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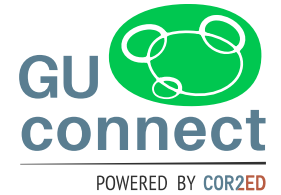
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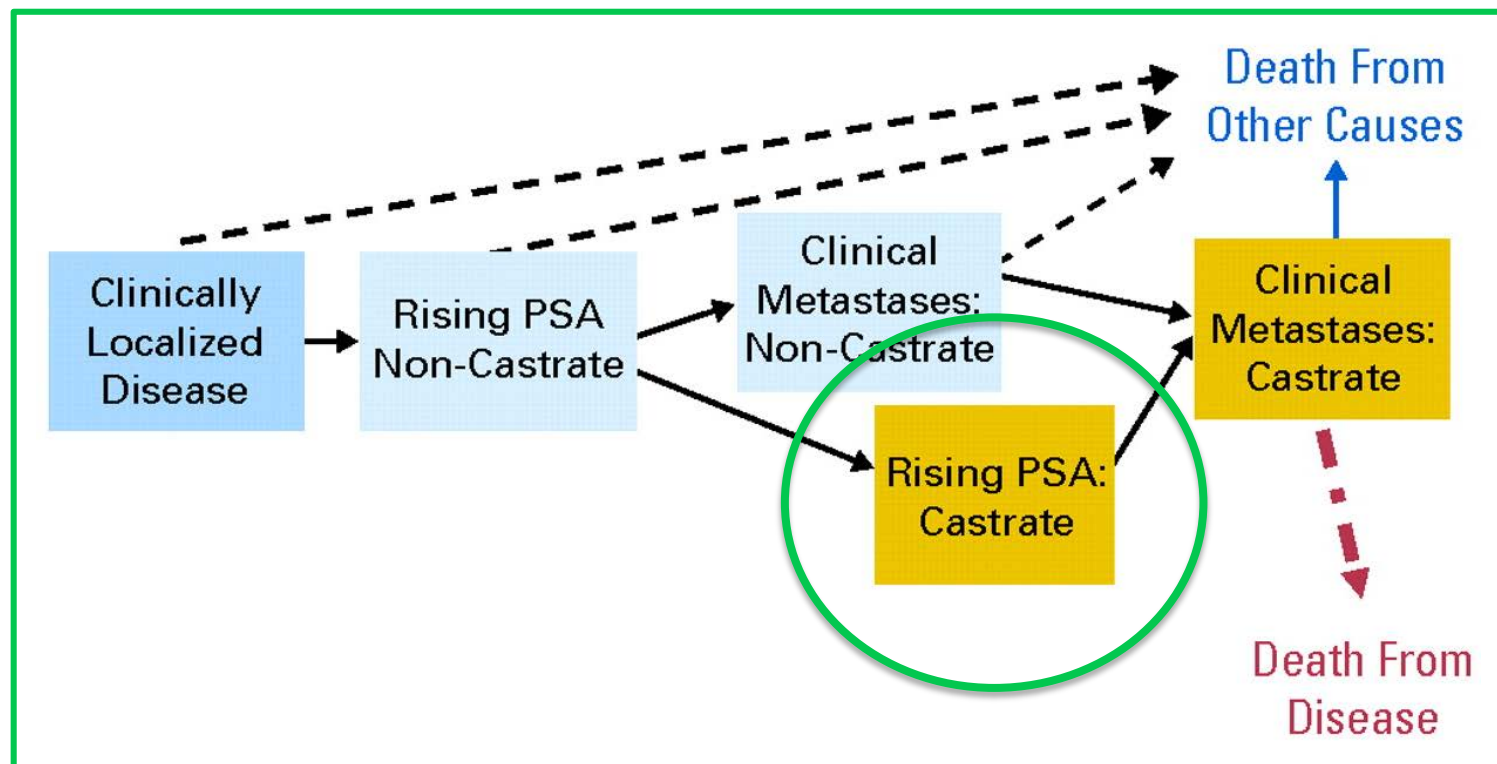
**HIGH-RISK NON-METASTATIC (M0)
CASTRATION-RESISTANT PROSTATE CANCER
NEW THERAPEUTIC UPDATES**

