# REAL-WORLD OUTCOMES OF ENZALUTAMIDE, ABIRATERONE, AND APALUTAMIDE IN PATIENTS WITH PROSTATE CANCER

**Chinchilla Alarcón T[1], García Gómez N, Luque Jimenez M, Muñoz Cejudo BM[1], Mora Mora MA[1]Gil Gonzalez-Carrascosa G[1],**
Servicio de Farmacia. Hospital San Agustín, Linares. Spain

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## Background and Importance

**Prostate cancer** (PC) continues to be a critical health issue, particularly in its metastatic castration-resistant (mCRPC) and hormone-sensitive (mHSPC) stages. Treatment options have advanced with the introduction of second-generation androgen receptor inhibitors (SG-ARIs) such as enzalutamide and apalutamide, as well as the androgen synthesis inhibitor abiraterone. This study investigates the real-world effectiveness and safety profiles of these agents, providing valuable insights into their clinical impact on patient outcomes and disease management**.**

## Aim and Objectives

The primary objective of this study is to evaluate the clinical effectiveness and safety of enzalutamide, abiraterone, and apalutamide in patients diagnosed with mCRPC and mHSPC. Specifically, the study aims to assess **progression-free survival** (PFS) and **overall survival** (OS) rates, as well as to document **adverse events** (AEs) associated with these therapies**..**

## Material and Methods

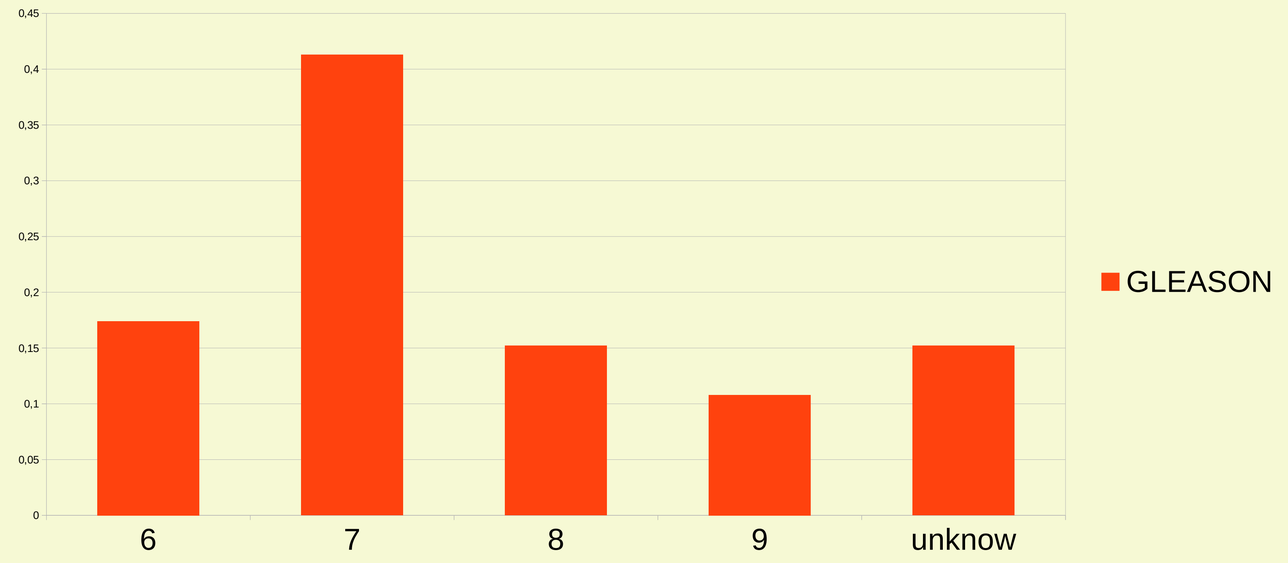
This **retrospective** observational study was conducted at a regional hospital. Data on treatment effectiveness and safety were obtained from electronic medical records and analyzed using Kaplan-Meier survival analysis. Effectiveness was evaluated by tracking prostate-specific antigen (PSA) levels over time, while safety assessments focused on the incidence and type of AEs..

## Results

**46 PATIENTES**

- 45 mHSPC
- 56 mCRPC

•21,7 % apalutamida
•43,4% enzalutamida
•34,7% abiratenona




mHSPC patients showed mean PSA decreases from 57.33 to 0.19 ng/ml over 32 months. mCRPC patients' PSA decreased from 35.65 to 1.74 ng/ml. Median PFS was 60 months for mCRPC; OS was not reached.

Adverse events affected 39.1%, with 27.7% reporting urinary issues, rash, and asthenia, and 5.5% reporting taste loss, constipation, and arrhythmias. Three patients required treatment modification due to severe AEs

## Conclusion and Relevance

The findings indicate that enzalutamide, abiraterone, and apalutamide are effective and generally well-tolerated therapeutic options for PC in real-world settings. The observed AEs align with existing literature, supporting the feasibility of these treatments under routine clinical monitoring. Further studies involving larger, multicenter cohorts are recommended to strengthen these findings and optimize therapeutic strategies.

bmaria.munoz.sspa@juntadeandalucia.es