IX Congresso Internacional de Uro-Oncologia

IV SIMPÓSIO MULTIPROFISSIONAL DE URO-ONCOLOGIA

Como eu trato câncer de próstata metastático hormônio sensível:

Dr Paulo Sérgio Moraes Lages
Oncologista Clínico do Instituto Onco-vida Brasília

PLOUG
DR. PAULO LAGES - ONCOLOGIA UROLÓGICA E GASTROINTESTINAL

ONCO - VIDA

Declaração sobre Conflito de Interesses

De acordo com a Resolução 1931/2009 do Conselho Federal de Medicina e com a RDC 96 / 2008 da ANVISA, declaro que:

- ***Apresentações*: como palestrante convidado, participo dos eventos de: NOVARTIS, JANSSEN, ASTRA ZENECA, PFIZER, SANOFI-AVENTIS, FERRING, ZODIAC, MERCK-SERONO, ROCHE, MUNDIPHARMA, BAYER, ASTELLAS, BMS, MSD**

- ***Consultoria*: como membro de *advisory boards*, participo de reuniões com: JANSSEN, NOVARTIS, PFIZER, BMS**

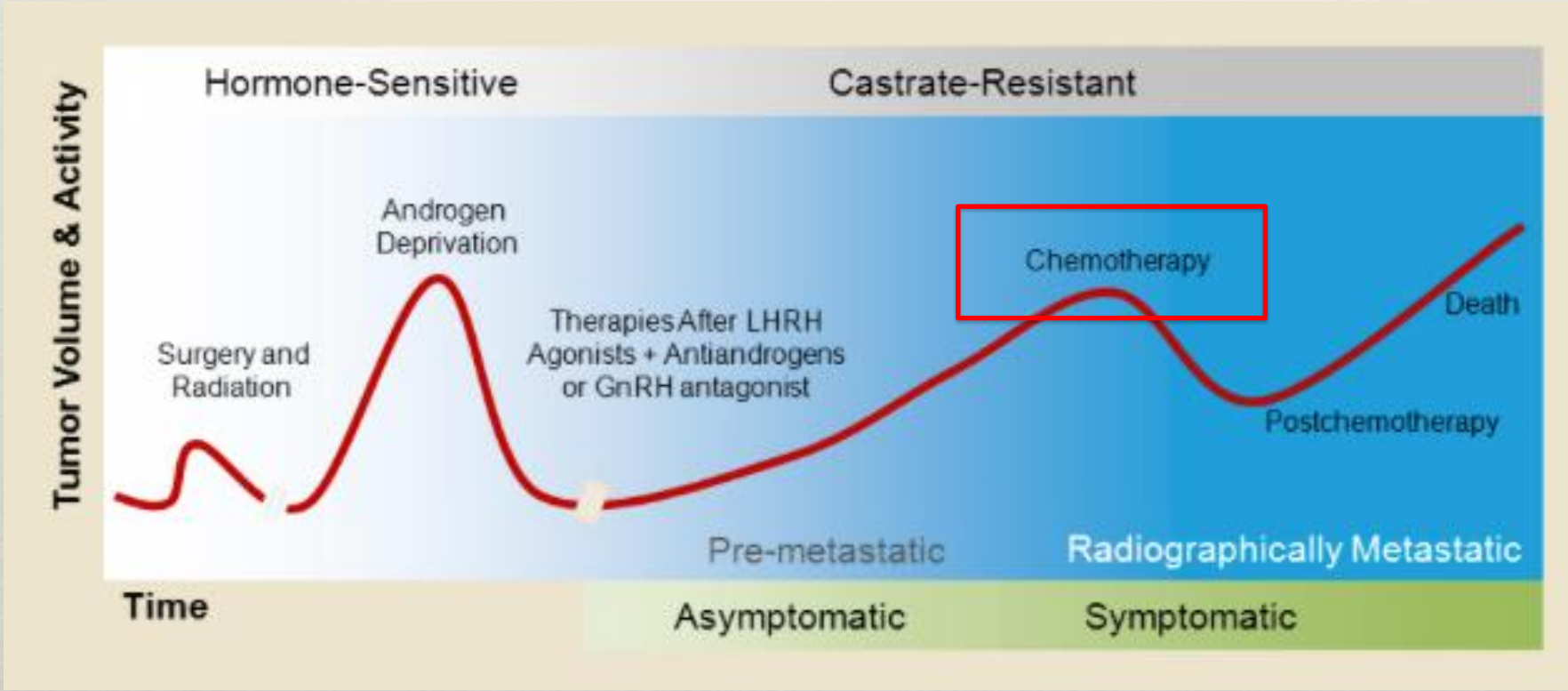
Não possuo ações de quaisquer destas companhias farmacêuticas.

Os meus pré-requisitos para participar destas atividades são a autonomia do pensamento científico, a independência de opiniões e a liberdade de expressão, aspectos que esta empresa respeita.

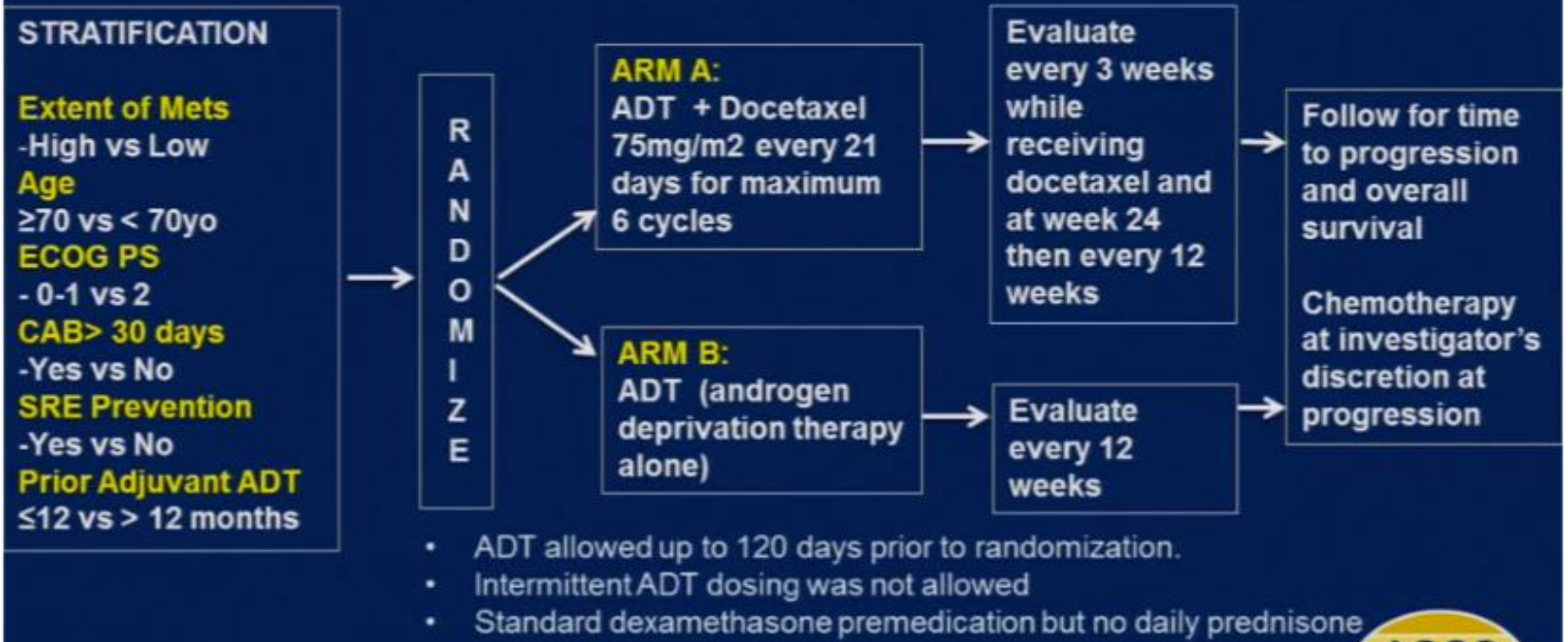
Câncer de próstata metastático Sensível a castração

BEST OF ASCO®
2014 ANNUAL MEETING

A quebra de um paradigma...

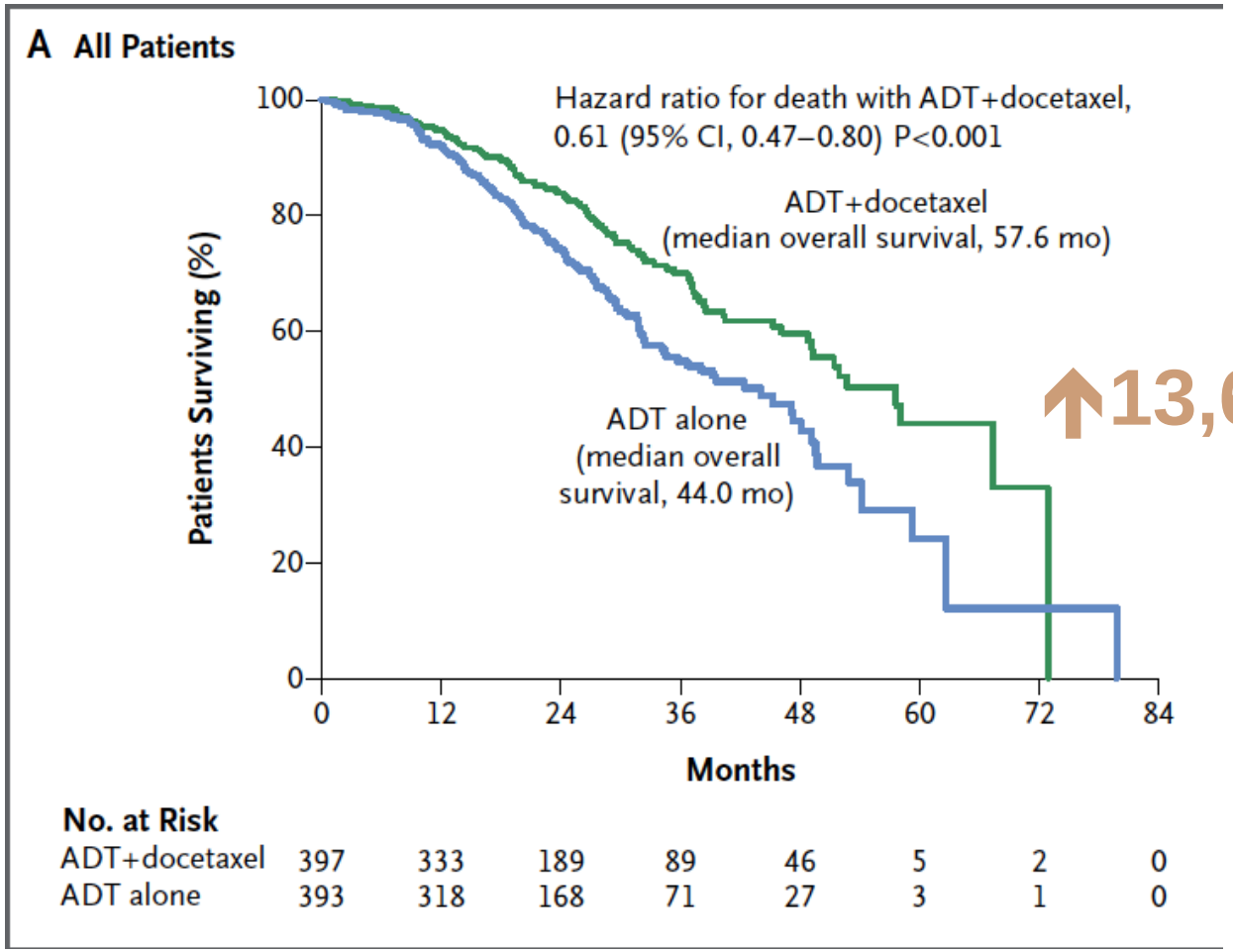


E3805 – CHAARTED Treatment



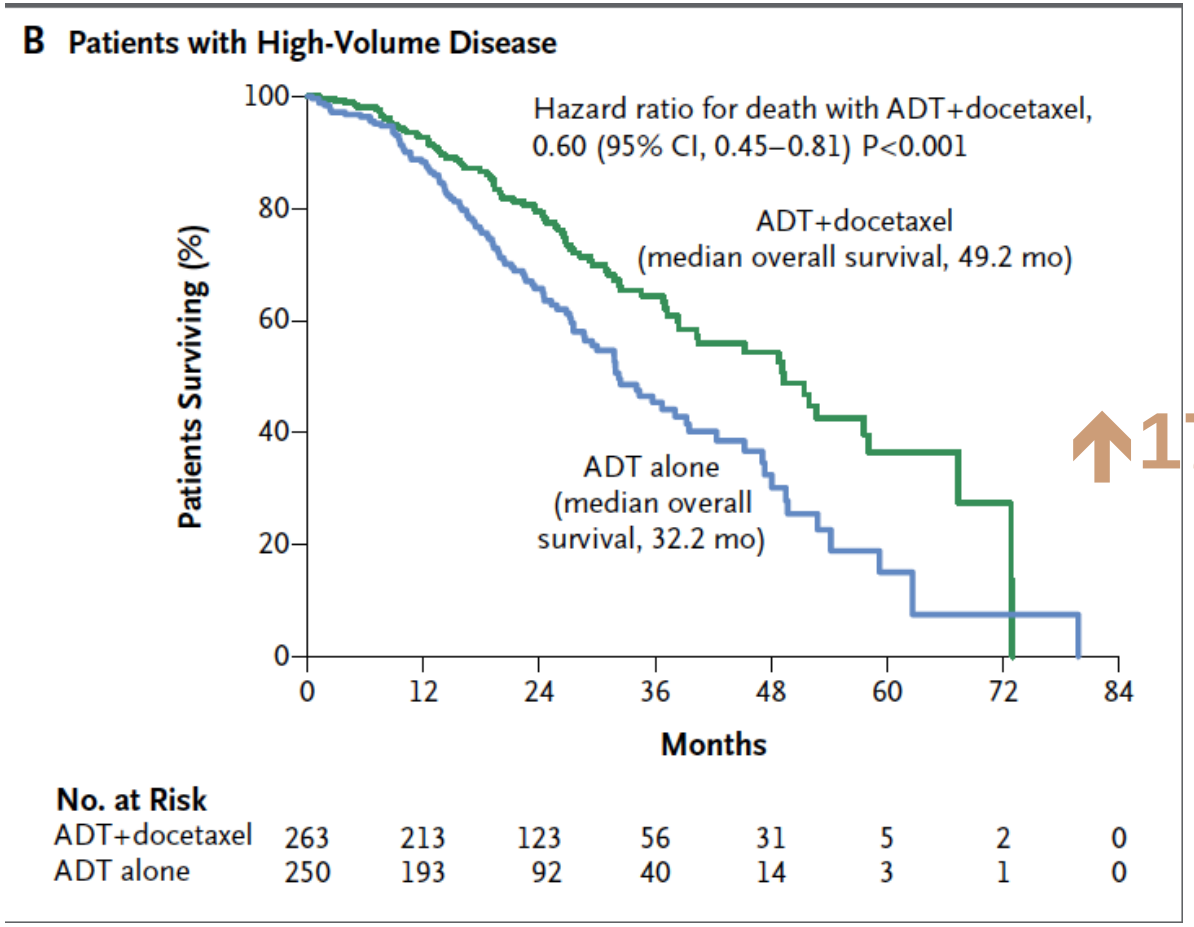
- ADT allowed up to 120 days prior to randomization.
- Intermittent ADT dosing was not allowed
- Standard dexamethasone premedication but no daily prednisone

Sobrevida Global
População Geral



↑13,6 meses

Sobrevida Global
Alto volume de doença



↑17 meses

Quality of life (QOL) analysis from CHAARTED: Chemohormonal Androgen Ablation Randomized Trial in Prostate Cancer (E3805)

Linda J. Patrick-Miller, Yu-Hui Chen, Michael Carducci, David Cella, Robert S. DiPaola, Benjamin Gartrell, Glenn Liu, David Jarrard, Alicia Morgans, Yu-Ning Wong, Jorge Garcia, Maha Hussain, Christopher Sweeney

ECOG-ACRIN
cancer research group
Reshaping the future of patient care

PRESENTED AT: ASCO ANNUAL MEETING '16

Presented By Linda Patrick-Miller at 2016 ASCO Annual Meeting

Federally Funded Research™

QOL Endpoints

- Primary Endpoint: Overall QOL
  - **Functional Assessment of Cancer Therapy-Prostate (FACT- P).** Self-report measure of general and disease-specific quality of life[8]. The sum of 5 subscales:

1 Physical: Somatic symptoms

2 Social: Relationships with family and friends

3 Emotional: Depression, anxiety, coping

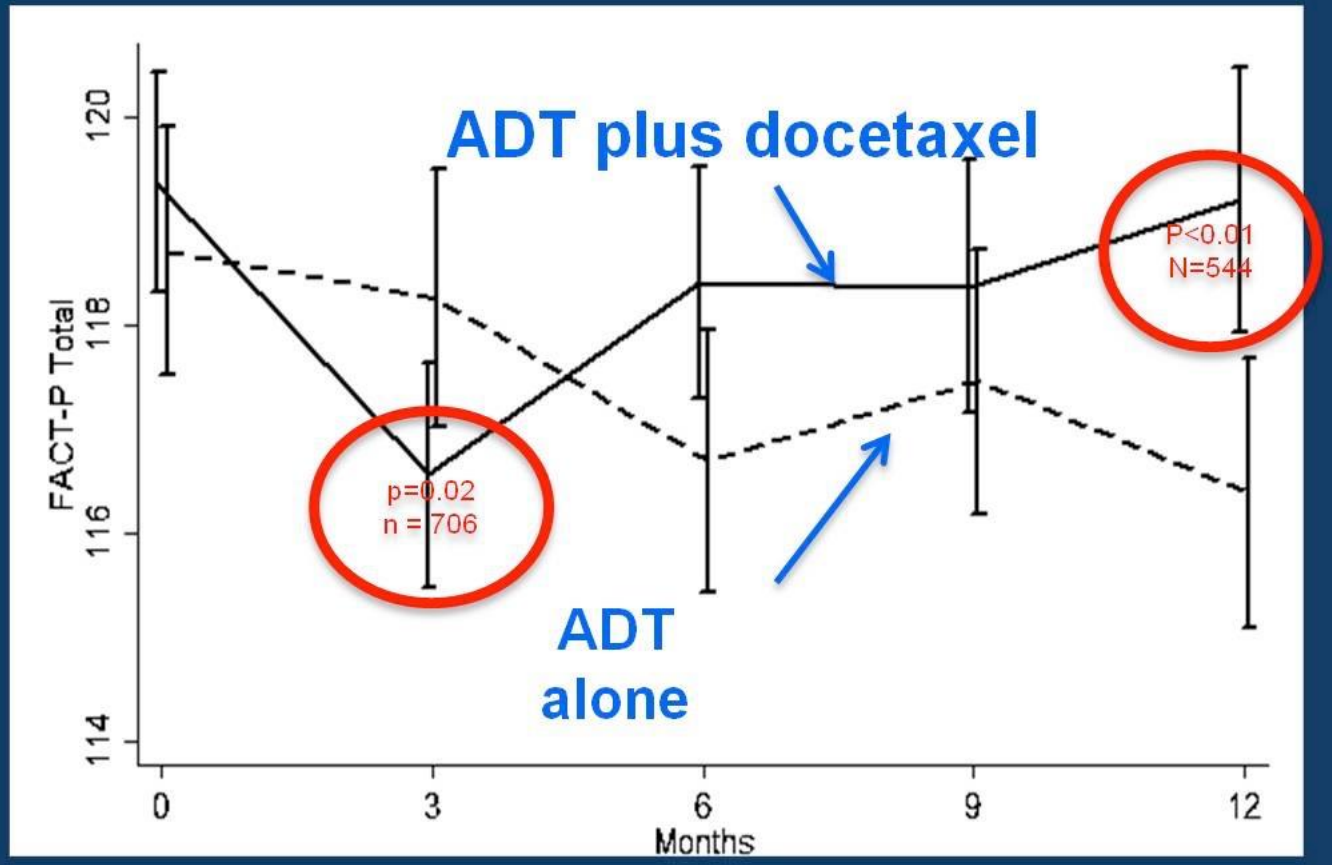
4 Functional well-being: Capacity to do the things I want to do

