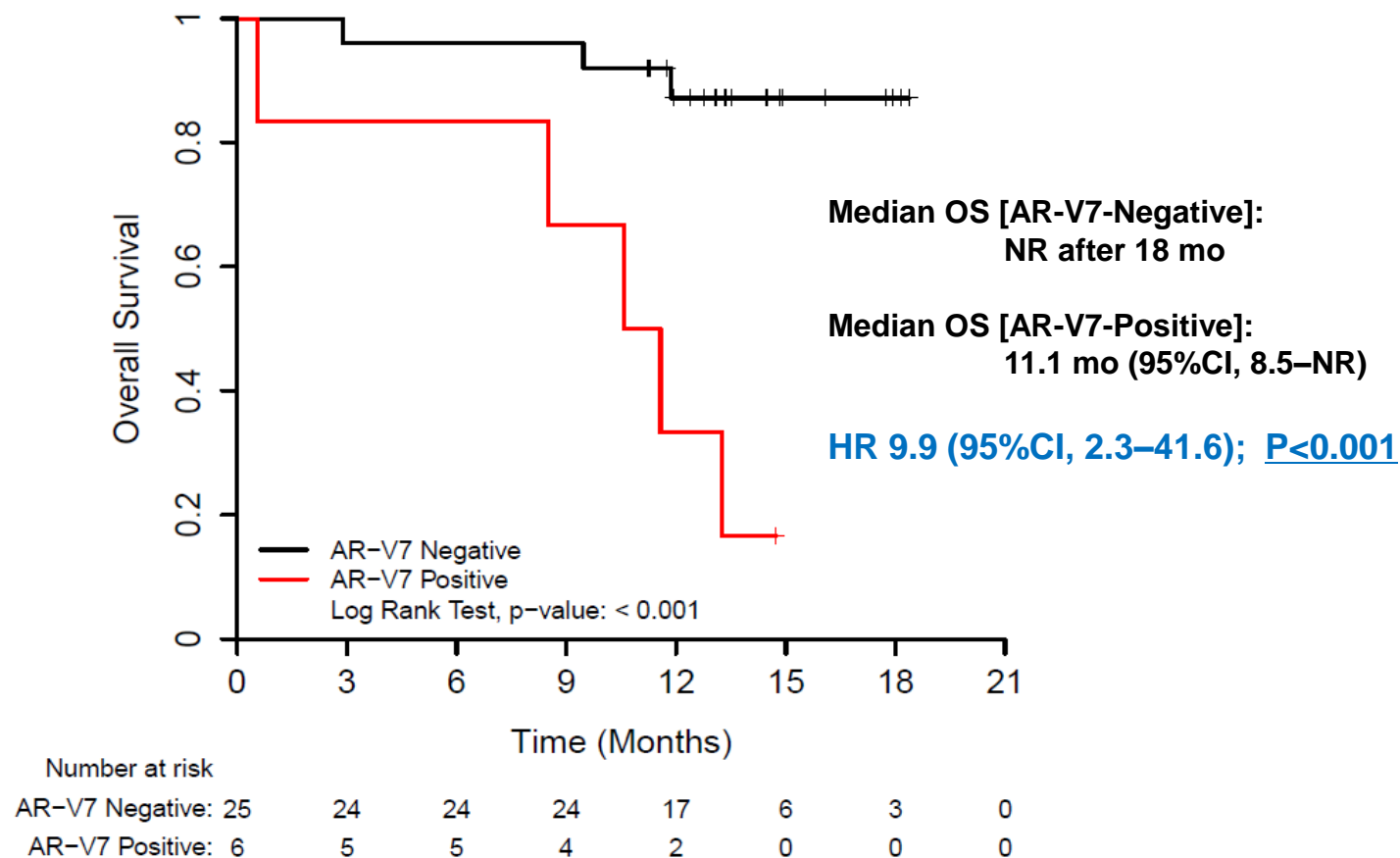
Maturity of OS analysis

- Enzalutamide cohort (n=31)
 - 20/31 death events
 - 65% maturity
- Abiraterone cohort (n=31)
 - 8/31 death events
 - 26% maturity

