Poster B13

Presenting author: Joe M O'Sullivan
Email: joe.osullivan@qub.ac.uk

Identifying patient profiles and mapping treatment journeys of ARPI-treated, taxane-naive patients with metastatic prostate cancer across three countries in a digital patient survey

Joe M O'Sullivan,[1] Reiner Lehmann,[2] Henning Sievert,[2] Stephen Allen,[3] Ernst-Günther Carl,[4] Howard Wolinsky,[5] Andreas Poschenrieder,[6] Osvaldo Mirante,[6] Alicia K Morgans[7]

[1]Queen's University Belfast, Belfast, UK; [2]DontBePatient Intelligence GmbH, Hamburg, Germany; [3]Tackle Prostate Cancer, London, UK; [4]Europa Uomo, Antwerp, Belgium; [5]TheActiveSurveillor.com and AnCan Foundation, Flossmoor, IL, USA; [6]Advanced Accelerator Applications, a Novartis company, Geneva, Switzerland; [7]Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA.

Scan to obtain:
- Poster

https://bit.ly/JoeMOSullivanB13

KEY FINDINGS & CONCLUSIONS

- Patients from the USA, UK and Germany with taxane-naive metastatic prostate cancer who received one prior ARPI were diagnosed differently and had varying patterns of care and treatment journeys.
- Reasons for the differing treatment practices, and understanding how these differences may potentially affect the use of new therapies in this treatment setting, should be explored further.

Acknowledgments

The authors thank the patients, their carers, and all site investigators and personnel who participated in the study. Under the direction of the authors, Liz Sloan, PhD, of Oxford PharmaGenesis, Oxford, UK provided medical writing assistance, which was funded by Novartis, in accordance with Good Publication Practice 2022 (GPP 2022) guidelines (https://www.ismpp.org/gpp-2022).

First author disclosures

Joe M O'Sullivan reports consultant or advisory fees from Advanced Accelerator Applications, a Novartis company, Bayer, Janssen and Novartis; was a speakers' bureau participant for Advanced Accelerator Applications, a Novartis company, Bayer, Janssen and Novartis; and received travel, accommodation and expenses from Janssen and Novartis.

References

1. Sartor O *et al. Ann Oncol* 2023;34 Suppl 2:S1324–25.
2. Morgans A *et al. J Clin Oncol* 2022;40 Suppl 6:16.

Funded by Novartis.

Poster presented at ASCO GU, January 25–27, 2024; Moscone West, San Francisco, CA, USA & online

INTRODUCTION

- In the phase 3 PSMAfore trial, [^{177}Lu]Lu-PSMA-617 prolonged radiographic progression-free survival (rPFS) compared with a change of androgen receptor pathway inhibitor (ARPI) in taxane-naive patients with metastatic castration-resistant prostate cancer who had progressed once on prior ARPI.[1]
- Real-world patient profiles and treatment journeys for patients with taxane-naive metastatic prostate cancer are relatively unknown.
- A fully digital survey of patients with prostate cancer was previously conducted in the USA, UK and Germany to map patient characteristics, experiences and attitudes.[2]
- Here we present data on patients with taxane-naive metastatic prostate cancer that were leveraged from the survey.

Objectives

- To gain insights into patients with taxane-naive metastatic prostate cancer in terms of demographics/characteristics, diagnostic trends and treatment journeys.
- To assess differences between patients and trends in the USA, UK and Germany.

METHODS

Survey methods

- In collaboration with patient organizations and medical experts from the USA, UK and Germany, DontBePatient Intelligence designed a fully digital survey with a cross-sectional design.
- Patients and carers were recruited through social media advertising (Facebook advertising, Google search engine marketing and network banners) and patient organizations (link sharing on their website).
- Demographics, disease characteristics, diagnostic trends, care team involvement, treatment satisfaction, treatment sequence and health-related quality of life (HRQoL) were analyzed.
- Data analysis was performed using descriptive methods and inductive statistics (Pearson's χ^2 test).

Patients

- Survey answers were included in the analysis for patients with metastatic prostate cancer who were taxane-naive and received at least one ARPI, such as abiraterone or enzalutamide.

RESULTS

Patient demographics and characteristics

- Of 458 patients, 157, 183 and 118 were from the USA, UK and Germany, respectively, and overall patients had a median age of 69 years (**Table 1**).
- **Table 1** shows the patient demographics, characteristics and diagnosis trends for the three countries.
- More patients from the UK lived in rural areas and more patients from the USA lived in urban areas than in the other two countries (**Table 1**).
- The mean time since diagnosis was similar between the USA and UK; however, these times were shorter than in Germany (**Table 1**).
- A higher proportion of patients from this subset in the USA was diagnosed with primary metastasized disease (M1) than in the UK and Germany (**Table 1**).
- In the UK and Germany, the predominant mode of diagnosis was presentation of symptoms; in the USA it was routine screening (**Table 1**).