5 Concerns specific to prostate cancer: Incontinence, masculinity

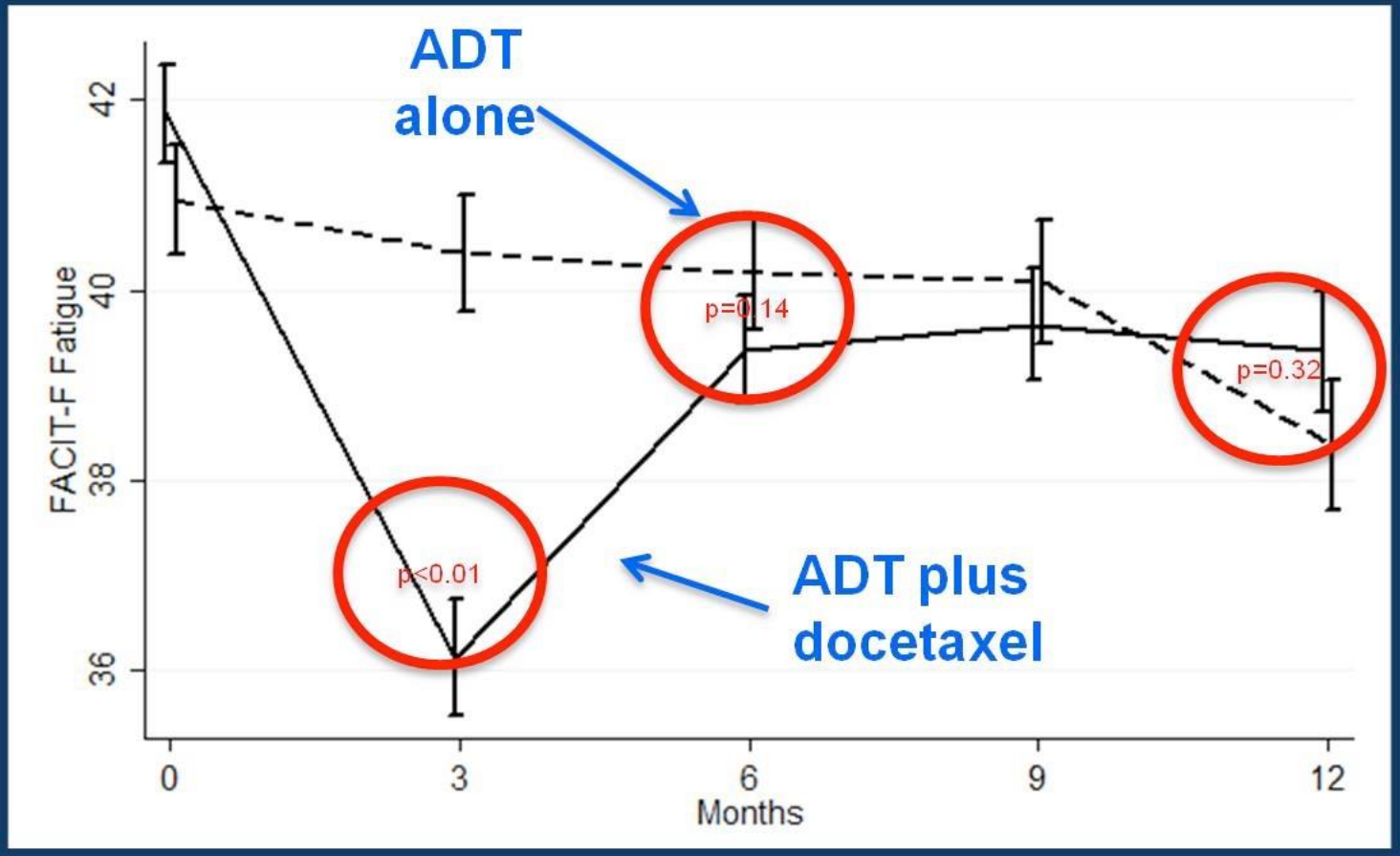
- Higher scores indicate better QOL.

[8]Esper, P. et al. Adult Urology, 1997.

Results
Primary Endpoint: Overall QOL on FACT-P



Secondary endpoint: FACIT-F Fatigue



MRC Clinical Trials Unit

Smarter studies
Global impact
Better health

UNIVERSITY OF BIRMINGHAM

CANCER RESEARCH UK

UCL

Adding abiraterone for men with high-risk prostate cancer starting long-term androgen deprivation therapy: Survival results from STAMPEDE

Nicholas James

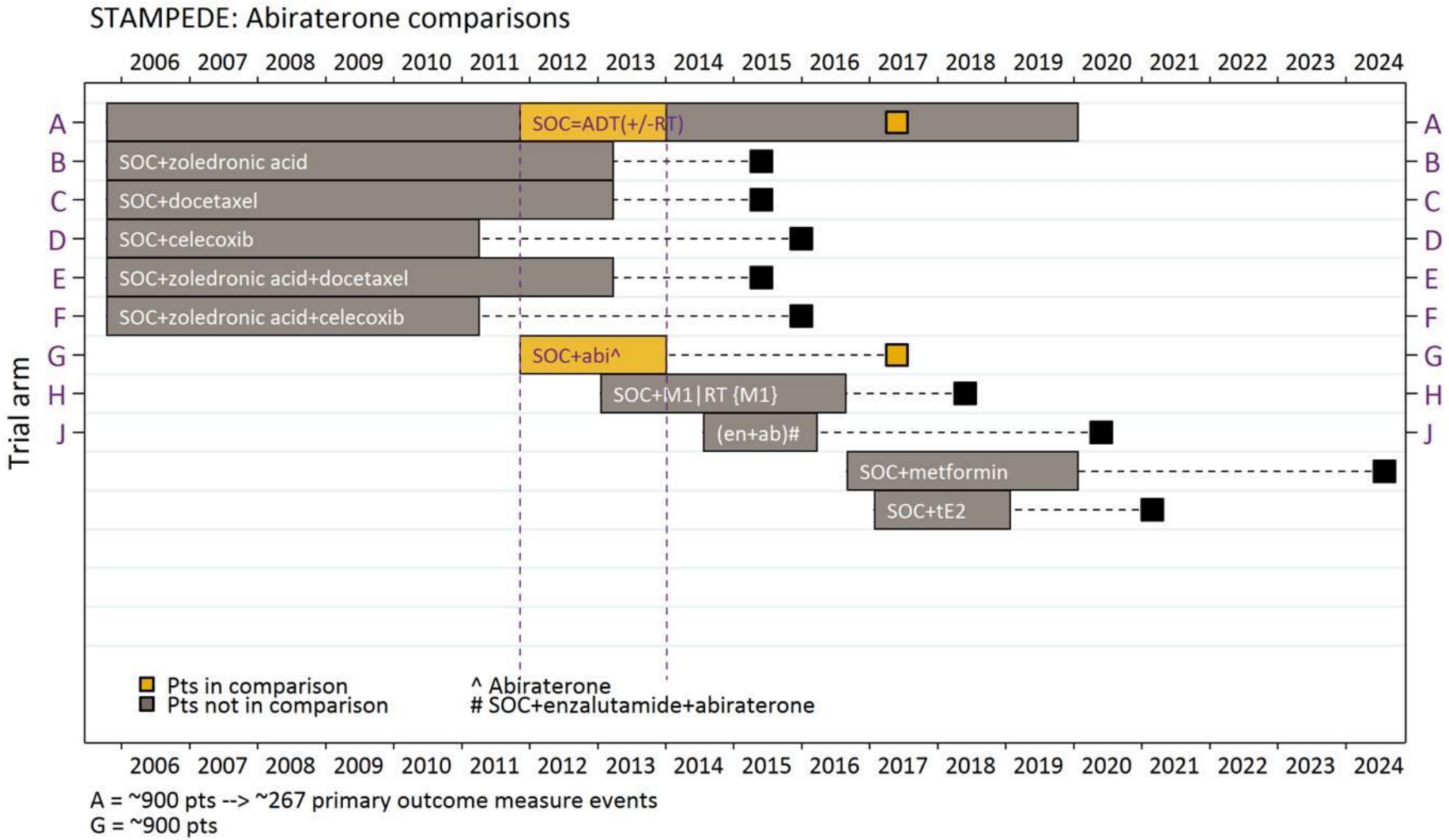
University of Birmingham and Queen Elizabeth Hospital Birmingham

on behalf of

Johann De Bono, Melissa R Spears, Noel W Clarke, Malcolm D Mason, David P Dearnaley, Alastair WS Ritchie, J Martin Russell, Clare Gilson, Rob Jones, Silke Gillessen, David Matheson, San Aung, Alison Birtle, Simon Chowdhury, Joanna Gale, Zafar Malik, Joe O'Sullivan, Anjali Zarkar, Mahesh KB Parmar, Matthew R Sydes and the STAMPEDE Investigators

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17

Abiraterone comparison: patients



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Inclusion criteria

Newly-diagnosed

Any of:

- Metastatic
- Node-Positive
- ≥2 of: Stage T3/4
  PSA≥40ng/ml
  Gleason 8-10

Relapsing after previous RP or RT with ≥1 of:

- PSA ≥4ng/ml and rising with doubling time <6m
- PSA ≥20ng/ml
- Node-positive
- Metastatic

All patients

- Fit for all protocol treatment
- Fit for follow-up
- WHO performance status 0-2
- Written informed consent

Full criteria

www.stampedetrial.org

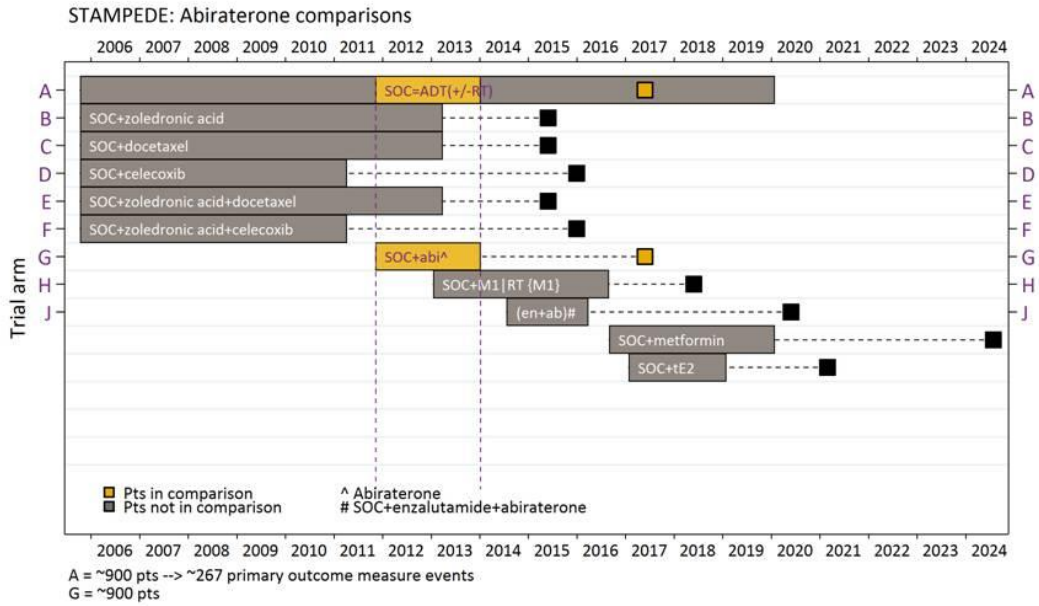
Accrual

Comparison

Open: Nov-2011

Closed: Jan-2014

Accrual: 1917



Number of patients

957 **A** Standard-of-care* (SOC)

960 **G** SOC + abiraterone acetate + prednisolone (SOC+AAP)

*SOC = ADT ± RT

Patient characteristics

1%	WHO PS 2	[s]
21%	WHO PS 1	[s]
67yr	Median age (min 39, max 85)	[s]
52%	Metastatic (88% Bony mets)	[s]
20%	N+M0	
28%	N0M0	
99%	LHRH analogues	[s]
41%	Planned for RT (96% of N0M0 pts; 62% of N+M0 pts)	[s]
5%	Previous local therapy	

Balanced by arm

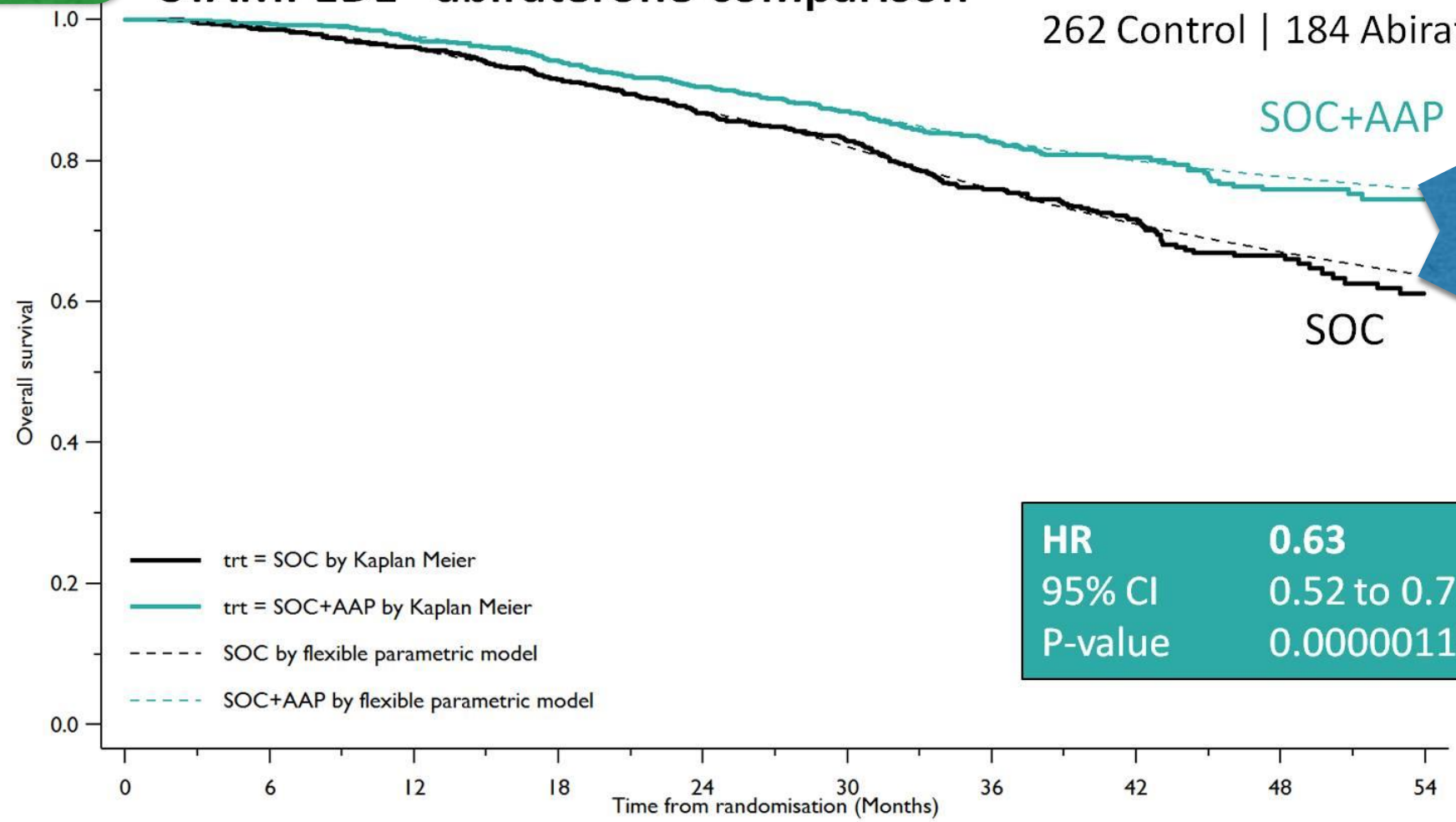
[s] = Stratification factors

Also stratified on
:: hospital
:: NSAID/aspirin

Sobrevida Global

– STAMPEDE "abiraterone comparison"

Events
262 Control | 184 Abiraterone



37%

HR	**0.63**
95% CI	0.52 to 0.76
P-value	0.00000115

Number of patients (events)

