TRIPLE THERAPY FOR METASTATIC HORMONE-SENSITIVE PROSTATE CANCER PATIENTS BASED ON A PHARMACOLOGICAL TREATMENT ALGORITHM

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Introduction

Standard treatment for metastatic hormone-sensitive prostate cancer supplements androgen deprivation therapy with docetaxel, 2nd-generation hormonal therapy, or radiotherapy. However, the PEACE-1 study demonstrates that adding abiraterone plus prednisone to ADT and docetaxel improves survival with a moderate increase in toxicity, currently off label

Objective

To evaluate eligibility for abiraterone plus ADT and docetaxel in de novo mHSPC based on a pharmacological treatment algorithm

Material and methods

Observational, prospective, multidisciplinary study All mHSPC patients for 1st-line treatment (July-2022/December-2022)	The choice of triplet therapy was based on compliance with a **Pharmacological Treatment Algorithm**	Age <75 years Geriatric 8 (G8) scale >14 No fragility impression by the oncologist ECOG 0-1 No comorbidities in the last 6 months High Risk (at least 2): Gleason 8-10, ≥ 3 bone metastases and/or ≥ 1 visceral metastasis High Volume (CHAARTED trial) Prognostic Grade Group (ISSUP 2014-OMS 2016) 4-5	Others variables: PSA Comorbidities Polypharmacy Treatment Progression-free survival and treatment duration Adverse reactions

Results

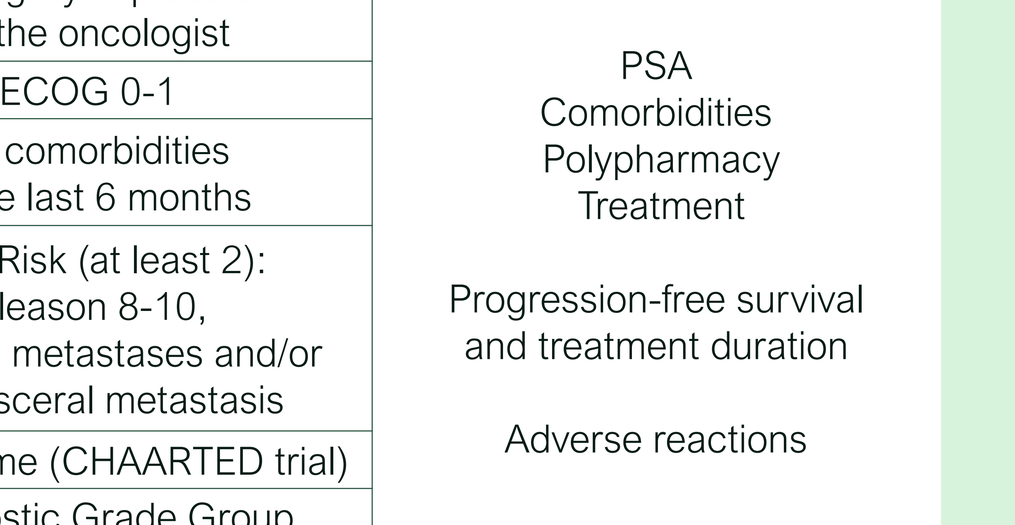
29 patients, 76 % de novo mHSPC, 45 % high volume

69 % met all algorithm criteria

The median treatment duration was 5.97 months, and PFS has not been reached yet, with only one patient progressing during docetaxel treatment, while the rest completed the proposed 6 cycles

Patients treated with triplet

median age of 65 years
100% G8>14
67% ECOG 1
78% multiple bone metastases
mean PSA at the start 136 ng/ml
78% had Gleason 9
89% had ISSUP 5
11% >3 comorbidities
33% polypharmacy



Conclusion

Choosing triplet therapy based on a studied algorithm helps identify patients who can benefit more from treatment, focusing on those at higher risk and with worse prognosis, leading to favorable outcomes in efficacy and safety

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