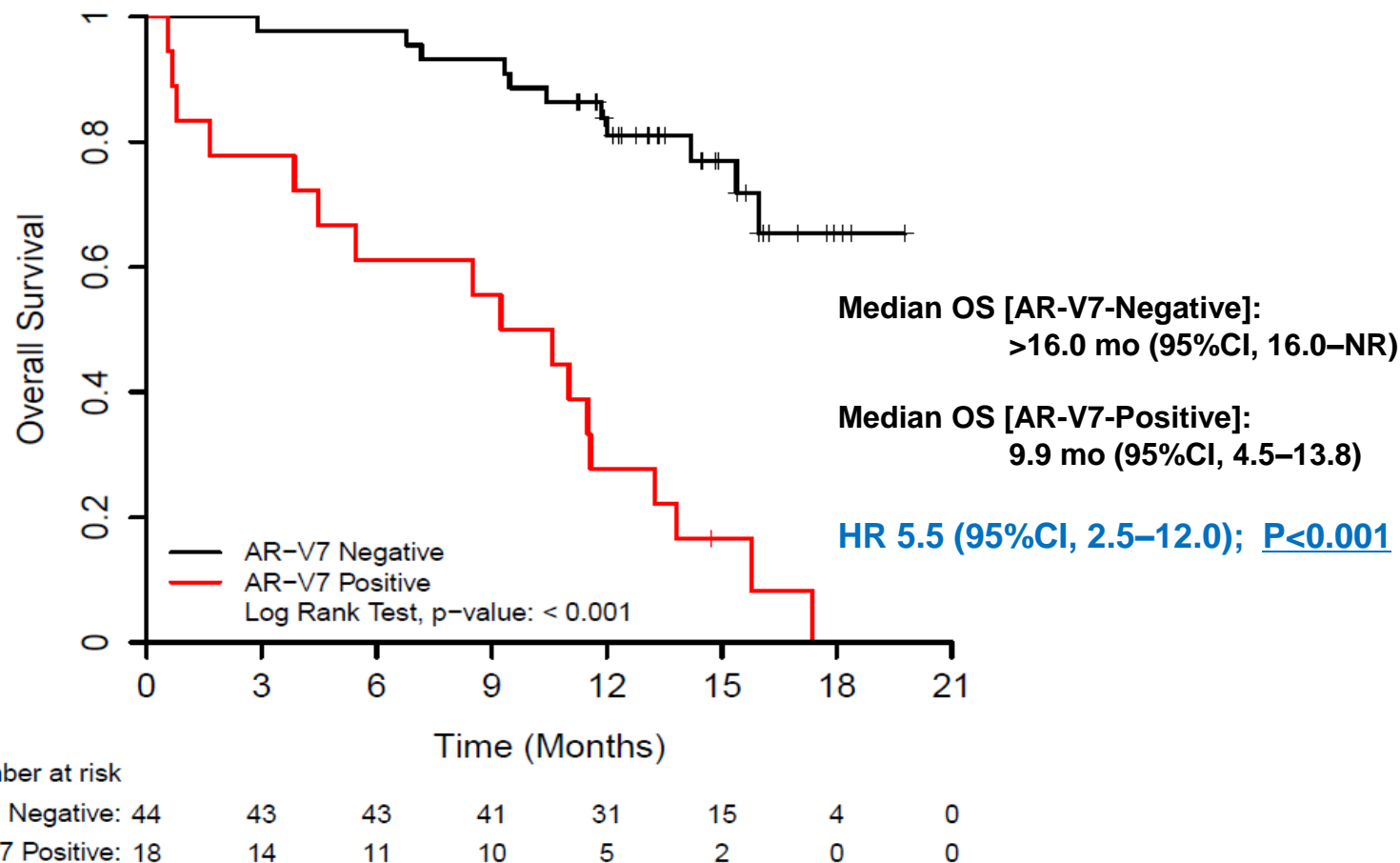
Overall Survival - Enzalutamide



Overall Survival - Abiraterone



Overall Survival - Combined



Multivariable Cox Model for OS (stratified by treatment type)

- AR-V7 (+)
 - HR 2.58 (95%CI, 1.10–6.04); $P=0.029$
- Prior use of Abi/Enza
 - HR 4.09 (95%CI, 1.41–11.88); $P=0.010$
- AR-FL level (continuous)
 - HR 1.17 (95%CI, 0.94–1.45); $P=0.152$