SOC	957	(37)	909	(88)	806	(92)	491	(36)	123
SOC+AAP	960	(26)	917	(63)	840	(67)	541	(25)	161

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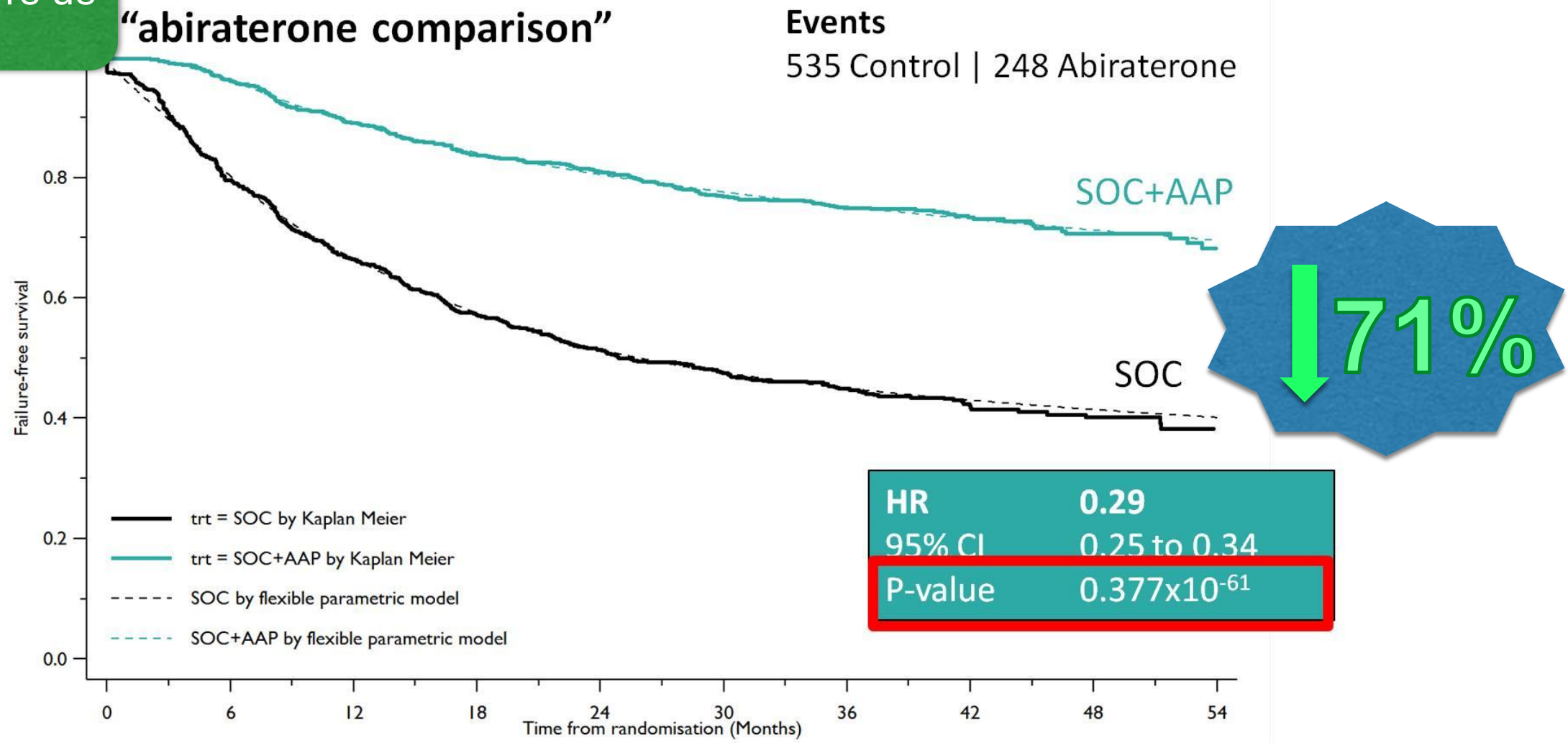
Sobrevida livre de Falha



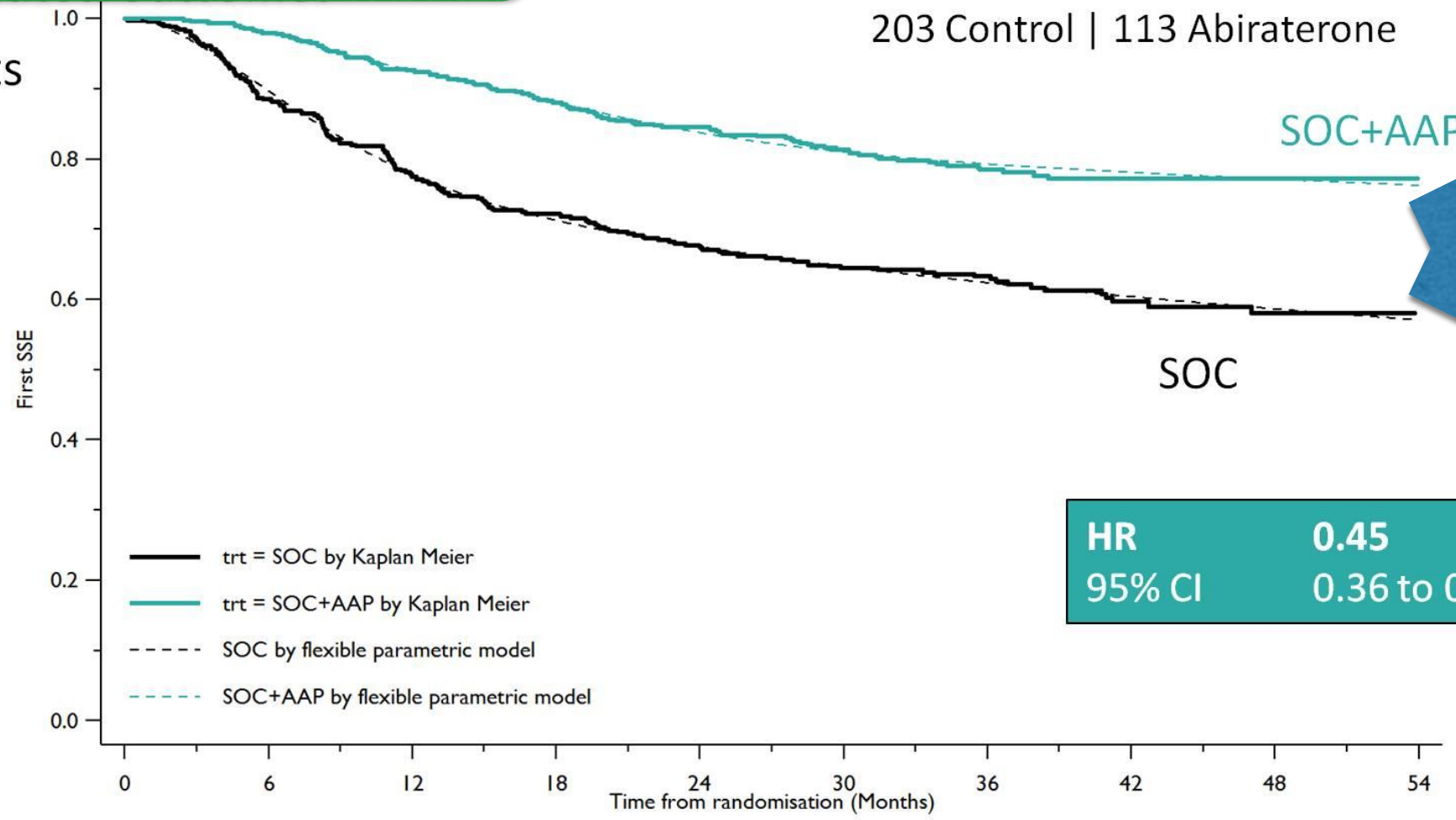
Number of patients (events)

SOC	957	(319)	625	(140)	476	(56)	284	(18)	62
SOC+AAP	960	(104)	837	(75)	737	(52)	477	(14)	141

Eventos relacionados ao esqueleto

M1 patients

Events
203 Control | 113 Abiraterone



55%

HR	**0.45**
95% CI	0.36 to 0.58

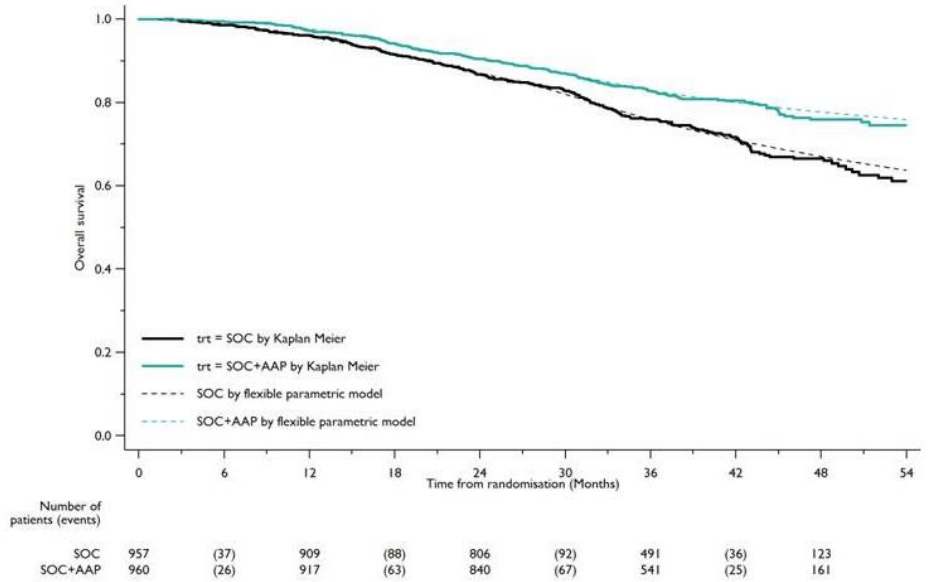
Number of patients (events)

SOC	502	(57)	436	(54)	377	(25)	330	(21)	291	(13)	263	(4)	182	(8)	93	(2)	47	(0)	18
SOC+AAP	500	(10)	482	(26)	448	(22)	411	(16)	381	(14)	335	(11)	234	(3)	135	(0)	76	(0)	27

Conclusões:

Em pacientes sem tratamento hormonal prévio, a combinação de ADT + ABIRATERONA + PDN resulta:

- Ganho de 37% em Sobrevida Global
- Ganho de 71% em Sobrevida Livre de Falha
- Ganho de 55% em Eventos esqueléticos relacionados ao esqueleto



Tratamento muito bem tolerado

Abiraterona + PDN com ADT deveria ser incluído no novo “padrão de tratamento”

Presented By Nicholas James at 2017 ASCO Annual Meeting

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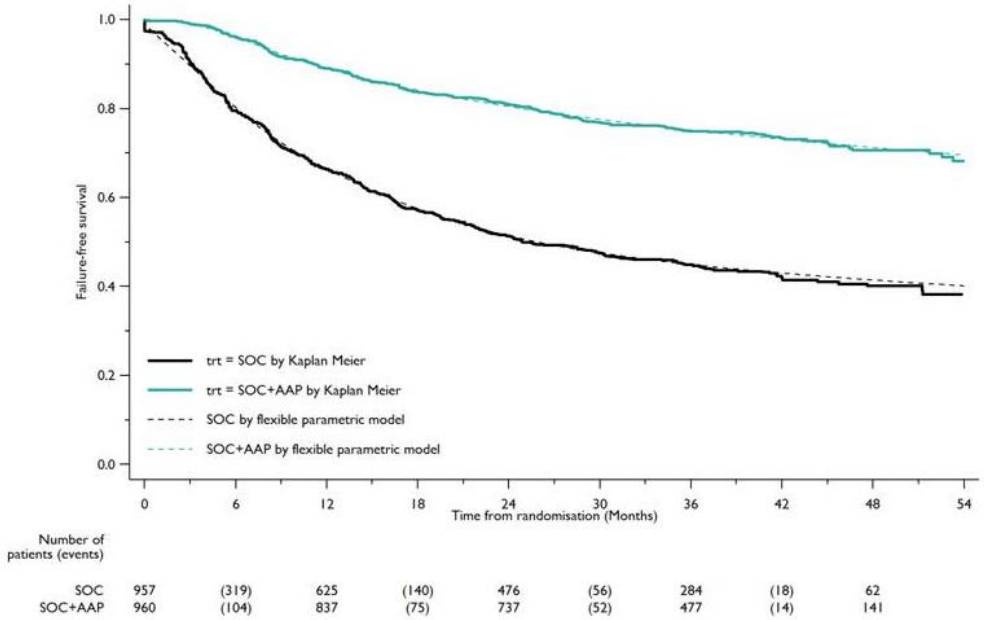

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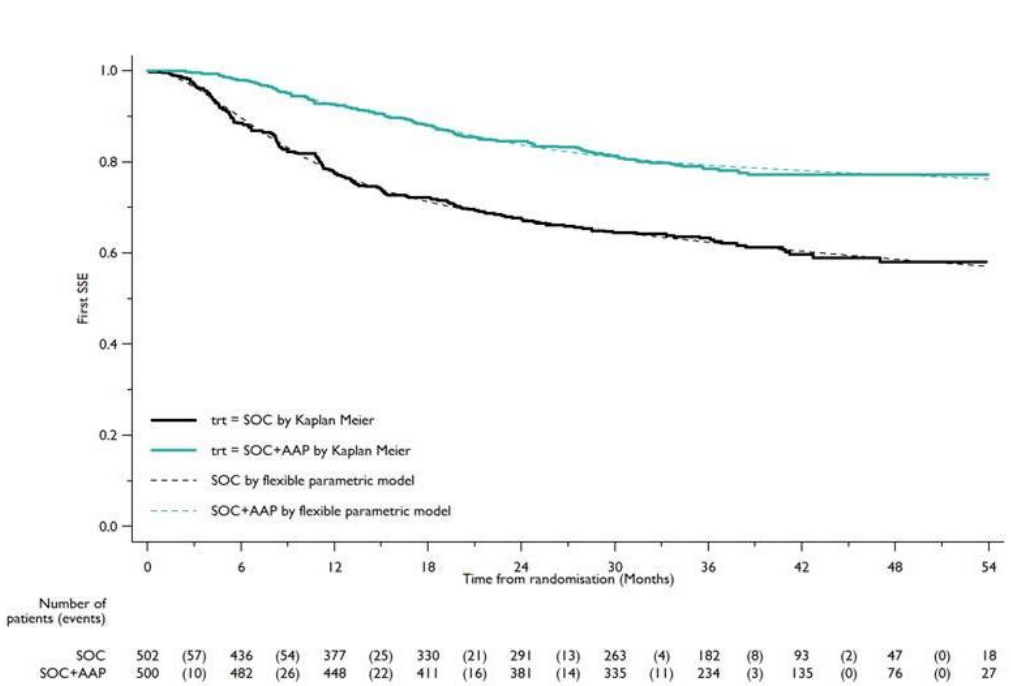

Tratamento muito bem tolerado

Abiraterona + PDN com ADT deveria ser incluído no novo “padrão de tratamento”

Presented By Nicholas James at 2017 ASCO Annual Meeting

LATITUDE: A phase 3, double-blind, randomized trial of androgen deprivation therapy with abiraterone acetate plus prednisone or placebos in newly diagnosed high-risk metastatic hormone-naïve prostate cancer patients

Karim Fizazi,[1] NamPhuong Tran,[2] Luis Fein,[3] Nobuaki Matsubara,[4] Alfredo Rodriguez-Antolin,[5] Boris Y. Alekseev,[6] Mustafa Özgüroğlu,[7] Dingwei Ye,[8] Susan Feyerabend,[9] Andrew Protheroe,[10] Peter De Porre,[11] Thian Kheoh,[12] Youn C. Park,[13] Mary B. Todd,[14] Kim N. Chi,[15] on behalf of the LATITUDE Investigators

[1]Gustave Roussy, University of Paris Sud, Villejuif, France; [2]Janssen Research & Development, Los Angeles, CA; [3]Instituto de Oncologia de Rosário, Rosário, Argentina; [4]National Cancer Center Hospital East, Chiba, Japan; [5]12 de Octubre University Hospital, Madrid, Spain; [6]P.A. Hertsen Moscow Cancer Research Institute, Moscow, Russian Federation; [7]Cerrahpaşa Medical Faculty, Istanbul University, Istanbul, Turkey; [8]Fudan University Shanghai Cancer Center, China; [9]Studienpraxis Urologie, Nürtingen, Germany; [10]Oxford University Hospitals Foundation NHS Trust, Oxford, UK; [11]Janssen Research & Development, Beerse, Belgium; [12]Janssen Research & Development, San Diego, CA; [13]Janssen Research & Development, Raritan, NJ; [14]Janssen Global Services, Raritan, NJ; [15]BC Cancer Agency, Vancouver, BC, Canada

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Presented By Karim Fizazi at 2017 ASCO Annual Meeting

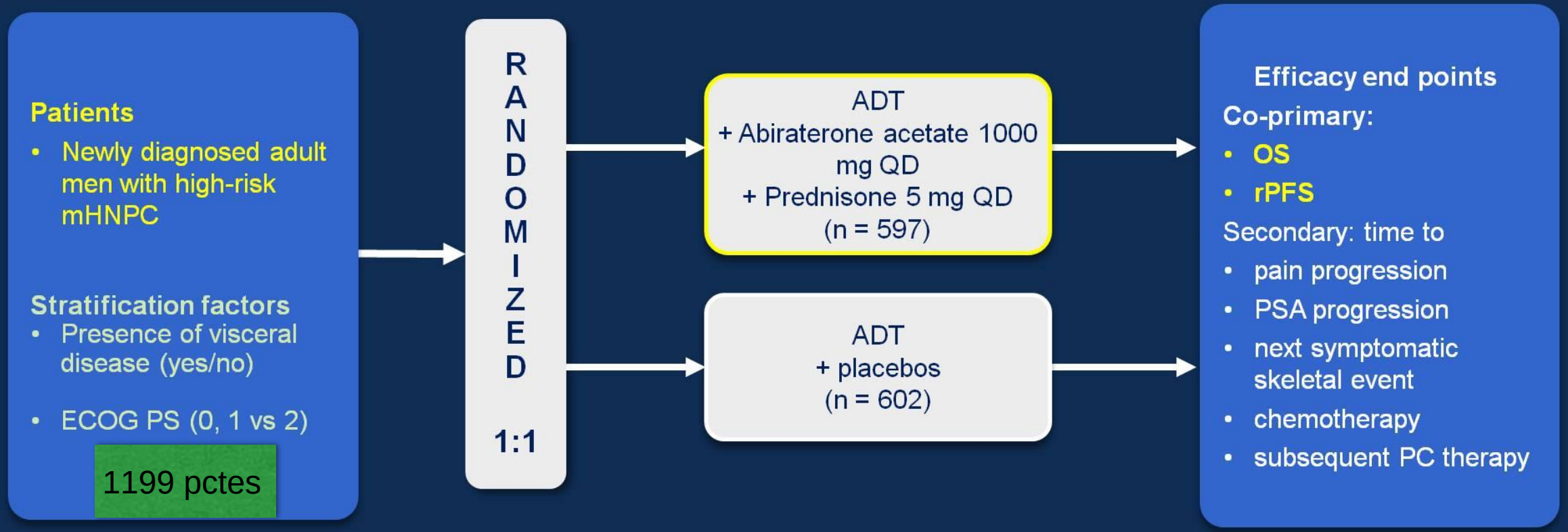
Objetivo do estudo:

Avaliar o benefício da adição de Abiraterona + PDN ao ADT traz benefícios para pacientes com câncer de próstata metastático não exposto a castração de ALTO RISCO

Alto Risco (pelo menos 2 critérios):

