

ACTIVITY OF ENZALUTAMIDE AFTER ABIRATERONE IN CASTRATION-RESISTANT PROSTATE CANCER

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BACKGROUND:

There is only limited information about sequential use of abiraterone acetate (AA) and enzalutamide (ENZ) in metastatic castration-resistant prostate cancer (mCRPC) patients. Patients who receive AA or ENZ as first-line therapy and subsequently become resistant have only a response rate of 15-30% to the alternative agent as second-line. That finding clearly shows that cross-resistance occurs between ENZ and AA.

PURPOSE:

To evaluate the effectiveness of ENZ after failure of AA in patients with mCRPC.

MATERIALS AND METHODS:

Retrospective study including all patients with mCRPC having sequential therapy with AA and ENZ from May 2012 to October 2017. Posttreatment changes in prostate-specific antigen (PSA) and differences in the median duration treatment (MDT) with AA and ENZ were used to determine the effectiveness of ENZ. A PSA reduction <30% and/or a MDT-ENZ/MDT-AA ratio <0.3 was considered as ineffective.

RESULTS:

- The study included 16 mCRPC patients treated sequentially with AA and ENZ.
- Only 3 patients had undergone prior docetaxel therapy.
- MDT-AA was 15.0 mo (range: 3.0-38.0). During AA therapy 10 (67%) achieved a >50% decline in PSA, 12 (80%) a >30% and 3 (20%) did not achieve any decline in PSA.
- Subsequent MDT-ENZ was 4.0 mo (range: 1.0-12.0), showing a MDT ratio of 0.27.
- Three patients did not have PSA levels after taking enzalutamide.
- None of CRPC patients who were or not initially AA-sensitive showed a >30% PSA decline while taking ENZ.
- The medium PSA decline after abiraterone and enzalutamide were 37% and 17.8% respectively.
- Of the 15 patients, 7 (46.6%) were primarily ENZ-resistant and showed a rising PSA as the best response.
- Median time to progression was 7 months (range: 2.0-12.0) for 5 of 15 patients with at least one declining PSA value while taking enzalutamide (33.3%).

CONCLUSIONS:

Although the number of patients included in this study is small, ENZ therapy after AA failure shows a low activity in terms of PSA response and/or medium duration of treatment. Results would be compatible with qualifying use of ENZ after failure to AA as ineffective. Further properly designed studies to this aim are needed.