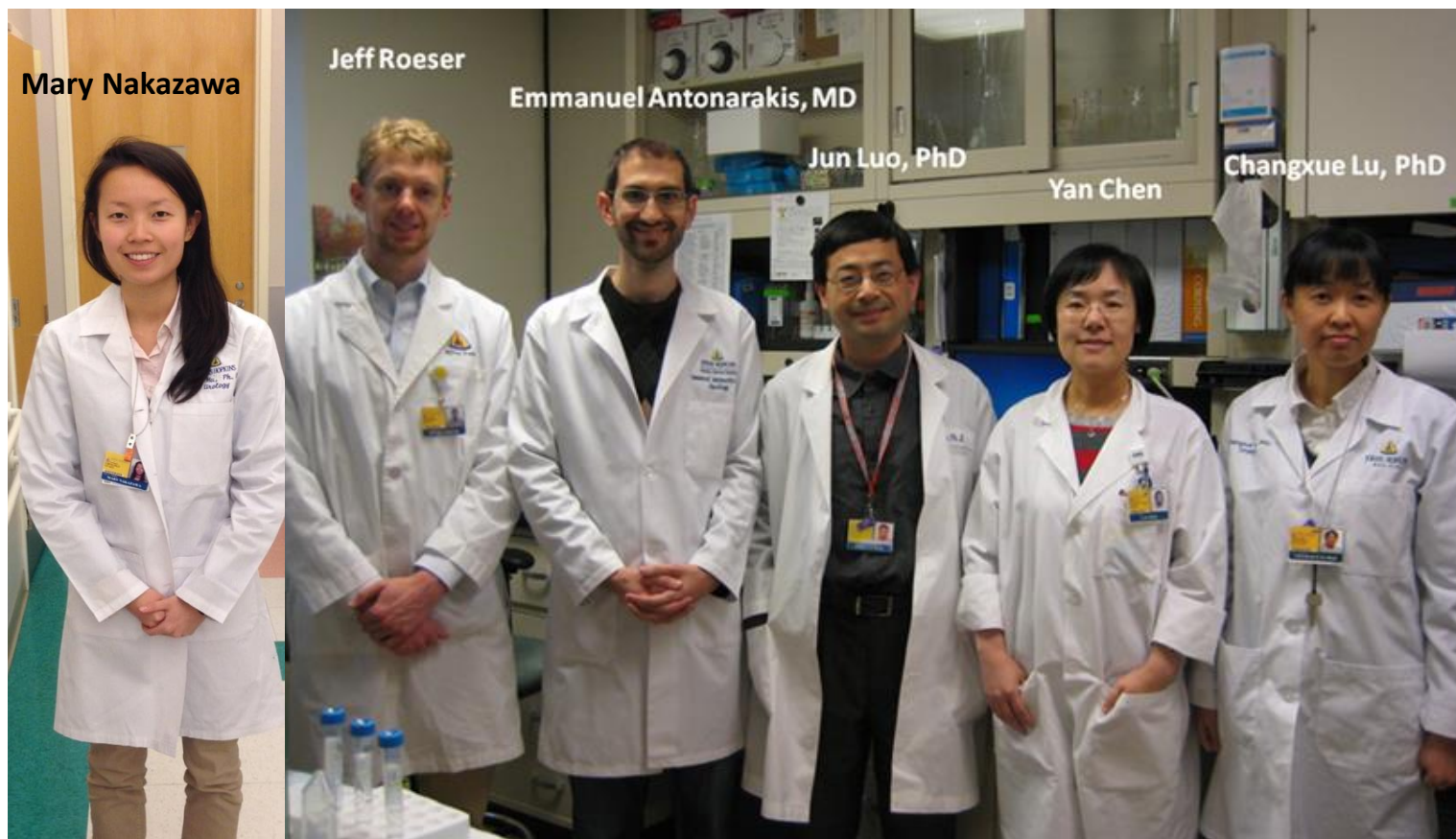
Conclusions

- Detection of AR-V7 in CTCs from men with mCRPC is associated with resistance to both enzalutamide and abiraterone, as evidenced by inferior PSA₅₀ response rates, PFS *and* OS
- AR-V7 status may be used as a non-invasive biomarker to predict resistance to AR-targeting agents, facilitate treatment selection, and fuel the development of AR-NTD inhibitors

Limitations

- These findings require replication and validation in multi-center studies using larger patient numbers
- It is still not known whether AR-V7 status is a predictive (*i.e.* treatment-selection) biomarker, or just a prognostic marker: its role should be determined in the context of other therapies

Laboratory of Jun Luo, PhD



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