Gleason > 7
> 2 lesões ósseas na cintilografia
Doença visceral

Overall study design of LATITUDE



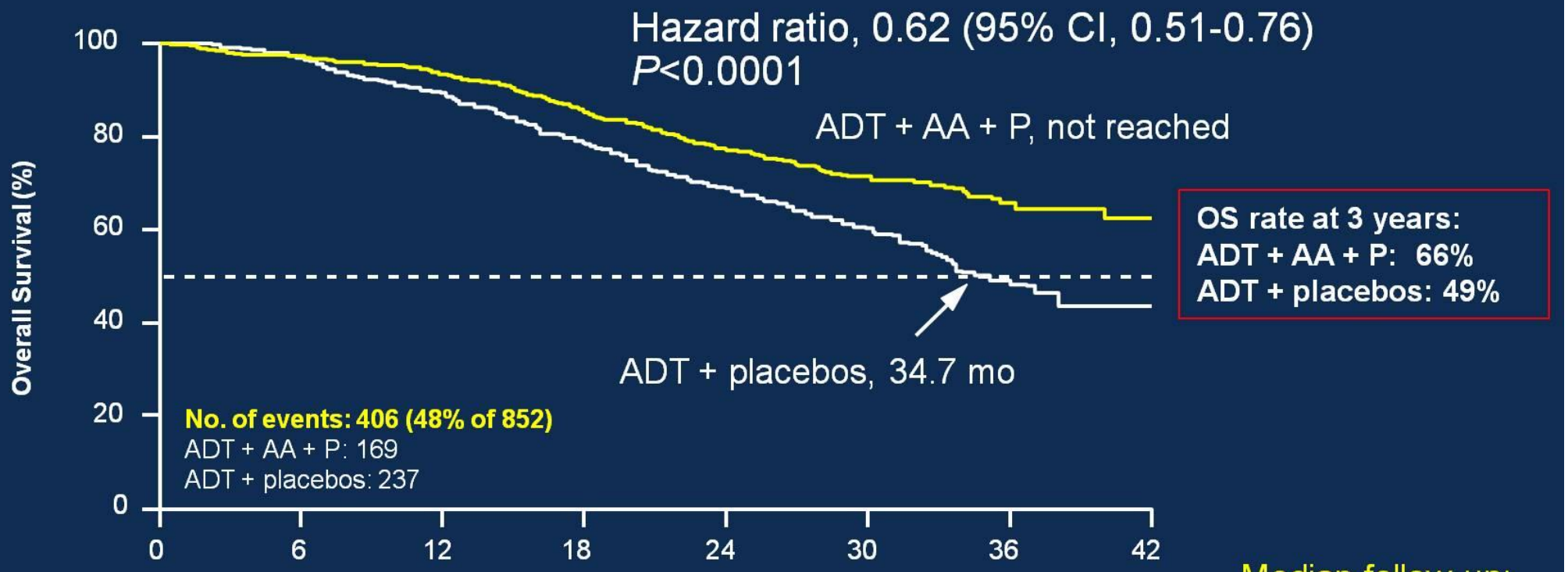
- **Conducted at 235 sites in 34 countries in Europe, Asia-Pacific, Latin America, and Canada**
- **Designed and fully enrolled prior to publication of CHAARTED/STAMPEDE results**

Treatment arms were well balanced

	ADT + AA + P (n = 597)	ADT + Placebos (n = 602)
Median age, years (range)	68.0 (38-89)	67.0 (33-92)
Gleason score ≥ 8 at initial diagnosis	98%	97%
Patients with ≥ 3 bone metastases at screening	98%	97%
Extent of disease Bone Liver Lungs Node	 97% 5% 12% 47%	 98% 5% 12% 48%
Baseline pain score (BPI-SF Item 3) 0-1 2-3 ≥ 4	 50% 22% 29%	 50% 24% 27%

Sobrevida Global

Statistically significant 38% risk reduction of death



OS rate at 3 years:
ADT + AA + P: 66%
ADT + placebos: 49%

No. at risk								
ADT + AA + P	597	565	529	479	388	233	93	9
ADT + placebos	602	564	504	432	332	172	57	2

Median follow-up: 30.4 months

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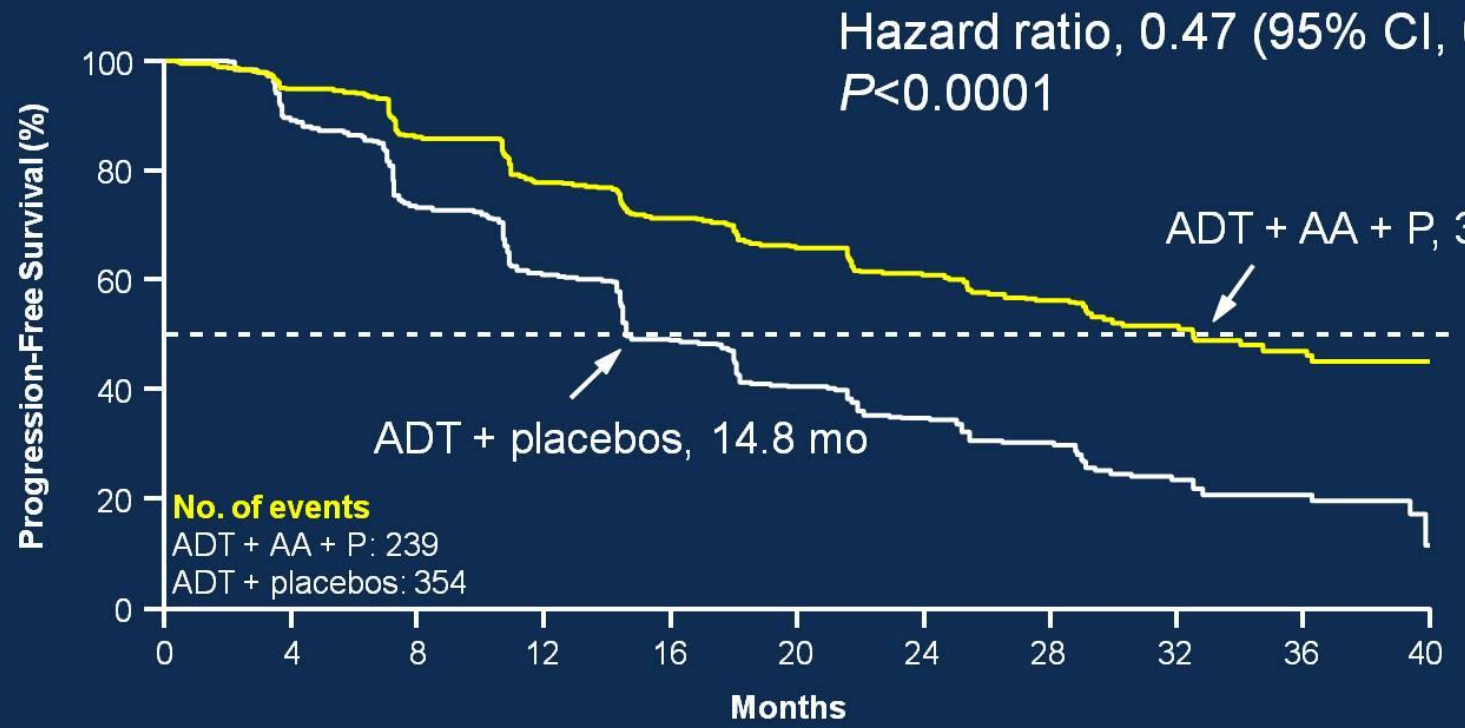
OS benefit consistently favorable across subgroups

Subgroup	ADT + AA + P	ADT + placebos	Hazard ratio (95% CI)
	Median (mo)		
All patients	NR	34.7	0.63 (0.51-0.76)
ECOG			
0	NR	38.2	0.64 (0.48-0.86)
1-2	NR	31.3	0.61 (0.46-0.79)
Visceral disease			
Yes	NR	32.3	0.51 (0.33-0.79)
No	NR	35.1	0.66 (0.53-0.83)
Gleason score			
< 8	NR	NR	0.62 (0.18-2.11)
≥ 8	NR	34.7	0.63 (0.51-0.77)
Bone lesions			
≤ 10	NR	NR	0.65 (0.45-0.96)
> 10	NR	31.3	0.60 (0.47-0.75)
Region			
Asia	NR	NR	0.73 (0.42-1.27)
East Europe	NR	30.5	0.50 (0.36-0.69)
West Europe	NR	38.1	0.75 (0.51-1.09)
Rest of world	NR	31	0.70 (0.45-1.09)

Sobrevida Livre de Progressão Radiográfica

Statistically significant 53% risk reduction of radiographic progression or death



No. at risk											
ADT + AA + P	597	533	464	400	353	316	251	177	102	51	21
ADT + placebos	602	488	367	289	214	168	127	81	41	17	7

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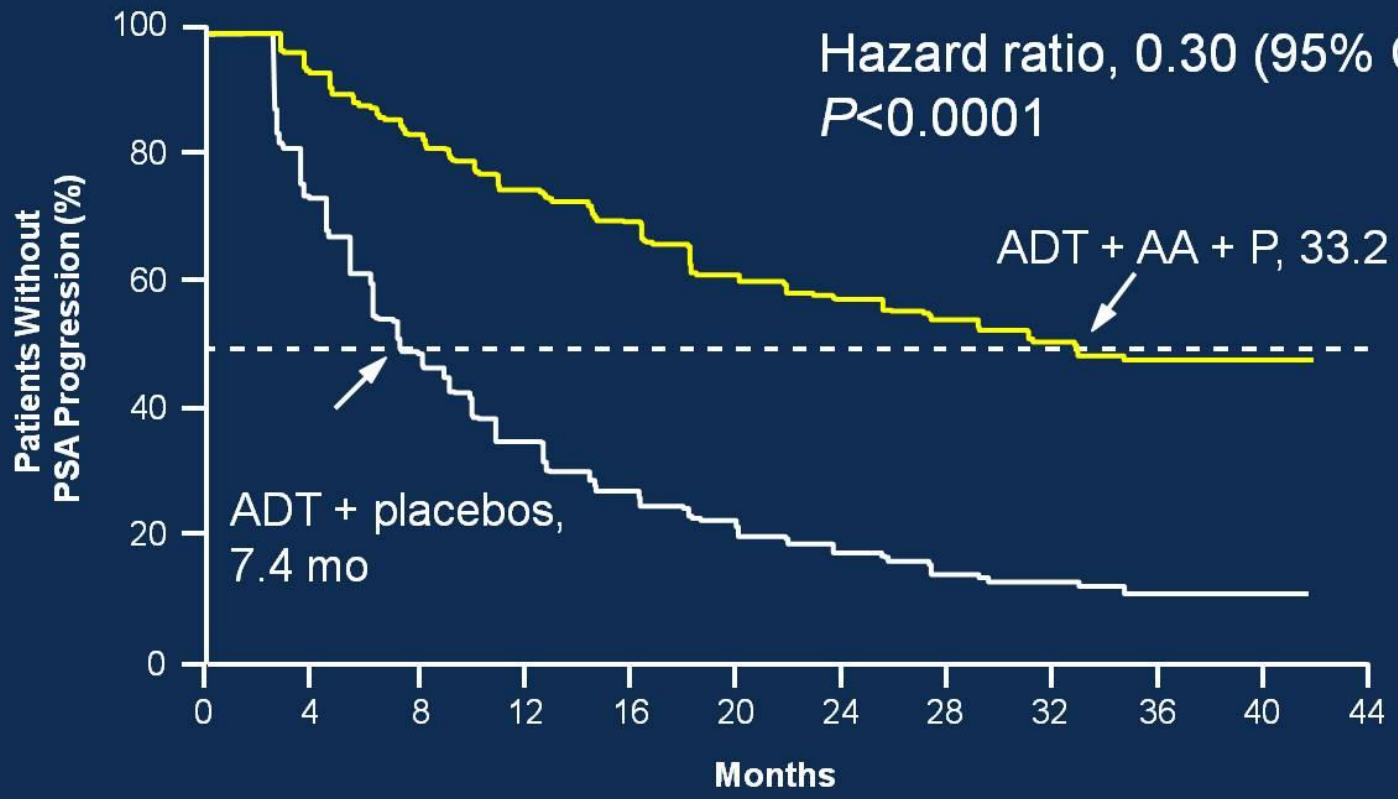
Tempo para progressão de PSA

Statistically significant 70% risk reduction of time to PSA progression



No. at risk

ADT + AA + P	597	520	447	379	340	285	227	162	95	48	18	0
ADT + placebos	602	393	250	172	129	102	65	33	19	8	5	0

Adverse events of special interest

Adverse Events	ADT + AA + P (n = 597)		ADT + placebos (n = 602)	
	Grade 3	Grade 4	Grade 3	Grade 4
	%		%	
Hypertension	20	0	10	0.2
Hypokalemia	10	0.8	1	0.2
ALT increased	5	0.3	1	0
AST increased	4	0.2	1	0
Hyperglycemia	4	0.2	3	0
Bone pain	3	0	3	0
Cardiac disorder	3	0.8	1	0
Anemia	2	0.5	4	0.2
Back pain	2	0	3	0
Fatigue	2	0	2	0
Spinal cord compression	2	0	1	0.5

Conclusão:

Esses achados indicam que a adição de AA + PDN ao ADT pode ser considerada o novo “tratamento padrão”para pacientes de alto risco recém diagnosticados com câncer de próstata metastático virgem de tratamento.


Docetaxel
VS
Abiraterona

Alto Volume

QUIMIOTERAPIA

Quatro ou mais lesões, pelo menos 1 fora da pelve e coluna

Doença Visceral

Alto Risco

HORMONIOTERAPIA (ABIRATERONA)

3 ou mais lesões ósseas

Doença Visceral

Gleason > 7

OPTION 1

OPTION 2

OPTION 3

OPTION 4

ARTICLE IN PRESS

ELSEVIER

Urologic Oncology: Seminars and Original Investigations ▮ (2017) ▮▮▮–▮▮▮

UROLOGIC ONCOLOGY

Original article

Metastatic burden in newly diagnosed hormone-naive metastatic prostate cancer: Comparing definitions of CHAARTED and LATITUDE trial

Sarah Buelens, M.D.[a,b,*], Filip Poelaert, M.D.[a,b], Bert Dhondt, M.D.[a,b], Valérie Fonteyne, M.D., Ph.D.[c], Pieter De Visschere, M.D., Ph.D.[e], Piet Ost, M.D., Ph.D.[b,c], Sofie Verbeke, M.D., Ph.D.[d], Geert Villeirs, M.D., Ph.D.[e], Kathia De Man, M.D.[f], Sylvie Rottey, M.D., Ph.D.[g], Karel Decaestecker, M.D., Ph.D.[a], Nicolaas Lumen, M.D., Ph.D.[a,b]

[a] *Department of Urology, Ghent University Hospital, Ghent, Belgium*
[b] *Department of Radiation Oncology and Experimental Cancer Research, Cancer Research Institute Ghent, Ghent University, Ghent, Belgium*
[c] *Department of Pathology, Ghent University Hospital, Ghent, Belgium*
[d] *Department of Pathology, Ghent University Hospital, Ghent, Belgium*
[e] *Department of Radiology, Ghent University Hospital, Ghent, Belgium*
[f] *Department of Nuclear Medicine, Ghent University Hospital, Ghent, Belgium*
[g] *Department of Medical Oncology, Ghent University Hospital, Ghent, Belgium*

Received 29 September 2017; received in revised form 8 December 2017; accepted 18 December 2017

Prospectivo com 95 Pacientes
Avaliação alto/baixo volume e alto/baixo risco
TTO a critério da equipe

OBJETIVO:

AVALIAR A CONCORDÂNCIA DOS MODELOS COMO FATOR PROGNÓSTICO

UROLOGIC ONCOLOGY

Original article

Metastatic burden in newly diagnosed hormone-naive metastatic prostate cancer: Comparing definitions of CHAARTED and LATITUDE trial

18, DEC, 2017

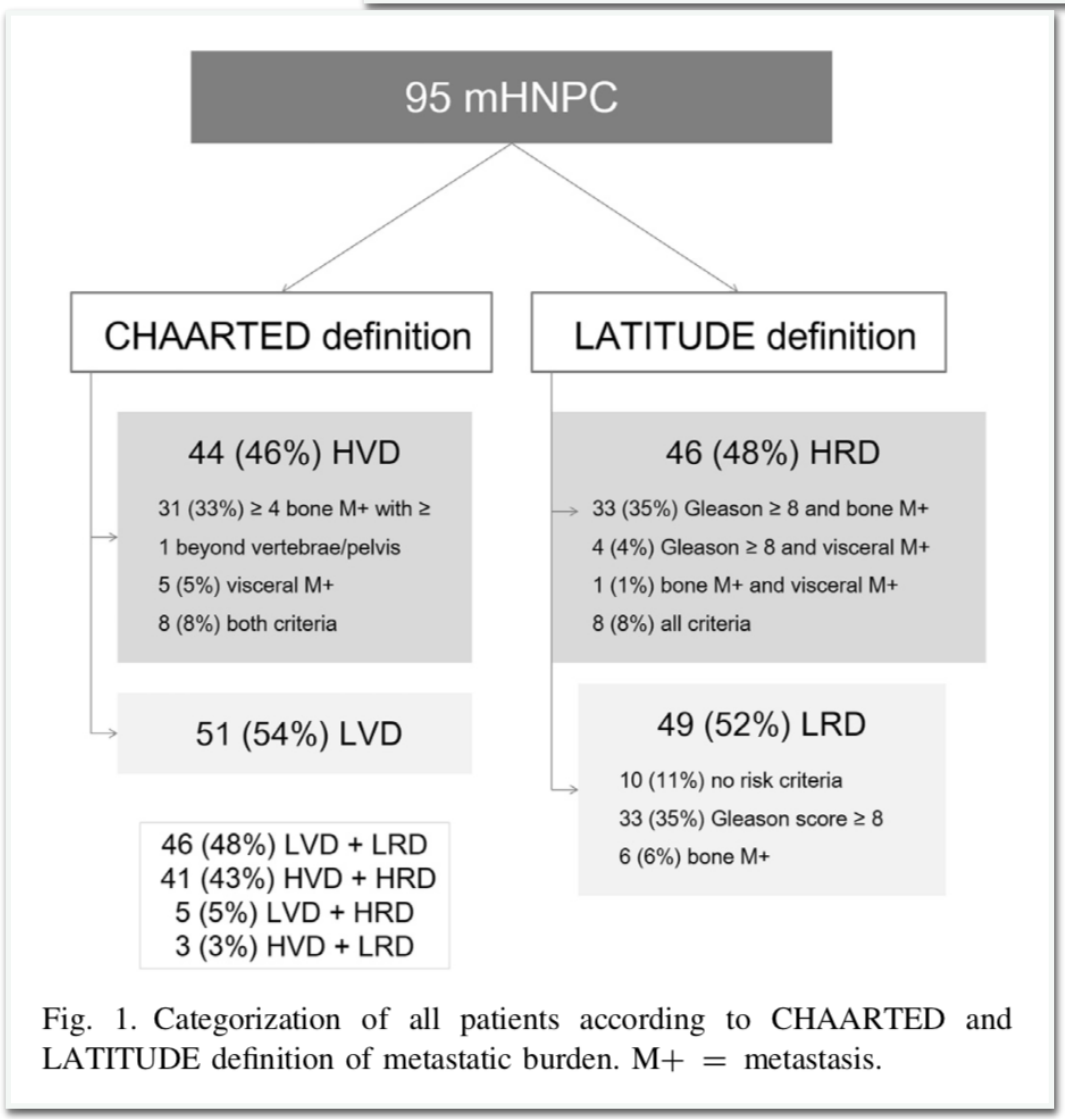
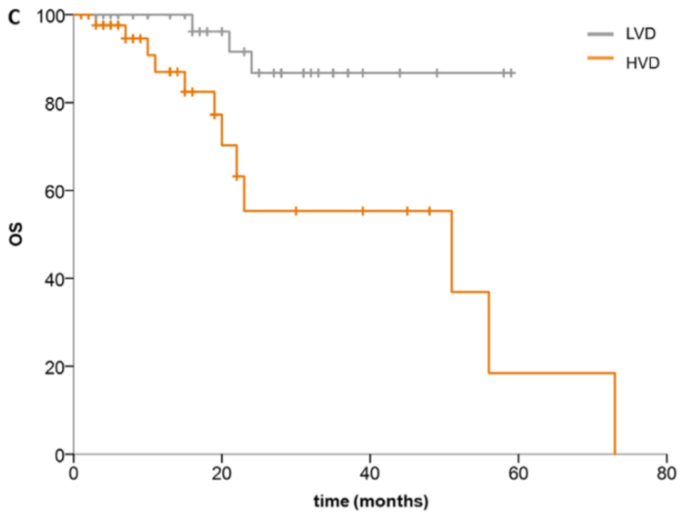
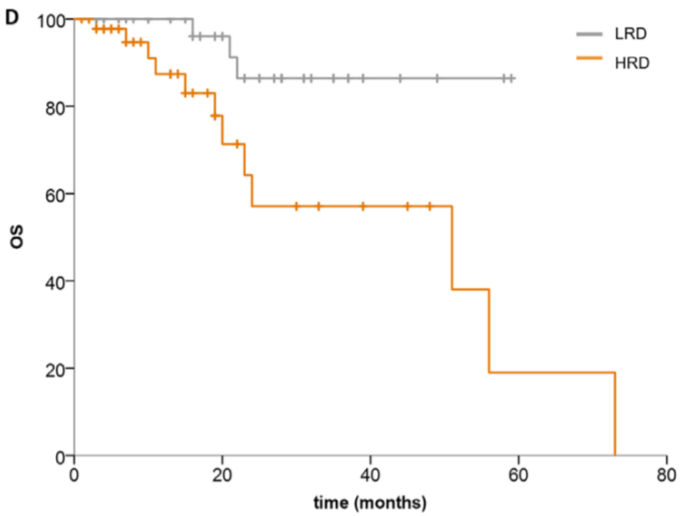


