EFFECTIVENESS AND SAFETY OF CABAZITAXEL IN CASTRATION-RESISTANT METASTATIC PROSTATE CANCER

F.D. Fernández-Ginés[1], P. Nieto Guindo [1], T.B. Rodríguez-Cuadros[2].
Fdamaso.fernandezg@gmail.com
[1] Torrecárdenas Hospital, Almería, Spain.[2] Health center Berja- Poniente District, family and community specialist, Almeria, Spain.

Background

Prostate cancer is one of the most common cancers in Europe. Cabazitaxel, a tubulin-binding taxane drug as potent as docetaxel in cell lines, was the first treatment able to prolong survival for metastatic castration resistant prostate cancer in the post-docetaxel setting

Purpose

Analysing the effectiveness and safety of cabazitaxel in a cohort of patients with castration-resistant metastatic prostate cancer after progression to docetaxel, and comparing the results to the literature

Material and methods

tudy conducted from January 2013 until August 2016 in a third-level teaching hospital. Data was retrospectively obtained using the chemotherapy e-prescribing software (Oncofarm®) and the patient's electronic medical records (Diraya®). The following information was recorded: demographic characteristics, performance status (PS), previous chemotherapy, and number of cycles and dose ofcabazitaxel. The overall survival (OS), and the progression-free survival (PFS) (measured as prostatic-specific antigen progression, tumour progression, pain progression, or date of death due to any cause, whichever occurred first) were measured. The type and incidence of side effects was also recorded, as well as the need for granulocyte-colony stimulating factor (GCSF) support

Results

12 patients were included (mean age 64.1 [52-73]). Baseline PS was 0 in 25% of cases, and 1 in 75% of cases. On average, the number of cycles received was 6. Cabazitaxel was given as second line in 75% of patients, and in third line in 25% of them. OS was 17.34 months (IC95% = [16.01-18.67]), whereas mean PFS was 4.32 months (IC95% = [3.82-4.82]). Progression occurred in 41.7% of patients. Four patients deceased. 50% of patients required GCSF support at some point during therapy. In terms of safety, CTCAE grades 1-2 asthenia (75%), diarrhea (41.6%), and nausea and vomit (33.3%) were the most frequent associated side effects, although only in 25% of cases they leaded to dose reduction

Conclusions

In this cohort of patients, both the OS and PFS were higher than the TROPHY trial by 2.24 and 1.52 months, respectively. Cabazitaxel-related adverse events occurred in most patients at some point during therapy, although they were mild, requiring dose reduction in ¼ of patients. However, larger studies are necessary in order to confirm these results