DISCLAIMER



Please note: The views expressed within this presentation are the personal opinions of the author. They do not necessarily represent the views of the author's academic institution or the rest of the GU CONNECT group

M0 CRPC AS PART OF THE CLINICAL STATES MODEL



Two defining criteria

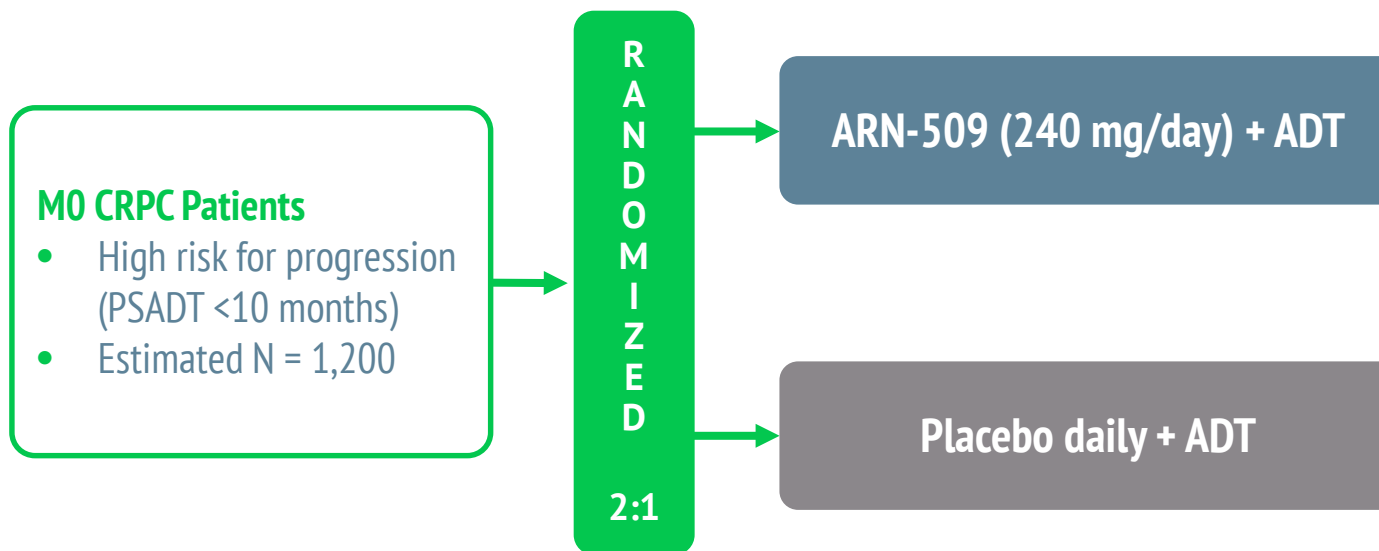
1. Rising PSA in the setting of castrate testosterone levels (<50 ng/dL)
2. No radiographically identifiable metastasis

**SPARTAN: A PHASE III DOUBLE-BLIND,
RANDOMIZED STUDY OF APALUTAMIDE
VERSUS PLACEBO IN PATIENTS WITH
NON-METASTATIC CASTRATION-RESISTANT
PROSTATE CANCER**