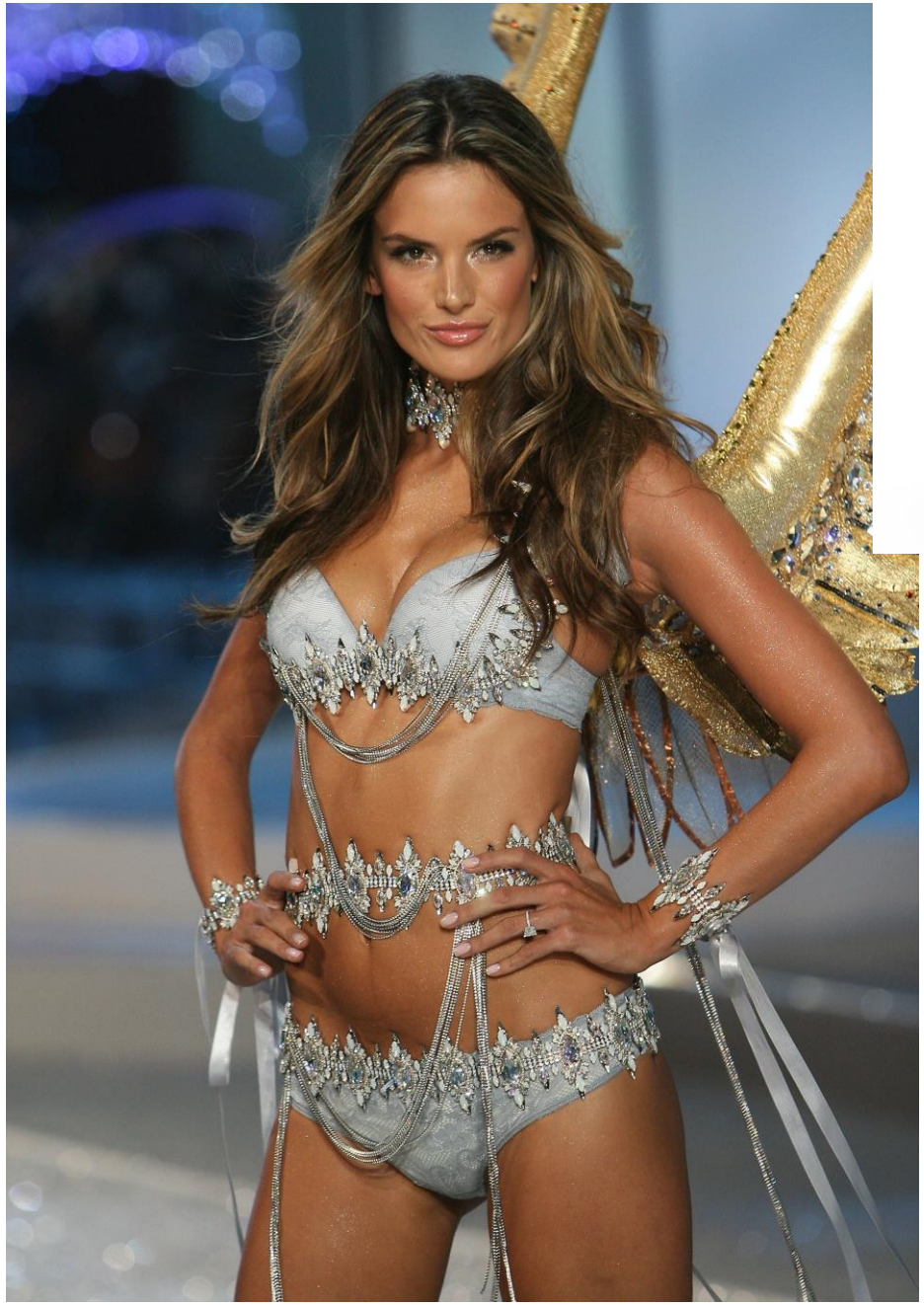
Fig. 1. Categorization of all patients according to CHAARTED and LATITUDE definition of metastatic burden. M+ = metastasis.

Baixo X Alto Volume

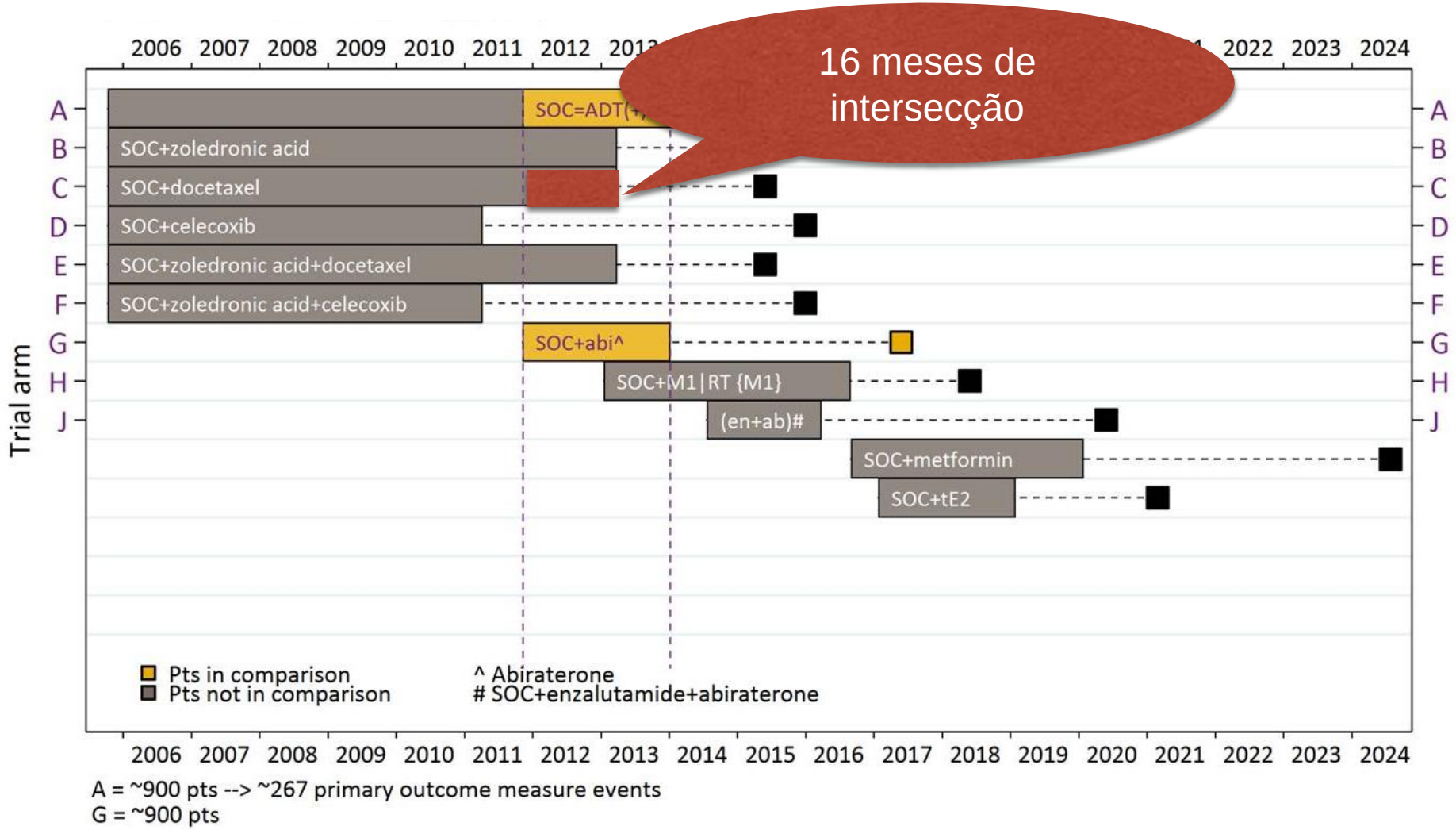
Baixo X Alto Risco







ESMO 2017: Adding Abiraterone Acetate or Docetaxel Plus Prednisone to Standard of Care in Patients with High-Risk Prostate Cancer



A = ~900 pts --> ~267 primary outcome measure events
G = ~900 pts

ESMO 2017: Adding Abiraterone Acetate or Docetaxel Plus Prednisone to Standard of Care in Patients with High-Risk Prostate Cancer

Docetaxel
189 pacientes

Abiraterona
377 pacientes

60% M1
76% Gleason 8-10
Idade mediana=66 anos
PSA mediano=56 ng/ml

Seguimento de 4 anos

Sobrevida Global	**HR=1,16 (IC 0,82-1,65)**
Sobrevida Livre de Falha	**HR=0,51 (IC 0,39-0,67)**
Sobrevida Livre de Progressão	**HR=0,65 (IC 0,48-0,88)**
SLP metastática	**HR=0,77 (IC 0,57-1,03)**

MADRID 2017 ESMO congress

Benefits of Abiraterone Acetate Plus Prednisone When Added to Androgen Deprivation Therapy in LATITUDE on Patient-Reported Outcomes

K. N. Chi,[1] A. Protheroe,[2] A. Rodriguez-Antolin, G. Facchini,[4] H. Suttman,[5] N. Matsubara,[6] Z. Ye,[7] B. Keam,[8] T. Li,[9] K. McQuarrie,[10] B. Jia,[11] P. De Porre,[12] J. Martin,[13] M.B. Todd,[14] and K. Fizazi[15]

[1]BC Cancer Agency, Vancouver, BC, Canada; [2]Oxford University Hospitals NHS Foundation Trust, Oxford, UK; [3]12 de Octubre University Hospital, Madrid, Spain; [4]Istituto Nazionale Tumori – I.R.C.C.S - Fondazione Pascale, Naples, Italy; [5]Urologikum Hamburg, Hamburg, Germany; [6]National Cancer Center Hospital East, Chiba, Japan; [7]Tongji Hospital, Wuhan City, China; [8]Seoul National University Hospital, Seoul, South Korea; [9]Global Market Access Oncology, Janssen Global Services, Raritan, NJ, USA; [10]PRO Team, Janssen Global Services, Raritan, NJ, USA; [11]Janssen Research & Development, China; [12]Clinical Oncology, Janssen Research & Development, Beerse, Belgium; [13]Clinical Oncology, Janssen Research & Development, Buckinghamshire, UK; [14]Oncology, Janssen Research & Development, Raritan, NJ, USA; [15]Gustave Roussy, University of Paris Sud, Villejuif, France

LATITUD

Avaliação do Paciente

Instrument	Assessed	Frequency
BPI-SF	Dor e interferência da dor	• Baseline • Every month for Cycles 2-13 • Every 2 months thereafter until progressive disease or study end • EQ-5D-5L data were also collected every 4 months for a total of 12 months after treatment discontinuation
BFI	Fadiga e interferência da fadiga	
FACT-P (version 4)	Qualidade de vida, dor e sintomas por Ca próstata	
EQ-5D-5L	Status de saúde: Escala visual analógica Utilidade da saúde: mobilidade, auto-cuidado, atividades usuais, dor, ansiedade	

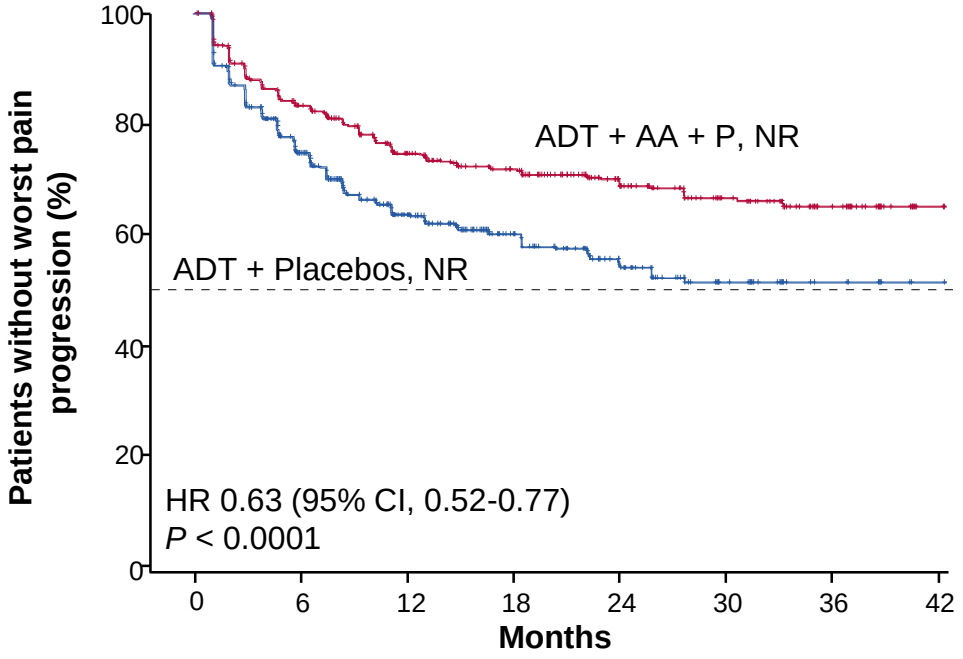
BPI-SF, Brief Pain Inventory Short Form; BFI, Brief Fatigue Inventory; EQ-5D-5L, EuroQol 5-dimension, 5-level questionnaire visual analog scale; FACT-P, Functional Assessment of Cancer Therapy-Prostate; PRO, patient-reported outcome.

MADRID 2017 ESMO

Melhorou significativamente a dor

ADT + AA + P Melhorou significativamente a fadiga

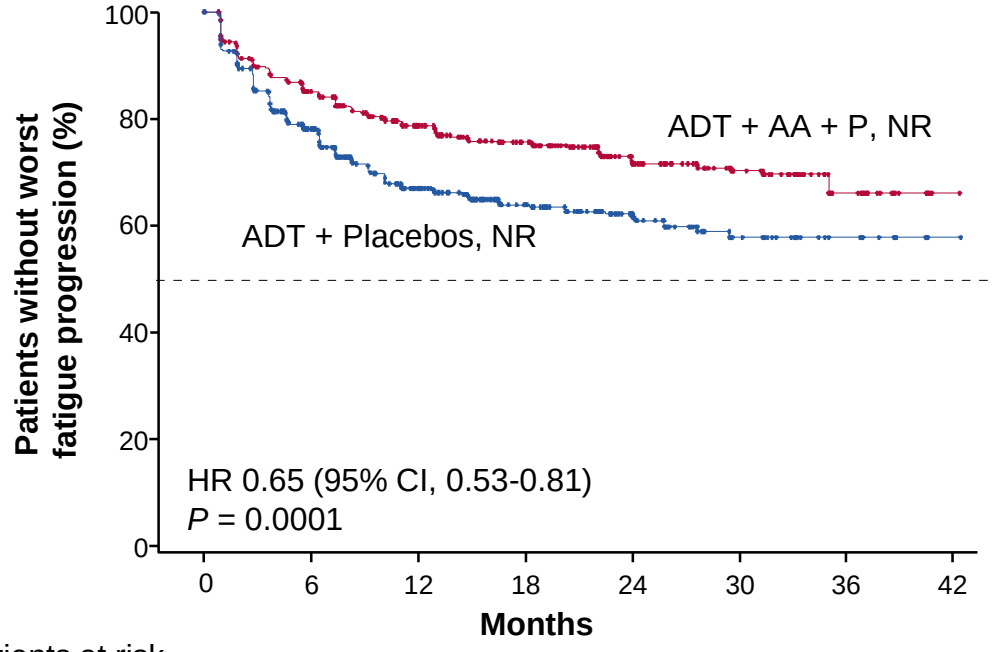
37% de redução do risco de progressão da pior dor



Patients at risk								
ADT + AA + P	597	456	356	299	218	115	47	2
ADT + Placebos	602	387	246	162	99	44	10	1

*1 cycle = 28 days.

35% de redução do risco de progressão da pior fadiga

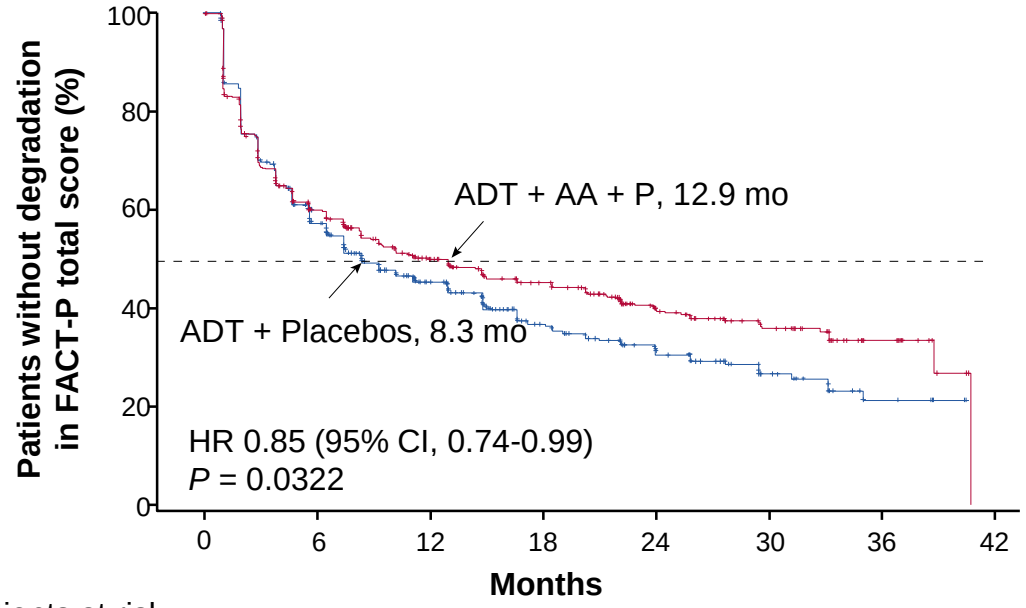


Patients at risk								
ADT + AA + P	597	465	372	305	216	118	44	2
ADT + Placebos	602	407	259	171	106	46	14	1

*1 cycle = 28 days.

