



COPENHAGEN 2025



29TH EAHP CONGRESS
12-13-14 MARCH

PERSON CENTRED PHARMACY -
NAVIGATING DIGITAL HEALTH

DOCETAXEL, ABIRATERONE AND ANDROGEN DEPRIVATION THERAPY: EFFICACY AND SAFETY ANALYSIS

A. MAGDALENA PÉREZ 1, J. PEÑA HERNÁNDEZ 1, C. MELIÁN CABRERA 2, J. ESQUIVEL NEGRÍN 1, P. FUMERO CRUZ 1, I. GONZÁLEZ PERERA 1, M.M. PIÑERO GONZÁLEZ 2, C.L. DÍAZ DÍAZ 1, S. GONZÁLEZ SUÁREZ 1, M. GARCÍA ALONSO 3, M.P. DÍAZ RUIZ 1.

(1)Hospital Pharmacy Service of University Hospital of Our Lady of Candelaria

(2)Hospital Pharmacy Service of University Hospital of Gran Canaria Doctor Negrin

(3)Oncology Medical Service of University Hospital of Our Lady of Candelaria

AIM AND OBJETIVES:

To analyze the safety and efficacy profile of the triple therapy:Abi+Doc+ADT in patients with high-volume HSmPC.

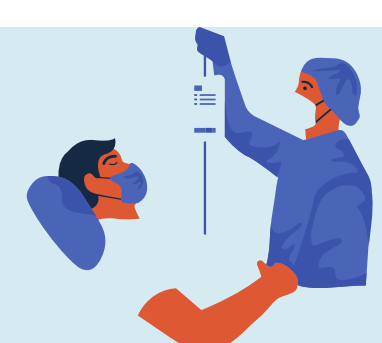
MATERIALS AND METHODS:

Retrospective, observational, multicenter study conducted between November 2021-September 2024 in patients with high-volume HSmPC who received Abi+Doc+ADT after off-label approval.

Evaluated efficacy variables included: number of cycles, progression-free survival(PFS), percentage of response by PSA considering progression as three consecutive increases(PEACE-1 criteria) and type of radiological response according to RECIST v1.1 criteria.

For safety: previous and subsequent comorbidities, addition of medications during treatment, interactions between home and oncology medications, and the development of adverse reactions(ARs) were recorded according to CTCAE v5.0 criteria.

Statistical analysis was performed using Jamovi software.



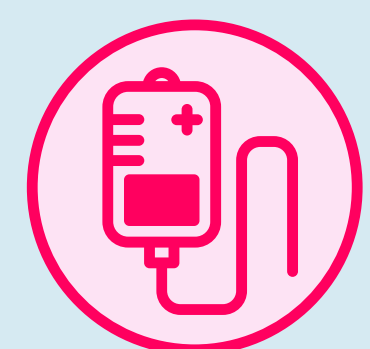
30 patients

18+

Median age
63(54-85)

ECOG

0-1



83.3% patients
received 6 cycles of
docetaxel

Treatment was discontinued in
5 patients(2 due to
progression, 2 due to
docetaxel intolerance, and 1
due to pneumonia requiring
hospitalization).

RESULTS:

Based on **PSA values**,
22(73,3%) responded.

One-year PFS was 88%
(76%-100%, 95% CI), and the
median PFS was not reached.

Radiological response rate was
60%, with 6 complete
responses(20%), 8 partial
response(26,7%), 4 stable
disease(13,3%), and 4 patients
with progression

70% had **pre-existing
comorbidities:**

hypertension(33.3%),
dyslipidemia(33.3%) and type 2
diabetes mellitus(16.7%).

Six patients(20%) developed **lipid
profile alterations**, but no
treatment modifications were
necessary.

**Pharmacological interactions
with abiraterone(40%):**mainly
increased risk of statin-induced
myotoxicity, but no cases were
reported.

ARs in 21 patients(70%): 7 asthenia and 5 gastrointestinal. Of these, 14(46,7%) were grade 1-2. Only 7 patients(23.3%) had ARs related to abiraterone and treatment was discontinued in one case due to atrial fibrillation. No further clinical actions were required in the remaining cases.

CONCLUSION AND RELEVANCE:

Our experience suggests that Abi+Doc+ADT is an effective therapy with promising results for patients with high-volume HSmPC.

Our study (2,8 years of follow-up) needs to evaluate whether the median PFS resembles that of the trial (4,46 years).

It is a safe treatment, as most ARs were low-grade, manageable and the interactions were not clinically significant.

