P041 Real-life data of Cabazitaxel-Prednisone second-line scheme in metastatic castration-resistant prostate cancer

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Introduction & Objectives: Cabazitaxel improves survival in second-line metastatic castration-resistant prostate cancer (mCRPC) after Docetaxel. We analyzed effectiveness and safety in our patients.

Materials & Methods: From 1/5/11 to 1/5/20, 64 patients with mCRPC received Cabazitaxel. 62 after progression to Docetaxel, 2 on first line of chemotherapy. Minimum follow-up was 1 month or until death. Data was extracted from medical records. Safety and effectiveness were analyzed. Stratification was made according to age (75 years or more) and number of cycles (10 or more).

Results: Median age 68 years (range 48-84). 54 (84.4%) patients had ECOG 1 (range 0-2). Median Gleason 9 (range 5-10). Median number of metastatic organs 1 (range 1-3) being bone the most frequent (78.25%). Median Cabazitaxel were 5 cycles (range 1-19). 12 (18.8%) required delay or reduction. 24 (37.5%) presented toxicity, 8 (3.3%) grade 3-4; 12 (18.8%) had hematologic toxicity being anemia the most frequent (11 patients). 18 (28.1%) had non-hematologic toxicity being asthenia the most frequent (12 patients). Median hormonal lines 2 (range 0-3). 60 received hormonal blockade, median duration was 24 months. Median Docetaxel cycles 6 (range 0-18). 34 (54.83%) responded. 39 (62.9%) stopped due to progression; 14 (22.58%) due to toxicity; 9 (14.51%) for break. Median interval until Cabazitaxel was 3 months (range 1-33). Median pretreatment PSA 121 (range 1-3725). 53 (82.8%) started Cabazitaxel at 20mg/m^2, 11 (17.2%) at 25mg/m^2. 55 (86%) received Prednisone 10mg and 5 (7.8%) 5mg. 56 (88.88%) progressed. 55 (85.9%) died, 53 (82.8%) due to progression. Objective response rate 54.54%.
Median biochemical/radiological progression free survival (PFS) was 4 months. Median overall survival (OS) 9 months. There was no clinically nor statistics significance in survival regarding Cabazitaxel dose. 13 were 75 years old or more. Median cycles 5 (range 1-10). 3 (25%) presented toxicity, 1 (7.7%) grade3-4; 3 (25%) hematologic; 2 (16.66%) non-hematologic. All received Cabazitaxel 20mg/m^2. Mean biochemical/radiological PFS was 8.03 months (95% CI 3.04-13.03). Mean OS 9.57 months (95% CI 3.35-15.79). There were no statistically significant differences for PFS or OS compared to those under 75 years. 9 received 10 or more cycles. 1 (11.1%) required delay. 3 (33.3%) presented toxicity, 1 (11.1%) grade3-4. Median interval up to Cabazitaxel was 7 months (range 1-33); mean interval to cabazitaxel in those who received <10 cycles: 3.87 months vs 10.57 in those who received 10 cycles or more (p= 0.001). Median biochemical/radiological PFS 12 months. Median OS was 18 months.

Conclusions: In our experience, a dose of 20mg/m^2 shows effectiveness and a better safety profile. In patients that respond and had no toxicity, continuing more than 10 cycles, until progression or break, is a safety option. In the elderly, Cabazitaxel at 20mg/m^2 demonstrated safety and effectiveness.