# P034 Quality of life of patients with hormone-dependent advanced prostate cancer receiving palliative treatment with Leuprorelin depot injection (Lutrate®) – interim results from a non-interventional study in Germany

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**Introduction & Objectives:** The influence of systemic androgen deprivation therapy (ADT) on quality of life (QoL) of patients (pts) with advanced prostate cancer (aPCa) is an important factor for patient satisfaction with treatment. This non interventional study investigates QoL (primary endpoint), effectiveness and safety in pts with advanced prostate cancer (aPCa) receiving the GNGH agonist leuprorelin acetate as depot injection (Lutrate® Depot, LD) in routine practice in Germany. LD is administered in a dosage of 22,5 mg intramuscular every 3 months.

**Materials & Methods:** To measure disease-specific OoL during therapy and follow-up in in aPCa pts in clinical routine, the prostate specific PORPUS (Patient Oriented Prostate Cancer Utility Scale) questionnaire is used. before start of LD treatment (screening), after the 1st LD application (baseline) and 3 and 9 months after the 1st LD administration. The PORPUS-P score is composed of 10 questions. 5 questions document quality of life domains and 5 questions concern prostate-specific items. Effectiveness of LD treatment at the same measurement times are judged by clinical response, prostate specific antigen (PSA) and testosterone levels. Safety is documented in patients' health records.

**Results:** Between Oct 2015 and Oct 2018, 802 patients with aPCa and physician's decision for the initiation of LD treatment were included in the study. This is an interim analysis of 438 pts with castration resistant aPCa. 432 pts were evaluable (Full Analysis Score, FAS). Mean age at baseline was 77 years. Mean duration of illness at first dose of LD was 4,8 years. 21% of pts had received prior radiation, 24% of pts had been pretreated with prostate specific operations. 223 pts (51%) received LD as first LHRH agonist, 211 pts (50%) switched from other LHRH agonists, 4 pts from other ADT treatment. Median PORPUS-P-score at baseline (first administration of LD) was 68,33. Overall score declined slightly over the time from to 66,33 at 3 months, 65,00 at 9 months. Median PSA level at primary diagnosis was 12,3 ng/ml which declined from 12,27 ng/ml to 3,15 ng/ml at first injection of LD, 0,51 at 3 months and 0,27 at 9 months. Median testosterone levels declined from 2,78 ng/ml to 0,22 ng/ml at first injection of LD, 0,14 at 3 months and 0,13 at 9 months. In pts who had received other LHRH-agonists, median testosterone levels declined from 0,92 ng/ml to 0,13 ng/ml at 9 months of LD. Side effects were rare (4,11%) and mild. Clinical efficacy and application mode was well estimated by the treating physicians.

**Conclusions:** The GNRH agonist leuprorelin depot injection maintains QoL in aPCA pts measured by the PORPUS-P score. It is an effective and well tolerated treatment option for pts with a hormone sensitive aPCa.