

## P025 Description of Castration-Resistant Prostate Cancer with Unknown Metastatic Status (CRPC-MX) population in the real-world AfrODiTA study

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**Introduction & Objectives:** Accurate classification of prostate cancer (PC) patients according to the metastatic status is crucial, as the presence of metastasis leads to adverse prognosis. In the Spanish real-world setting, a prevalence of 5.2% of CRPC-MX status has been previously reported. Here we describe the clinical characteristics and management of this population.

**Materials & Methods:** Cross-sectional, multicenter, observational study to describe the prevalence and clinical characteristics of CRPC-MX patients in 46 Spanish hospitals. Firstly, PC patients were classified according to metastatic status and sensitivity to ADT. Then, CRPC patients classified as MX were included and their medical records were analyzed retrospectively.

**Results:** Of 323 CRPC-MX patients identified, 103 were included, with a median age of 87.0 years. At study initiation, median time from initial PC diagnosis was 9.3 years, with 25% of patients lacking histological diagnosis. Among patients initially treated with a curative intent (Table 1), median time from treatment to biochemical recurrence was 4.3 years. Median PSA at CRPC diagnosis was 5.0 ng/ml. 32.4% and 12.7% of patients received 1 and  $\geq 2$  secondary hormonal manipulations after failure in responding to ADT. At study inclusion, ECOG was 0 (31.6%), 1 (51.9%), and  $\geq 2$  (16.5%) and 91.3% had comorbidities, the most frequent being arterial hypertension (81.9%), dyslipidemia (40.4%) and diabetes mellitus (30.9%).

Table 1. Characteristics of study patients at initial diagnosis, N=103

Age at diagnosis (years), median (IQR) n=103	75.4 (67.8-80.4)
Type of diagnosis, n (%) n=103	
Histological	77 (74.8)
Clinical	26 (25.2)
D'Amico risk, n (%) n=70	
Low	10 (14.3)
Intermediate	18 (25.7)
High	36 (51.4)
Locally advanced	6 (8.6)
PSA at diagnosis (ng/ml), median (IQR)	19.0 (10.6-46.6)

Curative treatment intent, n (%) n=102	
YES	25 (24.5)
NO	77 (75.5)
Curative treatment combinations, n (%) n=25	
RP	5 (20.0)
RP + HT	1 (4.0)
RP + aERT	1 (4.0)
RP + sERT	1 (4.0)
ERT	10 (40.0)
ERT + HT	6 (24.0)
Local therapy	1 (4.0)

IQR, interquartile range; RP, radical prostatectomy; HT, hormonal therapy; aERT, adjuvant radiotherapy; sERT, salvage radiotherapy.

**Conclusions:** In the Spanish real-world setting, CRPC-MX patients tended to be old and comorbid. Most patients received non-curative treatment despite ECOG being  $\leq 1$  in 82% of this population. Of note, ADT treatment seems to be initiated in a proportion of patients without histological diagnosis. Despite the limitations inherent to retrospective analyses and to data reported from clinical records, this study highlights an urgent need for improving the management of a subset of PC patients with advanced disease.