Small EJ et al. Abstract #161

PHASE III SPARTAN TRIAL DESIGN

- Multicenter, double-blind, placebo-controlled study



- **Primary endpoint:** MFS

PHASE III SPARTAN DATA

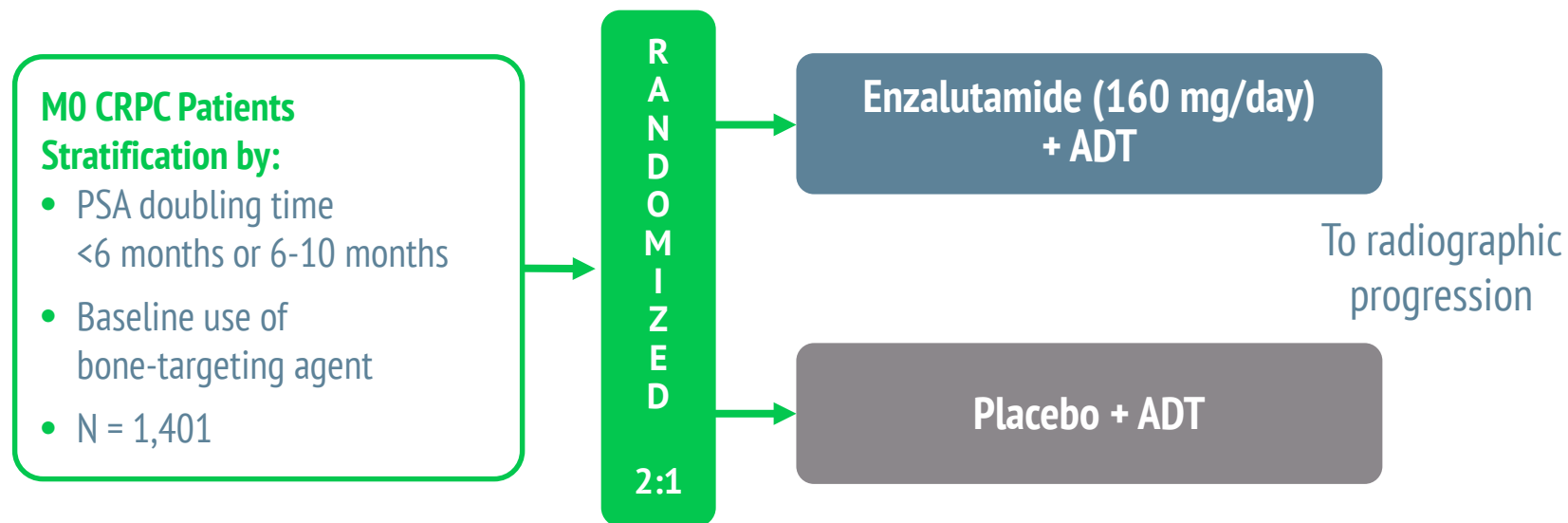
- **Median MFS** 40.5 vs. 16.2 months (HR 0.28; $p < 0.0001$)
- 55% risk reduction in time to symptomatic progression
- OS interim analysis data not mature with HR 0.70 with just 24% of required events but trend with $p = 0.07$
- **PFS2** with 51% risk reduction of progression for combination endpoint assessed by investigator
- PROs show QOL with no decrement but not sure tools sensitive enough to detect decrement or improvement
- Adverse events of interest with apalutamide
 - 2x grade 3/4 falls
 - 3x grade 3/4 fractures
 - 3x grade 3/4 fatigue (0.9 vs. 0.3%)

**PROSPER: A PHASE III, RANDOMIZED,
DOUBLE-BLIND, PLACEBO-CONTROLLED
STUDY OF ENZALUTAMIDE IN MEN WITH
NON-METASTATIC CASTRATION-RESISTANT
PROSTATE CANCER**

Hussain M et al. Abstract #3

PHASE III PROSPER TRIAL DESIGN

- Randomized, double-blind, placebo-controlled international study



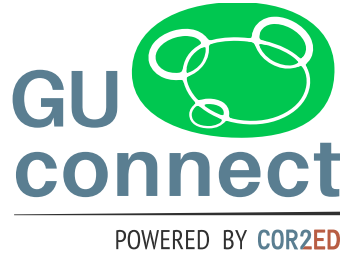
- **Primary endpoint:** MFS = time to radiographic progression or death on study

PHASE III PROSPER DATA

- **Median MFS** 36.6 vs. 14.7 months (HR 0.29; $p < 0.0001$)
- Time to use of new antineoplastic therapy median 39.6 vs. 17.7 months
- OS interim analysis data not mature with HR 0.80 with $p = 0.1519$
- Adverse events of interest with enzalutamide
 - grade ≥ 3 Hypertension 5% vs. 2%
 - 3x grade 3/4 fatigue (3 vs. 1%)

SUMMARY POINTS

- Both apalutamide and enzalutamide offer an impressive **approximate median 2 year improvement in MFS** and may represent a new standard of care
- Cannot determine if one agent is superior over the other
- Overall survival data is not mature but trends are in the right direction
- Adverse events well tolerated but probably more fatigue, hypertension, falls and fractures
- M0 CRPC is likely rare in many countries given presence of next generation imaging; however, this disease state may increase in the United States as these new agents become available



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