CABAZITAXEL IN PATIENTS

with castration-resistant prostate cancer

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INTRODUCTION:

- 1 - Prostate cancer (CaP) is among the most common cancers in males. Although most cases of prostate cancer are diagnosed and treated while disease is localized, some men have evidence of metastatic prostate cancer.

- 2 - Contemporary research has led to the development of multiple active treatment modalities for men with advanced disease, in addition to androgen deprivation therapy (ADT). Management of men with metastatic castration-resistant prostate cancer (mCRPC) involves the sequential use of these approaches, with the goals of prolonging survival, minimizing complications, and maintaining quality of life. CaP is androgen dependent in the beginning, but as time progresses, it becomes refractory to androgen deprivation treatment. At this stage, docetaxel has been used as standard treatment for years.

- 3 - Cabazitaxel has become the first chemotherapeutic agent which has been shown to increase survival for patients (pts) with mCRPC that progresses after docetaxel. The correlation of the oncological outcomes of pts age in mCRPC pts have not been unclear.

OBJECTIVES, MATERIAL E METHODS:

In this study we :

- 1- Evaluated a total of 16 pts who progressed despite docetaxel treatments, had ECOG performance score between 0-2, and used cabazitaxel treatment 25 mg/m² at every 3 weeks, and prednisolone 5 mg twice a day for mCRPC diagnosis in Centro Hospitalar Universitário Lisboa Central from June 2016 to June 2019, retrospectively.
- 2- Assessed the prognostic significance of cabazitaxel, focusing on pts age and the correlation of efficacy between docetaxel and cabazitaxel. Demographic and clinical data were collected and the information was cross-checked with that of the pharmaceutical services.
- 3- Significance (p) of less than 0.05 was considered statistically significant. Statistical analysis was performed in Stata.

RESULTS

The median overall survival (OS) after the introduction of cabazitaxel was 10,4 months.

Univariate and multivariate analysis revealed that there were no significant correlation of pts age, the response to prior docetaxel therapy or cycles of docetaxel therapy with shorter OS.

A

30% PSA response to cabazitaxel was achieved in 13 (81%) pts.

B

A 30% PSA response to cabazitaxel was achieved in 3 (50.0%) pts with ≥ 75 years (n = 6) and 6 (60%) pts with less than 75 years (n = 10).

C

There was no significant correlation between the PSA response and pts' age (p = 0.093).

A

A 30% PSA response to cabazitaxel was achieved in 9 (56%) and 4 (25%) pts with and without that to docetaxel, respectively.

B

There was no significant correlation of the PSA response between docetaxel and cabazitaxel (p = 0.087).

DISCUSSION/CONCLUSION:

These results suggest that cabazitaxel is a safe and effective treatment option for mCRPC pts who progress after docetaxel and indicate that the introduction of cabazitaxel for mCRPC pts could result in oncological outcomes without any association with pts's age and the profiles of previous docetaxel therapy.

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