ADT + AA + P Melhorou significativamente a **qualidade de vida** pelo FACT-P

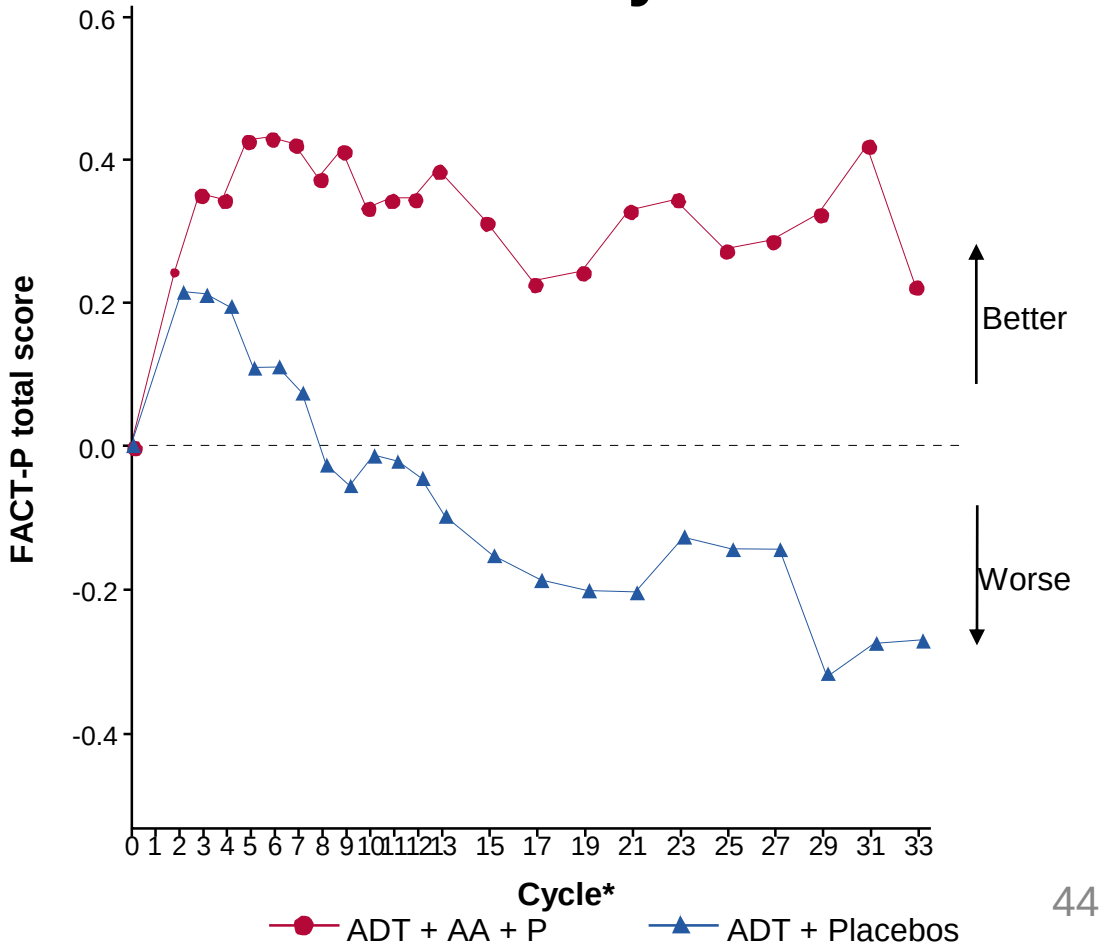
15% Risk Reduction for HRQoL Degradation



Patients at risk								
ADT + AA + P	597	338	250	202	135	65	20	0
ADT + Placebos	602	309	192	119	77	33	7	0

*1 cycle = 28 days.

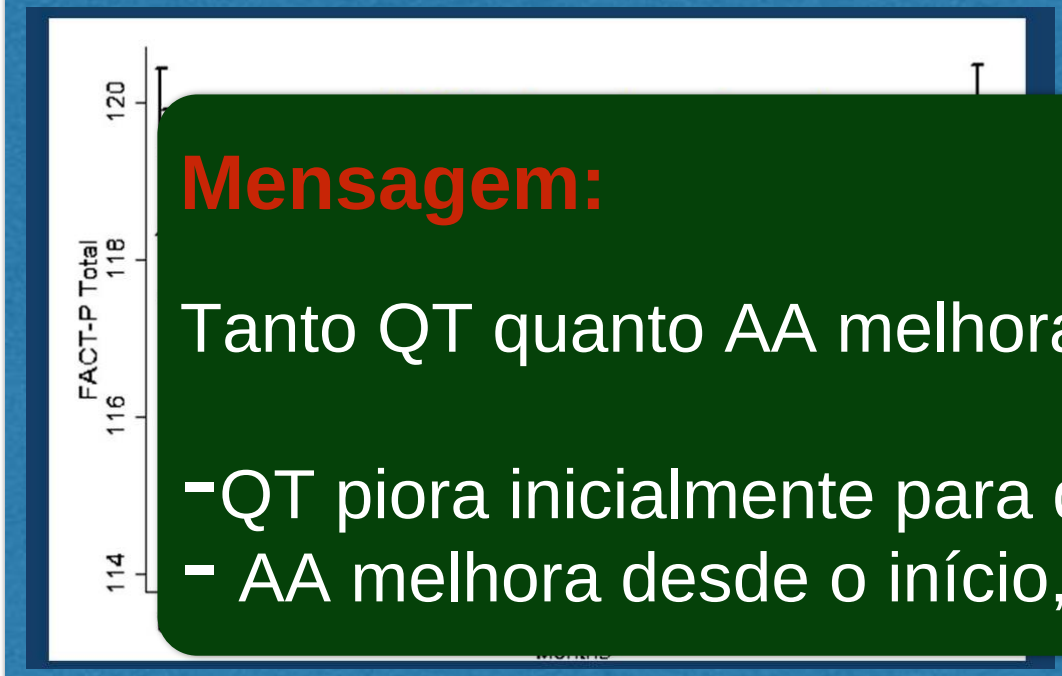
Mean Change From Baseline Differed from Cycle 5 Onward



Avaliação de Qualidade de Vida

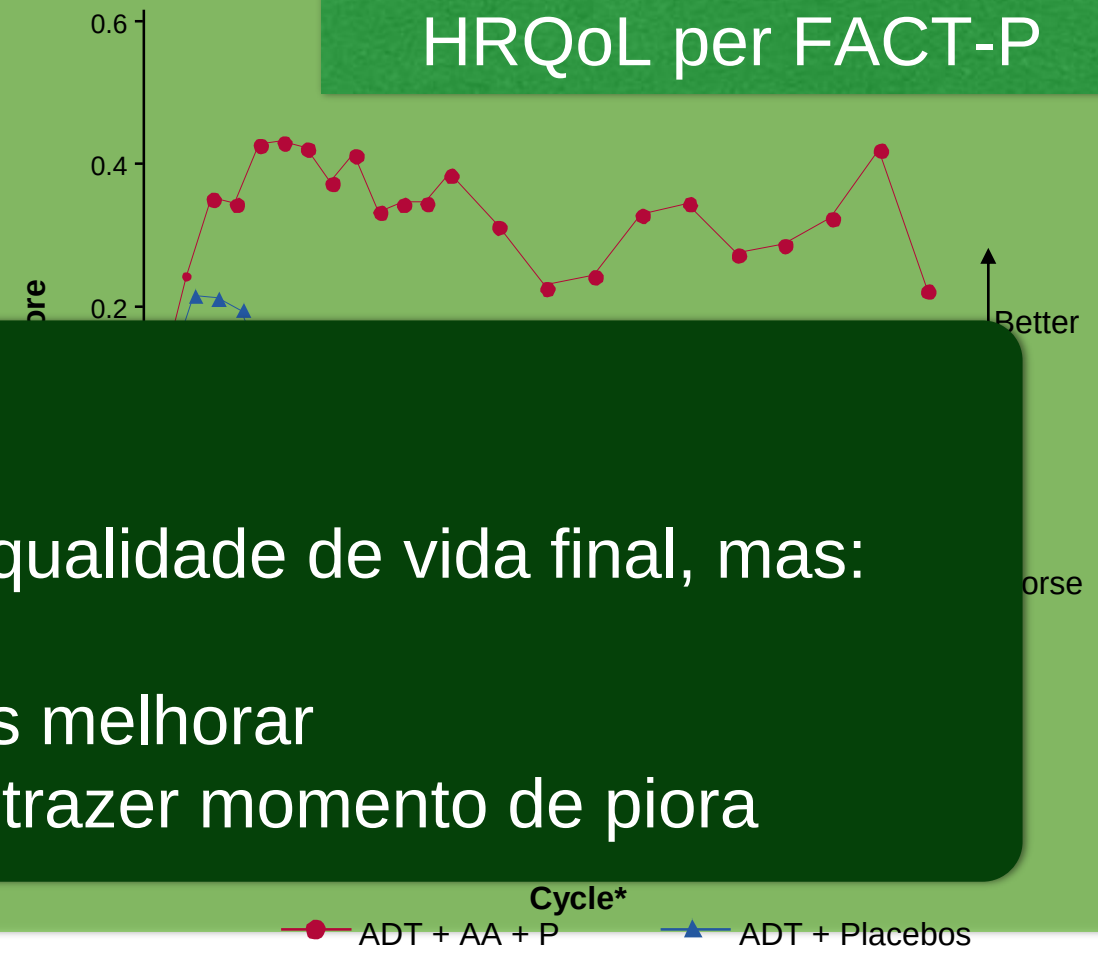
CHAARTED - E3805

Results
Primary Endpoint: Overall QOL on FACT-P



LATITUDE

HRQoL per FACT-P



Mensagem:

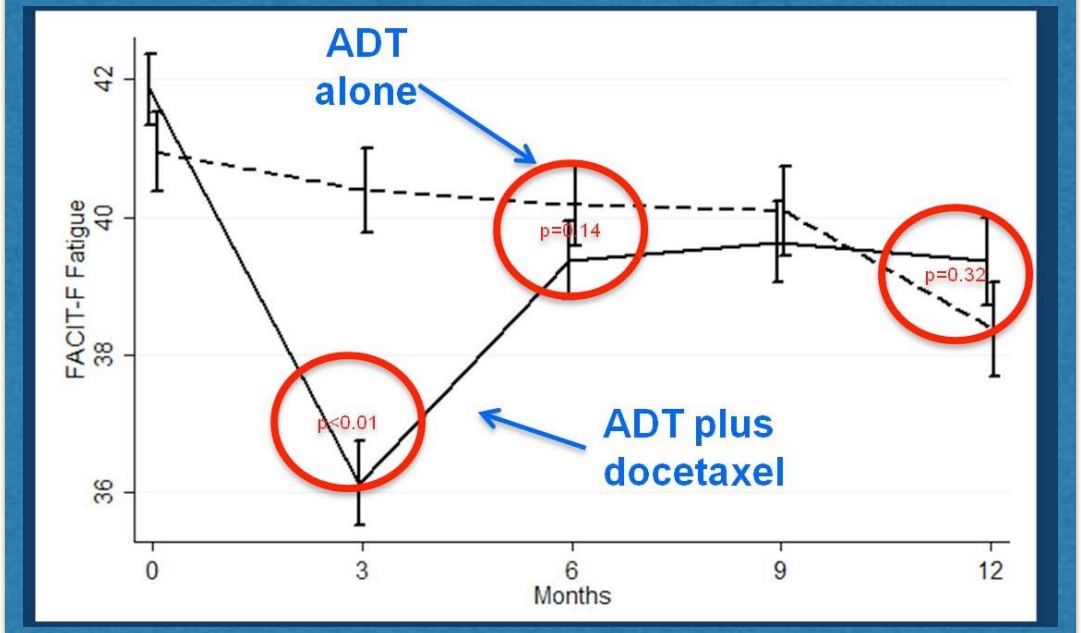
Tanto QT quanto AA melhoram a qualidade de vida final, mas:

- QT piora inicialmente para depois melhorar
- AA melhora desde o início, sem trazer momento de piora

Avaliação de Fadiga

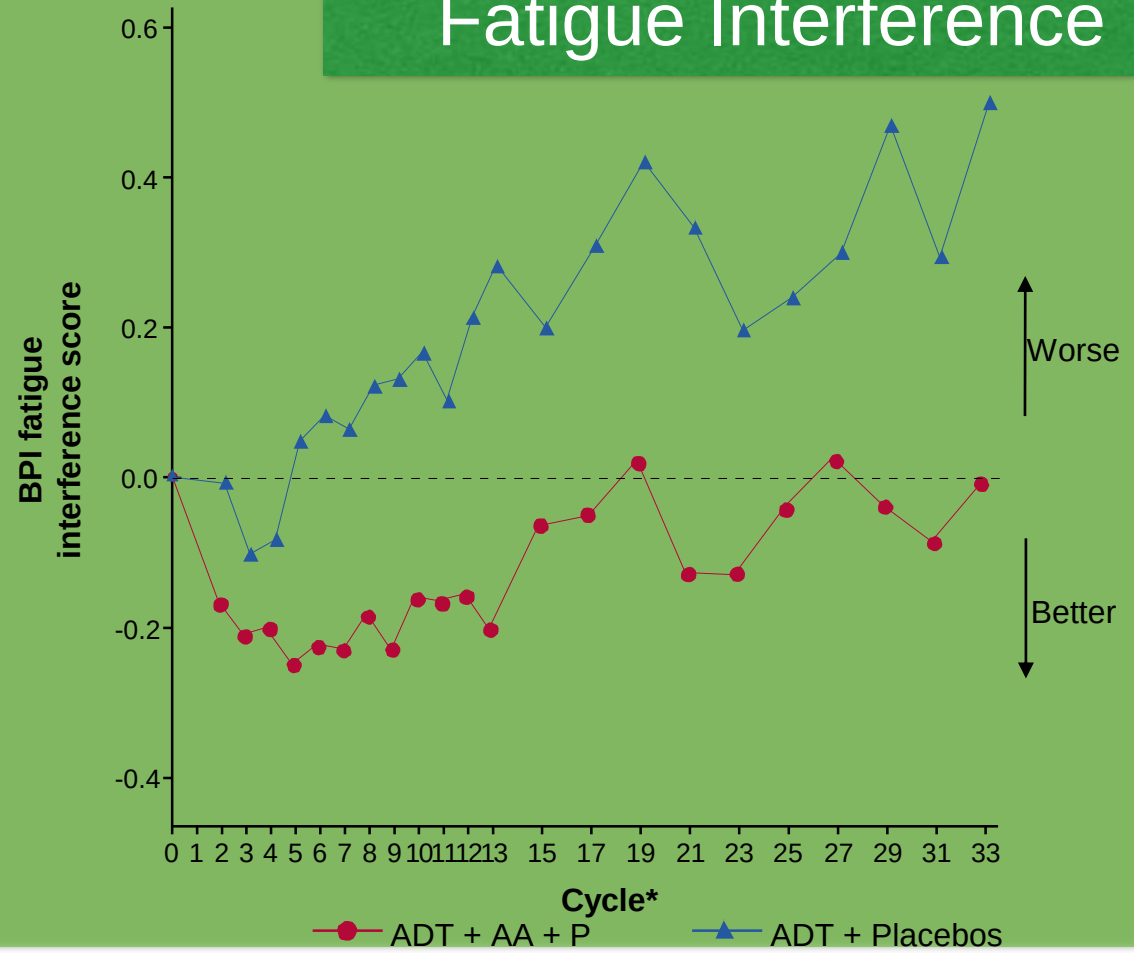
CHAARTED - E3805

Secondary endpoint: FACIT-F Fatigue



LATITUDE

Fatigue Interference



European Association of Urology

Updated Guidelines for Metastatic Hormone-sensitive Prostate Cancer: Abiraterone Acetate Combined with Castration Is Another Standard☆

Nicolas Mottet[a,*], *Maria De Santis*[b,c], *Erik Briers*[k], *Silke Gillessen*[d,m], *Jeremy P. Grummet*[e], *Thomas B. Lam*[f,g], *Henk G. van der Poel*[h], *Olivier Rouvière*[i,l], *Roderick C. Van den Bergh*[h], *Philip Cornford*[j]

[a] *Department of Urology, University Hospital, St. Etienne, France;* [b] *Clinical Trials Unit, University of Warwick, UK;* [c] *Department of Urology, Medical University of Vienna, Austria;* [d] *Department of Oncology/Hematology, Cantonal Hospital St. Gallen, St. Gallen, Switzerland;* [e] *Department of Surgery, Central Clinical School, Monash University, Melbourne, Australia;* [f] *Academic Urology Unit, University of Aberdeen, Aberdeen, UK;* [g] *Department of Urology, Aberdeen Royal Infirmary, Aberdeen, UK;* [h] *Department of Urology, Netherlands Cancer Institute, Amsterdam, The Netherlands;* [i] *Hospices Civils de Lyon, Radiology Department, Edouard Herriot Hospital, Lyon, France;* [j] *Royal Liverpool and Broadgreen Hospitals NHS Trust, Liverpool, UK;* [k] *Patient Advocate, Hasselt, Belgium;* [l] *Université de Lyon; Université Lyon 1, Faculté de médecine Lyon Est, France;* [m] *University of Bern, Switzerland*

Table 6 – New guidelines to consider now for metastatic hormone-sensitive prostate cancer

	Recommendation
Offer surgical or medical castration (luteinizing-hormone-releasing hormone agonist or antagonist) as androgen deprivation therapy	Strong
Offer castration combined with chemotherapy (docetaxel) to all patients whose first presentation is M1 disease and who are fit enough for chemotherapy	Strong
Offer castration combined with abiraterone acetate + prednisone to all patients whose first presentation is M1 disease and who are fit enough for the regimen	Strong
Offer castration, with or without an antiandrogen, to patients unfit for a combination with docetaxel or abiraterone acetate + prednisone, or who are unwilling to consider it	Strong

Melhora de Sobrevida
Melhora de Qualidade de vida
Melhora do tempo para eventos relacionados ao esqueleto
CUSTO mais baixo
TOXICIDADE maior

Melhora de Sobrevida
Melhora de Qualidade de vida
Melhora do tempo para eventos relacionados ao esqueleto
CUSTO mais alto
TOXICIDADE menor
Redução de risco de morte MAIOR

