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EFFECTIVENESS AND SAFETY OF ABIRATERONE IN PROSTATE CANCER IN CLINICAL PRACTICE

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BACKGROUND AND OBJECTIVE

In September 2011, the European Medicines Agency (EMA) approved the use of **abiraterone** for metastatic castration resistant **prostate cancer** in men whose disease had progressed on a docetaxel-based chemotherapy.

Therefore, our **objective** was to assess the effectiveness and safety of abiraterone for metastatic prostate cancer in clinical practice in a tertiary hospital.

METHODS

✓ **Design**: a retrospective, longitudinal study was performed in patients who started treatment with abiraterone for metastatic prostate cancer.

✓ **Study perdiod**: March 2012 – March 2013.

✓ The **follow-up period** was 6 months.

✓ **Effectiveness variables**: persitence to treatment at the 6 month and the decrease of prostate-specific antigen (PSA) after one month of treatment.

✓ **Safety**: possible adverse events (AE) associated with abiraterone and their severity.

✓ Other **recorded variables**: age, performance status (ECOG), date of diagnosis, type of metastasis, the start and end date of treatment with abiraterone and prior chemotherapy.

RESULTS

18 patients were included:

- -Median (p25, p75) age was 76.8 (39.2, 82.3) years old.
- -22.2% had an ECOG≥ 2.

The median time since cancer diagnosis was 7.0 (4.5, 8.1) years. 100% of patients had at least bone metastases and the disease had progressed on chemical castration and docetaxel in all of them.

EFFECTIVENESS	SAFETY
➢ Median PSA at initiation of treatment with abiraterone was 86.5 (24.9, 321.5) mcg/l. One month after starting treatment, PSA had decreased in 61.1% of patients. ➢ 57.9% of patients were in treatment with abiraterone after 6 months from the beginning.	➢ 44.4% of patients experienced AE. ➢ All the AE were mild. ➢ The most frequent AE were related to gastrointestinal and skin systems.

CONCLUSIONS

Abiraterone was effective in 57.9% of docetaxel-experienced patients in the sixth month of treatment. In *302 study*, the percentage was higher (70%). However, in that study the ECOG was lower than in our patients. We did not find any moderate-severe AE related to this drug.

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