Table 1. Patient demographics, characteristics and diagnosis trends

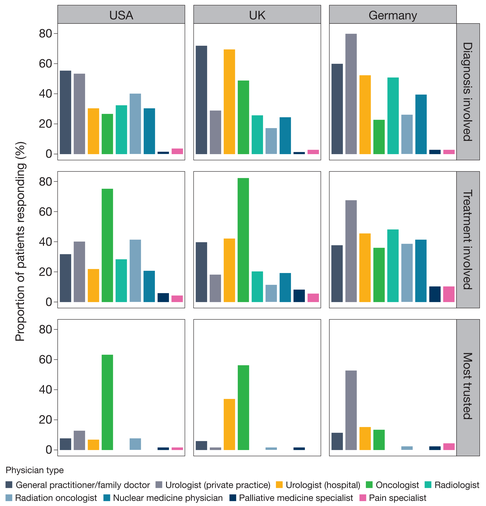
	USA (n = 157)	UK (n = 183)	Germany (n = 118)	Overall (N = 458)
Age, years, median (IQR)	68 (63, 74)	70 (64, 75)	68 (64, 73)	69 (64, 74)
Type of residence				
Rural, %	35	66	47	50
Urban, %	65	34	53	50
Time since diagnosis, years, mean	4.5	4.3	5.4	4.7
Disease stage at diagnosis				
M0, n (%)	82 (52)	105 (57)	70 (59)	257 (56)
M1, n (%)	75 (48)	78 (43)	48 (41)	201 (44)
Gleason score, median (IQR)	9 (8, 9)	8 (7, 9)	8 (7, 9)	8 (7, 9)
Mode of diagnosis				
Routine screening, n (%)	83 (53)	37 (20)	39 (33)	159 (35)
Symptoms, n (%)	45 (29)	107 (58)	48 (41)	200 (44)
BPH therapy, n (%)	8 (5.1)	1 (0.5)	3 (2.5)	12 (2.6)
Other/NA, n (%)	21 (13)	38 (21)	28 (24)	87 (19)
Number of treatment types received, mean	2.1	1.6	1.9	1.8

BPH, benign prostatic hyperplasia; IQR, interquartile range; NA, not applicable.

Care team involvement

- Care team involvement differed between the countries, driven mainly by country-specific differences in healthcare systems.
- Specialists most involved in diagnosis were (**Figure 1**):
  - general practitioner/family doctor and urologist (private practice) in the USA
  - general practitioner/family doctor and urologist (hospital) in the UK
  - urologist (private practice) in Germany.
- Oncologists were more involved in diagnosis in the UK than in the USA and Germany (**Figure 1**).
- Specialists most involved in treatment were oncologists in the USA and UK, and urologists (private practice) in Germany (**Figure 1**).
  - Radiation oncologists were more involved in treatment in Germany and the USA than in the UK; this was possibly because medical and radiation oncologists are referred to as clinical oncologists in the UK.
  - In Germany, there was a higher involvement of urologists than oncologists because patients are routinely diagnosed by urologists (private practice), treated by urologists (hospital) and finally receive surgery as a primary option.
- A higher proportion of nuclear medicine physicians were involved in Germany than in the USA and UK (**Figure 1**).
- The specialist most involved with treatment in each country was also the most trusted caregiver from a patient perspective (**Figure 1**).

Figure 1. Care team involvement, by country



Treatment types

- Apart from hormone treatment, which was selected through the study population, a higher proportion of patients in the USA and UK received radio/brachytherapy, and a higher proportion in Germany received surgery, than any other treatment (**Table 2**).
- Fewer patients in the UK received surgery than in the USA and Germany (**Table 2**).
- The USA had a higher proportion of patients receiving radio/brachytherapy than the UK and Germany (**Table 2**).
- More patients in the USA and Germany received bone-strengthening medication than in the UK, whereas more patients in the UK and Germany received pain medication than in the USA (**Table 2**).