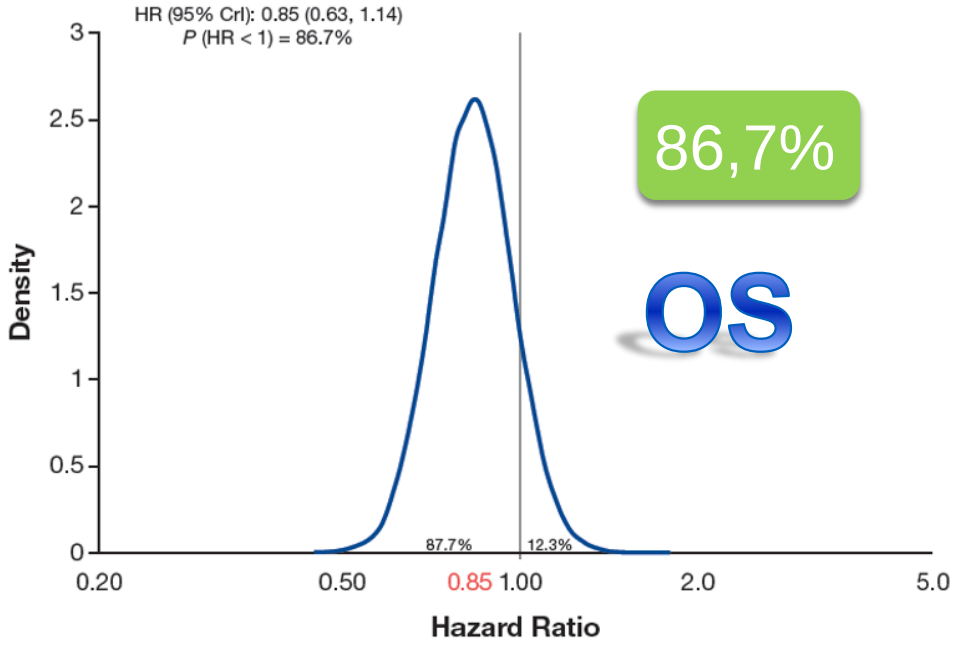
Overall Survival	ADT + DOC	ADT		
	Median (mos)	Median (mos)	HR (95% CI)	*P* Value
GETUG-15[1]	62.1	48.6	↓ 12%	0.3
CHAARTED[2]	57.6	47.2	↓ 27%	0.0018
STAMPEDE[3]	60	45	↓ 24%	0.005

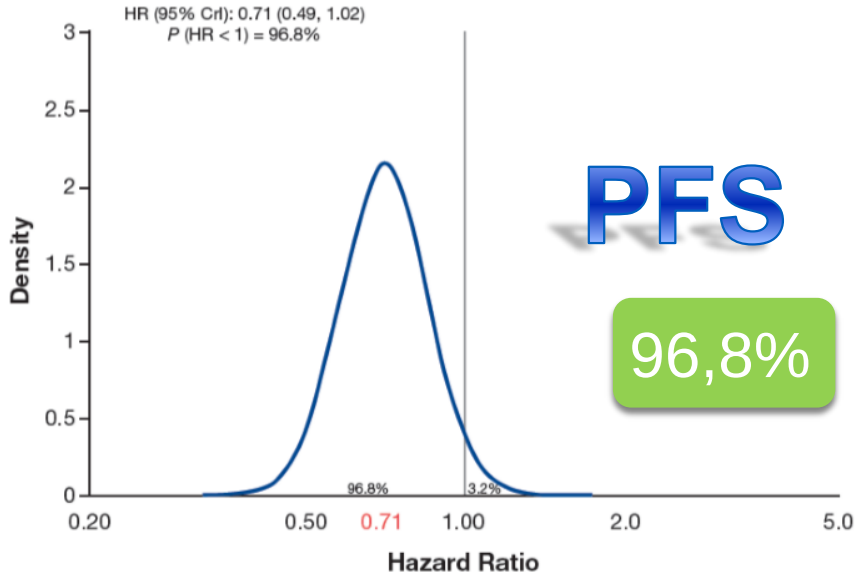
STAMPEDE-ABI: HR=0,63 ↓ 37%

LATITUDE: HR=0,62 ↓ 38%

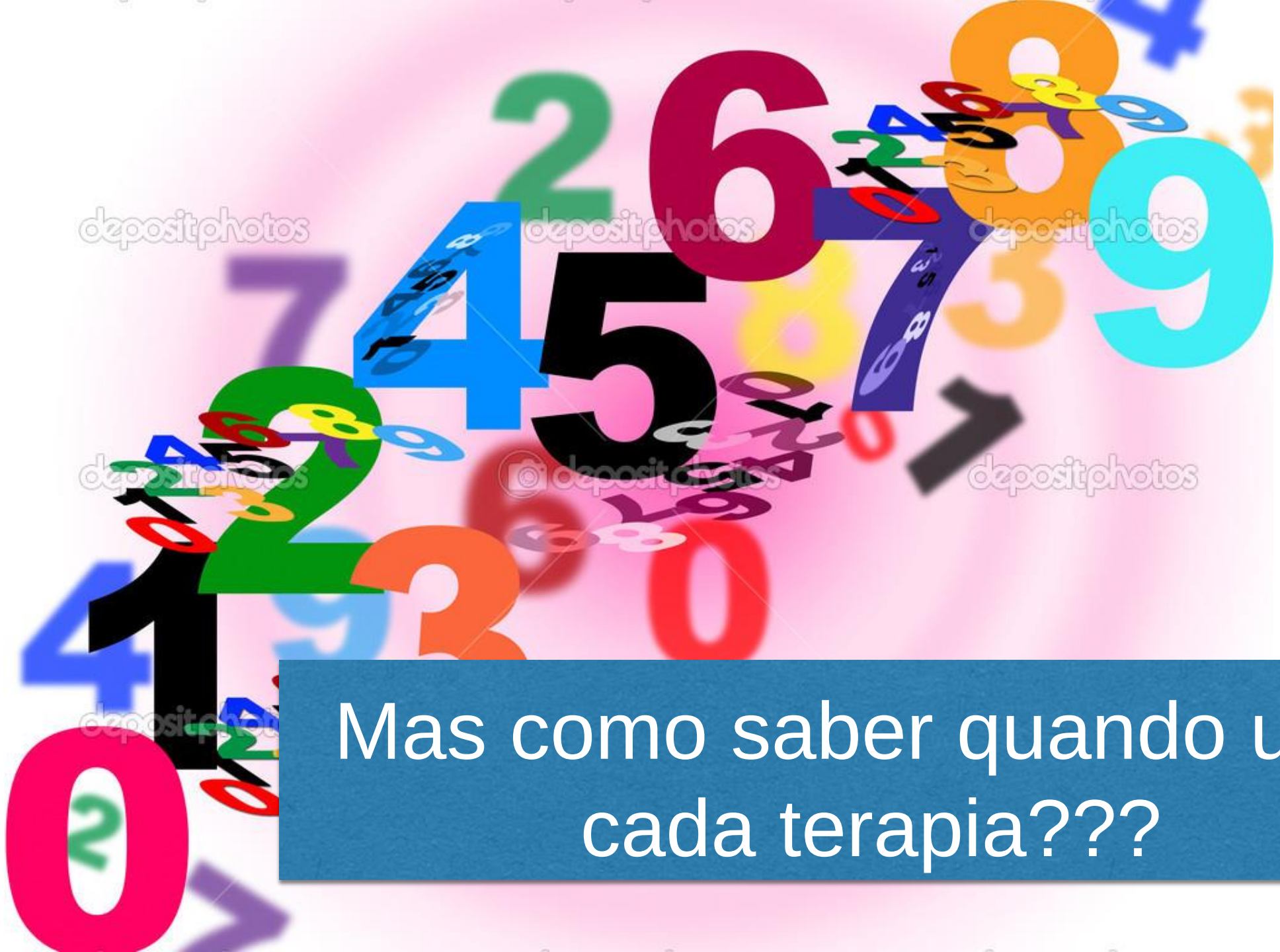
Indirect Comparison of Abiraterone Acetate Plus Prednisone and Docetaxel for the Treatment of Metastatic

		ADT + AA + P vs ADT			ADT + Doc vs ADT			Comparação Indireta	
		LATITUDE		STAMPEDE	CHAARTED	GETUG 15	STAMPEDE	ADT + AA + P vs ADT + Doc	
		HVD&HRD	M1 (ITT)	M1	HVD	HVD	M1	HR	P $_{AA > Doc}$
SG	Análise Principal	0,57(0,46-0,71)			HVD De novo 0,63 (0,49-0,81)	HVD De novo 0,78 (0,54-1,12)		**0,85(0,63-1,14)**	86,7%
	Análise de sensibilidade 1		0,62(0,51-0,76)					0,92(0,69-1,23)	71,8%
	Análise de sensibilidade 2			0,61(0,49-0,75)			0,76(0,62-0,92)	0,91(0,71-1,18)	76,4%





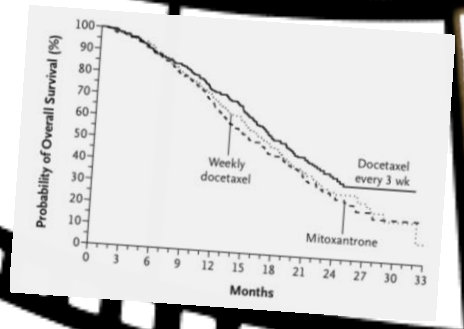
Feyerabend S, et al. ESMO



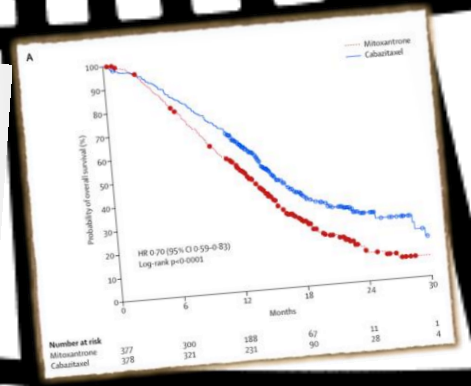
Mas como saber quando usar cada terapia???

Um filme que nós já conhecemos…

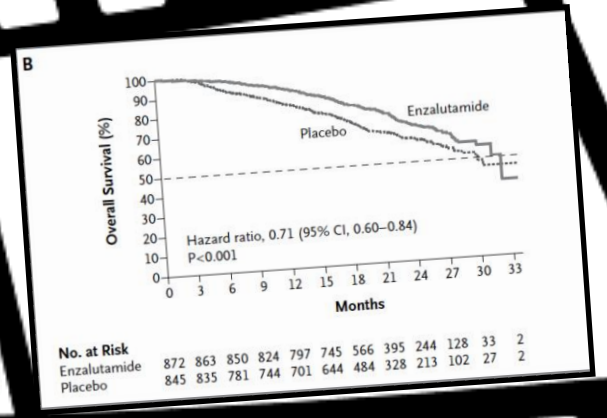
TAX 327



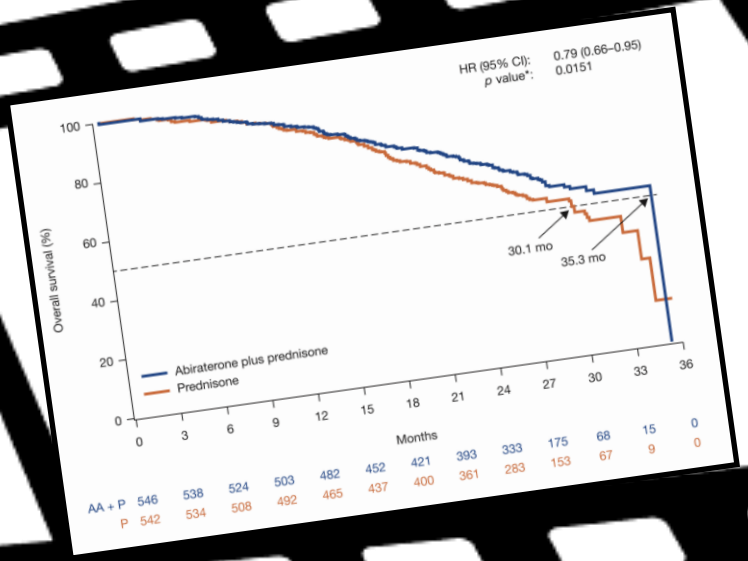
Tropic



Prevail



COU-AA 302



Câncer de Próstata Resistente a Castração

Re
bi
(p

Aumento de PSA com doença visceral

DT curto

Aumento de PSA com doença óssea

DT longo

Defina onde está seu paciente com CPRC

CPRC M0:

único cenário para uso de “vintages"
(bicalutamida, flutamida, DES, nilutamida)

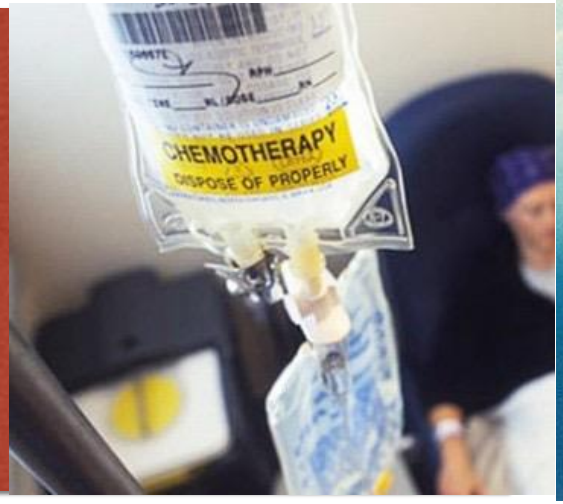
Até a próxima palestra

CPRC M1

DT longo
DHL e FA normais
Progressão lenta(mesmo com ↑volume)
PSA elevado

CPRC M1

DT curto
DHL elevado
FA elevado
Rápida progressão
Baixo PSA



European Association of Urology

EURURO-7583; No. of Pages 11

ARTICLE IN PRESS

Comparison of Abiraterone Acetate and Docetaxel with Androgen Deprivation Therapy in High-risk and Metastatic Hormone-naïve Prostate Cancer: A Systematic Review and Network Meta-analysis

Christopher J.D. Wallis[a,†,*], *Zachary Klaassen*[a,b,†], *Bimal Bhindi*[c], *Hanan Goldberg*[a,b], *Thenappan Chandrasekar*[a,b], *Ann M. Farrell*[d], *Stephen A. Boorjian*[c], *Girish S. Kulkarni*[a,b], *Robert Jeffrey Karnes*[c], *Raj Satkunasivam*[a,e]

A

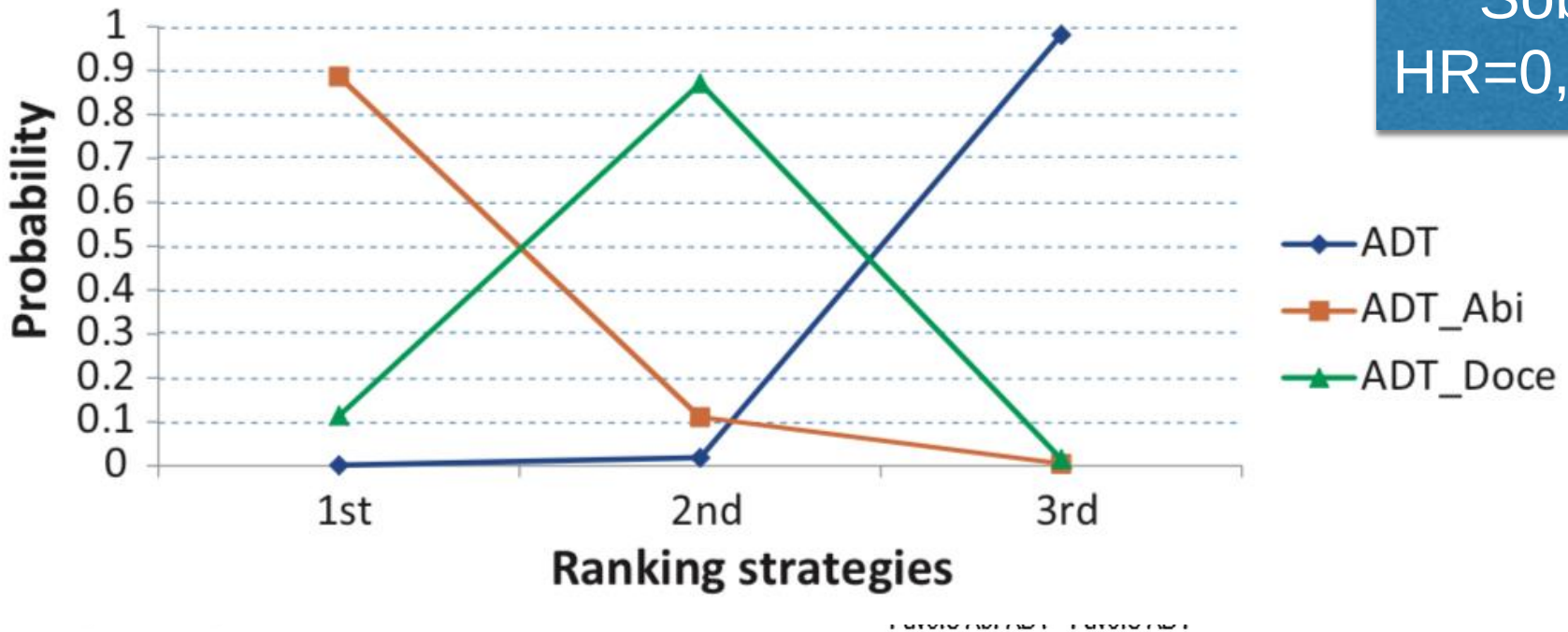
Study or subgrou
Gravis 2016
James 2016
Sweeney 2015

Total (95% CI)
Heterogeneity: Tau
Test for overall effe

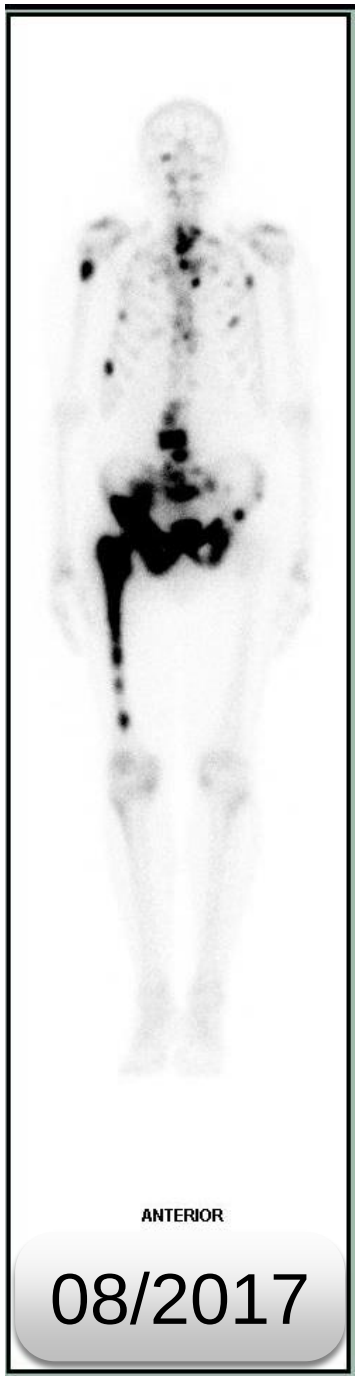
B

Study or subgrou
Fizazi 2017
James 2017

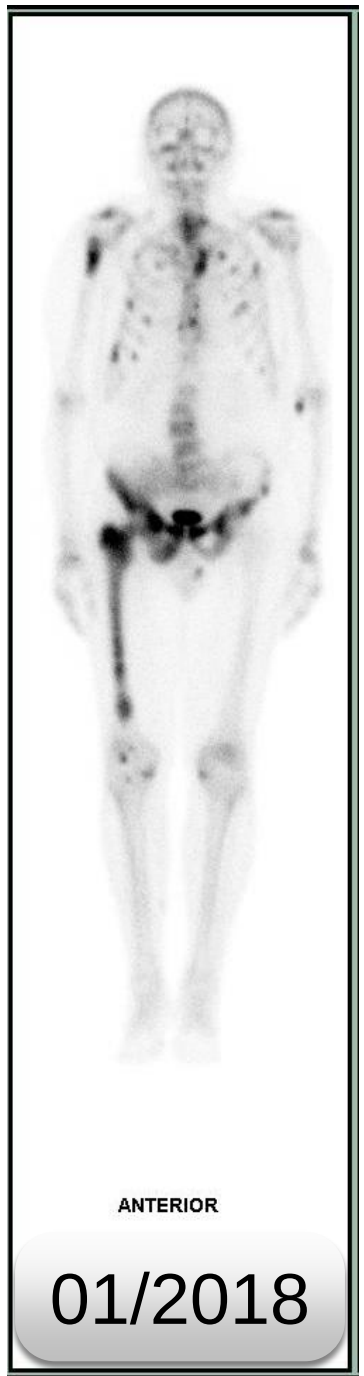
Total (95% CI)
Heterogeneity: Tau
Test for overall effe



