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## Prognostic evaluation in hormonosensitive metastatic prostate cancer taking into account the stratification criteria of the LATITUDE and CHARTED studies - the experience of one center

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Veloso Gonçalves M., Teixeira C.M., Lopes De Almeida C., Baptista Freitas M., Valente A.C., Costa M.J., Marques Ribeiro M.J., Augusto I., Barbosa M., Meireles S.

Centro Hospitalar Universitário São João, Dept. of Medical Oncology, Porto, Portugal

**Introduction & Objectives:** The CHARTED and LATITUDE studies led to the approval of the combination of Docetaxel (D) and abiraterone (AA) with classic androgen deprivation (ADT) in patients with metastatic hormone-sensitive prostate cancer (mHSPC), demonstrating improved overall survival (OS) of these. These studies defined their own stratification criteria: CHARTED stratified into high (HV) and low-volume (LV) disease and LATITUDE includes only high-risk disease (HR).

**Materials & Methods:** Retrospective study of patients diagnosed with mHSPC treated with Docetaxel and Abiraterone in combination with ADT, from 01/2016 to 12/2021, at our institution. Survival analysis and prognostic assessment were performed using the Kaplan-Meier method and the Cox regression model, with a significance level of 0.05.

**Results:** Of the 52 patients included, the median age at the start of treatment was 65 years [45-85] and 96.2% (n=50) had ECOG PS 0-1. The ISUP was 5 in 59.6% (n=31). About 92.3% of patients (n=48) are metastasized at diagnosis. Taking into account the metastasis, 92.3% (n=48) had bone disease, 61.5% (n=32) lymph node disease and 23.1% (n=12) visceral disease. High-volume disease criteria were identified in 82.7% of patients (n=43) and high-risk in 76.9% (n=40). Thirty-four patients (65.4%) were treated with Docetaxel and 18 (34.6%) with Abiraterone. About 28.8% of patients (n=15) experienced adverse effects, but only 9.6% (n=5) needed dose reduction. The median follow-up was 14 months (0-50). In univariate and multivariate analysis, overall survival was not statistically different based on disease volume (median HV 36 months vs LV 44 months; HR 7.306, IC 95% 0.603-88.526, p=0.118) and risk criteria (median HR 36 months vs not high risk 44 months; HR 6.216 IC 95% 0.549-70.344, p=0.140). However, stratification by disease volume (DV) and risk (R) were statistically significant in castration resistance-free survival in univariate analysis (median HV 20 months vs LV not achieved, p=0.049; median HR 20 months vs not high risk 33 months, p=0.025), which was not confirmed in multivariate analysis (DV: HR 1.391, IC 95% 0.157-12.345, p=0.767; R: HR 3.299, IC 95% 0.622-17.489, p= 0.161).

**Conclusions:** In our analysis, stratification by disease volume and risk criteria defined by the aforementioned studies had no prognostic impact on castration-resistance-free survival and overall survival. These data support the efficacy of therapeutic intensification in patients with mHSPC, regardless of the disease volume and risk criteria defined by the LATITUDE study.