Table 2. Treatment type received, by country

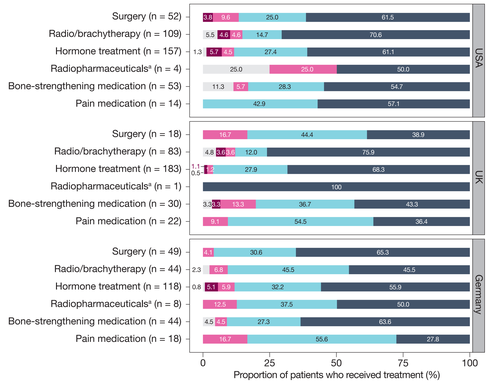
	USA (n = 157)	UK (n = 183)	Germany (n = 118)
Surgery, n (%)	52 (33.1)	18 (9.8)	49 (41.5)
Radio/brachytherapy, n (%)	109 (69.4)	83 (45.4)	44 (37.3)
Hormone treatment,[a] n (%)	157 (100)	183 (100)	118 (100)
Radiopharmaceuticals,[b] n (%)	4 (2.5)	1 (0.5)	8 (6.8)
Bone-strengthening medication, n (%)	53 (33.8)	30 (16.4)	44 (37.3)
Pain medication, n (%)	14 (8.9)	22 (12)	18 (15.3)

[a]Selected through study population.
[b]Included radium-223, strontium-89, samarium-153 or PSMA-targeted radioligand therapy (including [^{177}Lu]Lu-PSMA-617, which was not approved at the time of the survey).
PSMA, prostate-specific membrane antigen.

Treatment satisfaction

- Overall there was high treatment satisfaction (**Figure 2**).
- Only a small number of patients (n = 13) received a radiopharmaceutical treatment; seven were very satisfied with the type of radiopharmaceutical they received (**Figure 2**).
- More patients in the USA and UK who received radio/brachytherapy were very satisfied with their treatment than patients receiving any other treatment (**Figure 2**).
- In Germany, more patients who received surgery or bone-strengthening medication were very satisfied than patients receiving any other treatment (**Figure 2**).
- Approximately 90% of patients who received hormone treatment from within each country were somewhat satisfied or very satisfied with their treatment (**Figure 2**).

Figure 2. Treatment satisfaction, by country

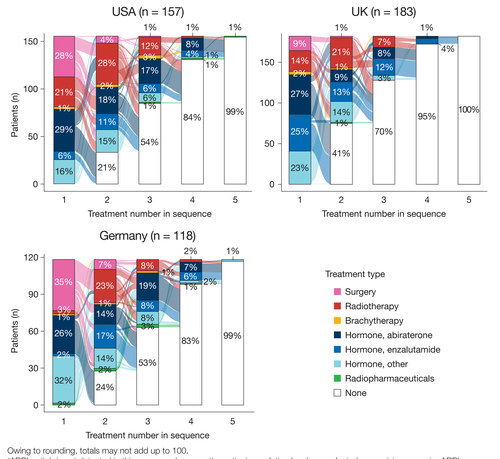


Owing to rounding, totals may not add up to 100.
[a]Included radium-223, strontium-89, samarium-153 or PSMA-targeted radioligand therapy (including [^{177}Lu]Lu-PSMA-617, which was not approved at the time of the survey).
PSMA, prostate-specific membrane antigen.

Treatment sequence

- The most common first-line (1L) treatment was hormone treatment (abiraterone, enzalutamide or other) (**Figure 3**).
  - Overall, more patients received abiraterone than enzalutamide in 1L.
  - In the UK, most patients who received hormone treatment in 1L did not receive second-line (2L) treatment.
- In the UK, more patients received hormone treatment in 1L than in the USA and Germany (**Figure 3**).
- Surgery was more common and radiotherapy was less common in 1L in Germany than in the USA and UK (**Figure 3**).
- Overall, hormone treatment was the most common in 2L (**Figure 3**).
- Overall, more patients received radiotherapy in 2L than in 1L (**Figure 3**).

Figure 3. Treatment sequence,[a] all countries



Owing to rounding, totals may not add up to 100.
[a]ARPI switch is not detected in this sequence because the patient population has been selected as receiving one prior ARPI. Previous chemotherapy is not listed because it was excluded in the definition of this patient group.
ARPI, androgen receptor pathway inhibitor.

Health-related quality of life

- Overall, the median Functional Assessment of Cancer Therapy – Prostate (FACT-P) total score was comparable between countries (**Table 3**).

Table 3. FACT-P total score, by country

	USA (n = 157)	UK (n = 183)	Germany (n = 118)	Overall (N = 458)
FACT-P total score				
n	81	80	57	218
Median (IQR)	101.0 (38.0)	106.0 (31.3)	105.0 (23.0)	103.0 (29.8)

FACT-P, Functional Assessment of Cancer Therapy – Prostate; IQR, interquartile range.