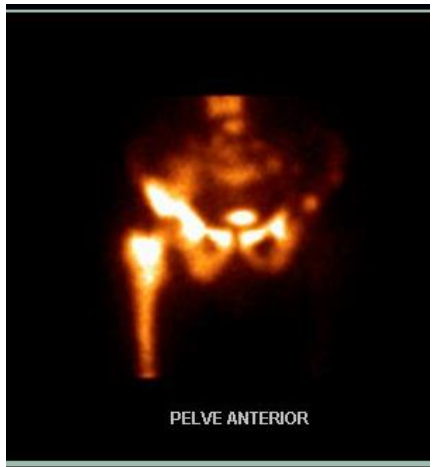
Sobrevida Global
HR=0,84 (IC 0,67-1,06)

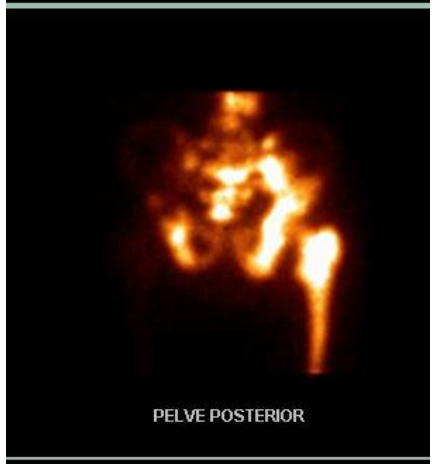


08/2017

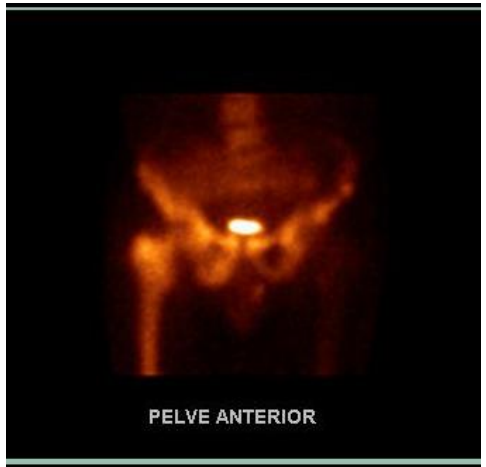


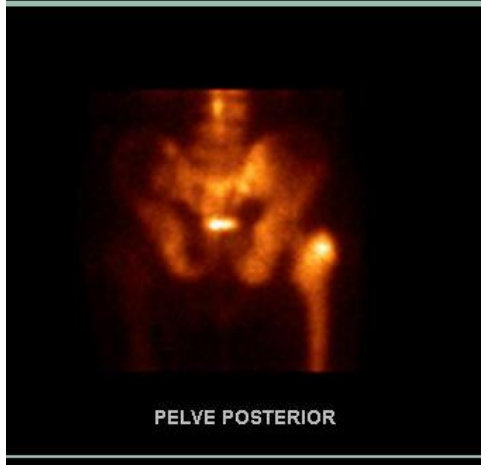
01/2018



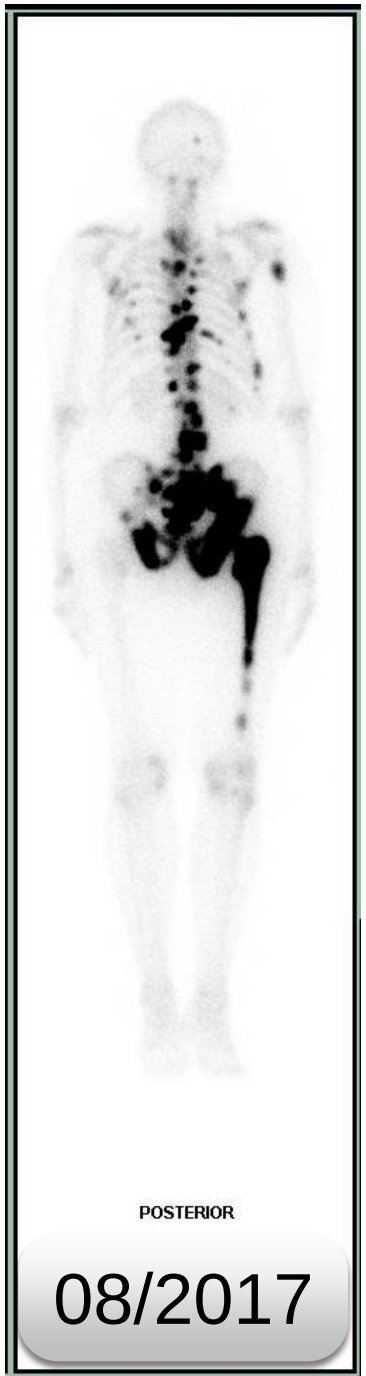


69 anos
PSA=264
Gleason 4+4





ADT + ABI 4 MESES
PSA=0,42



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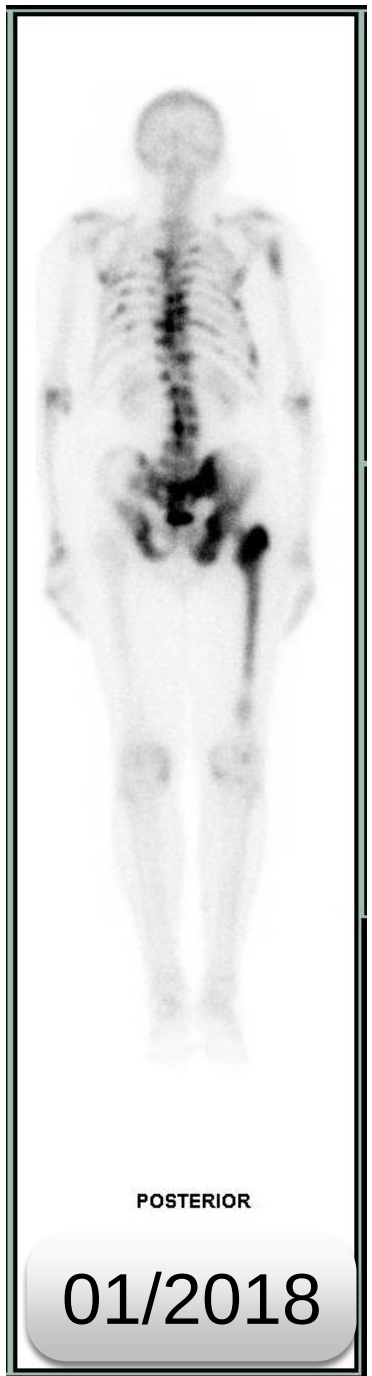

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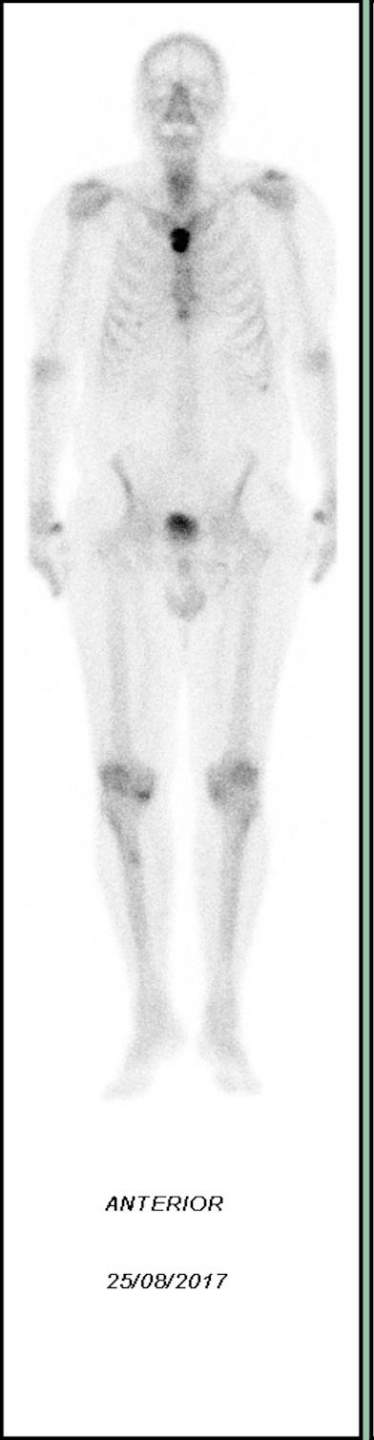
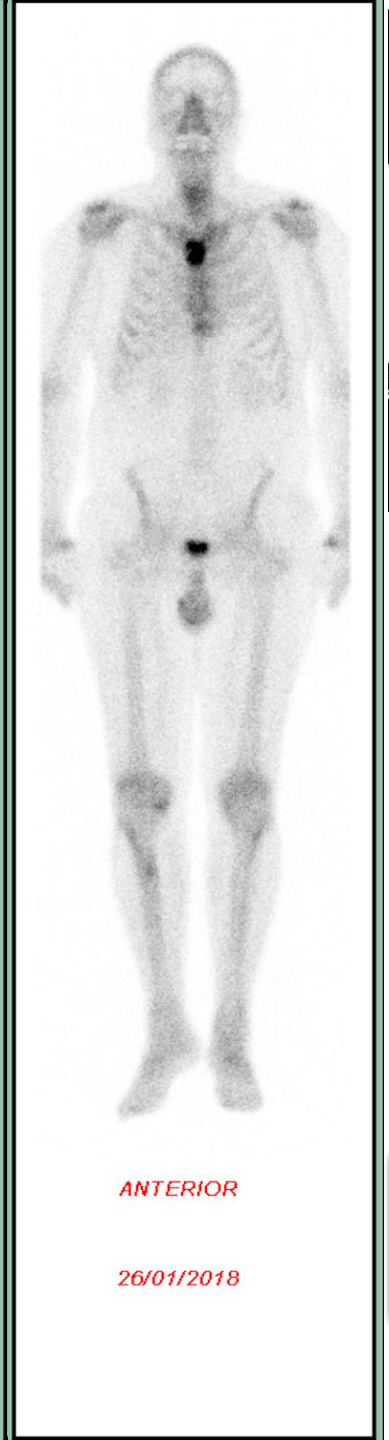
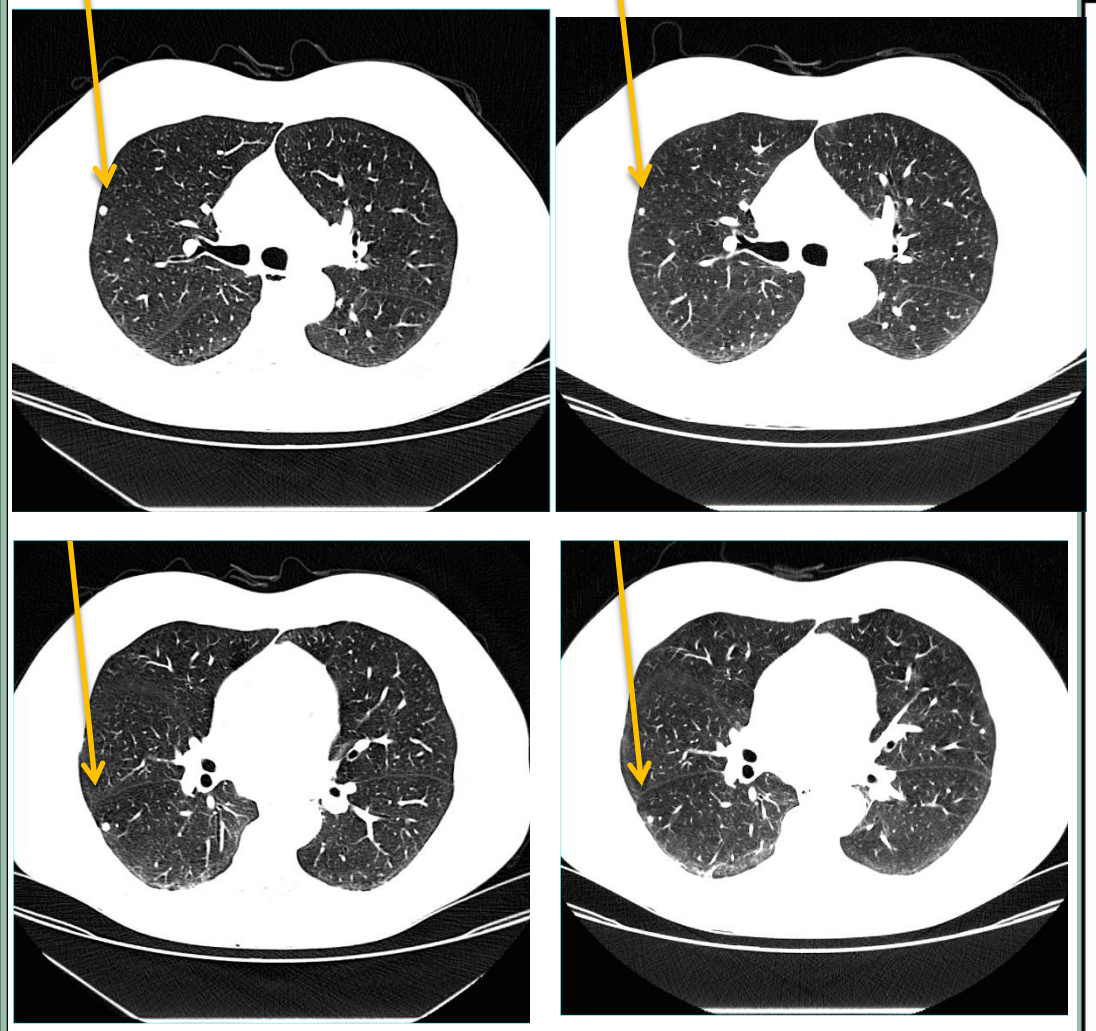
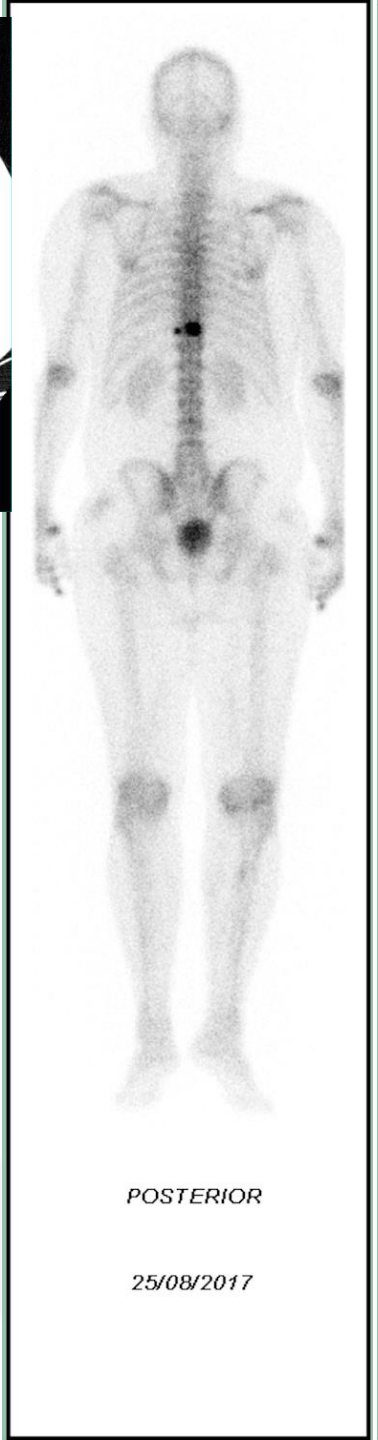


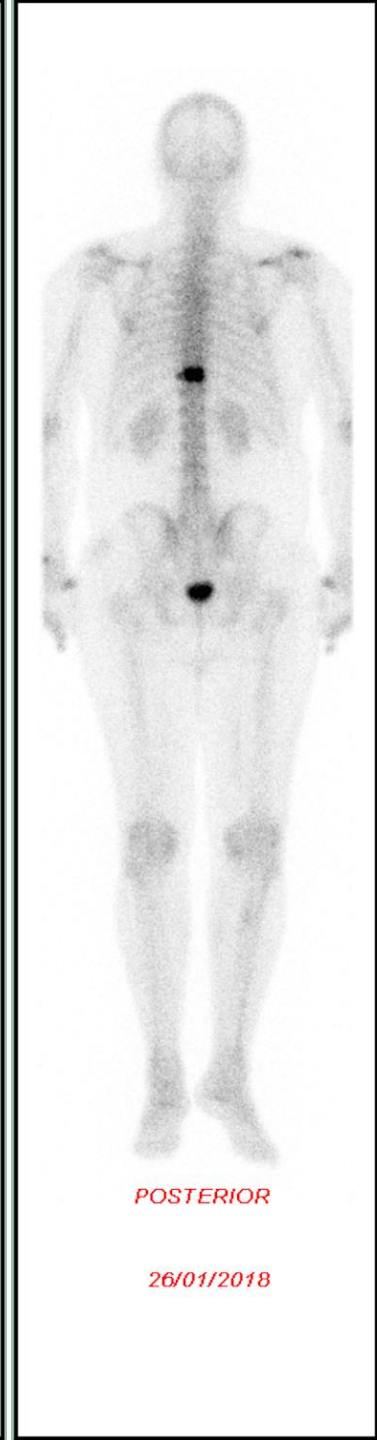




71 Anos
Gleason 4+5 ,
PSA=2,57
Metástase em coróide

4 meses ADT +
Docetaxel
PSA=0,88





IX Congresso Internacional de Uro-Oncologia

IV SIMPÓSIO MULTIPROFISSIONAL DE URO-ONCOLOGIA

Obrigado!!!

dr Paulo Sérgio Moraes Lages - Instituto Onco-Vida Brasília

drpaulolages@yahoo.com.br

PLOUG

DR. PAULO LAGES - ONCOLOGIA UROLÓGICA E GASTROINTESTINAL

ONCO - VIDA