P086 Predictive factors of response to Cabazitaxel in heavily pretreated patients with metastatic castration resistant prostate cancer: RWD from eight Portuguese institutions

Eur Urol Open Sci 2022;45(Suppl 2):S163

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Introduction & Objectives: In patients (pts) with metastatic castration-resistant prostate cancer (mCRPC), treatment with Cabazitaxel (CAB) plus prednisone after progression to Docetaxel (DOC), has demonstrated an absolute benefit in progression free survival (PFS) of 1.4 months (HR 0,74) and in overall survival (OS) of 2,4 months (HR 0,70), when compared to mitoxantrone. However, little is known about clinical factors that influence treatment response for CAB. The aim of our study is to identify predictive factors that correlate to response to CAB.

Materials & Methods: A retrospective observational study was conducted in pts with mCRPC that received CAB at 8 Portuguese institutions between 1/2014 and 12/2021.

Results: A total of 128 pts were treated, with a median(MED) age of 67 years (43;83). Most patients had an ECOG-PS ≤1 (n=121; 95%) and 69 (53%) had Gleason score ≥8 at diagnosis. Only 45 pts (35%) had metastatic disease at the time of diagnosis, mainly bone metastases (n=110; 86%). All pts were previously treated with at least 1 cycle of DOC(MED 6 cycles, 2-49) before treatment with CAB. Other non-ChT treatments received included: prostate cancer surgery (n=52, 41%), prostate radiotherapy (n=64, 50%), Abiraterone (ABI) (n=90, 70%), Enzalutamide (ENZ) (n=55, 43%), considering that 33pts(25,8%) were treated with both ABI and ENZ. CAB was administrated after a MED of 3 lines of treatment (1-5). PSA before CAB was 342ng/dL(2-4426). After a MED exposure time to CAB of 6 months (0-25), disease control rate was 20% (n=25). Discontinuation occurred in 123 pts (96%), 87(68%) due to disease progression (DP), 19(15%) due to adverse effects and 17 (13%) for other reasons. Univariate analysis of tumor characteristics and previous treatments showed association between presence of visceral metastases and response to CAB ($p< 0,05$). Multivariate logistic regression analysis showed a positive correlation of previous treatment with ABI ($p=0,021$) or ENZ ($p=0,012$) with response to CAB. With a MED follow-up of 26 months(1-59), 2-years OS was 30% with a MED OS of 14 months (0-59) and MED PFS of 6 months (0-25). At time of final analysis, 29 pts (23%) are alive.

Conclusions: Our results are comparable to previous studies, with a PFS 3,2 months longer (6 vs 2,8 months) and a superior discontinuation rate (96% vs 70%) to TROPIC trial. Most pts discontinued due to DP and the safety profile is consistent with reported data. Presence of visceral metastases and treatment with ABI and/or ENZ were identified as predictive factors of response to CAB in our population. The retrospective and multicenter nature of the study precludes caution in analysis. More real world data are needed in order to identify predictive factors of response to CAB and better selection of pts who mostly benefit from this treatment.