

Quando associar platina ao tratamento do CRPC (não neuroendócrino)

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A photograph of a cemetery with a central gravestone. The gravestone is a light-colored, rectangular slab with a slightly arched top, set on a base. The word "Satraplatin" is printed in a bold, black, sans-serif font across the middle of the stone. The background shows other gravestones and green grass, all slightly out of focus.

Satraplatin

101 prostate cancer patients


A row of 101 small human icons representing the initial cohort of prostate cancer patients.

ADT


**Metastatic
Castration Resistant
Prostate Cancer**

SEQUENCING

whole genome

A horizontal bar filled with many small blue rectangles representing whole genome sequencing data.

transcriptome

A horizontal bar with several distinct blue rectangular blocks of varying heights representing transcriptome sequencing data.

**structural
variants**

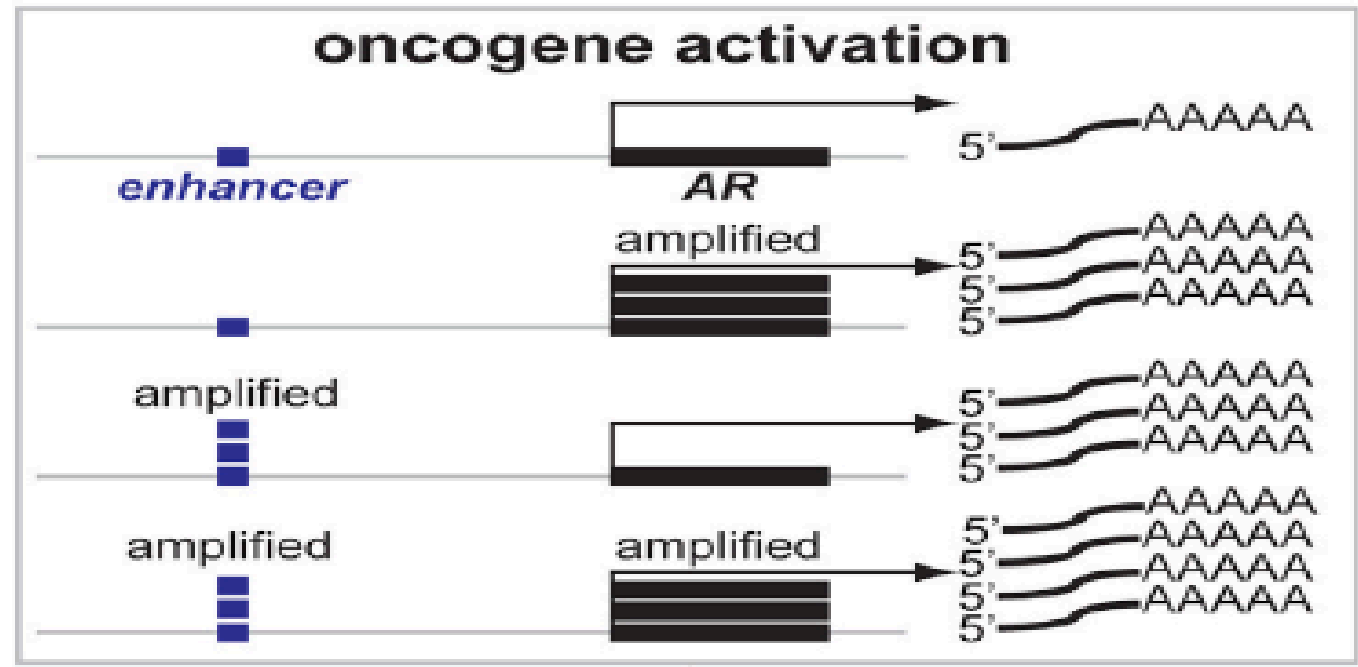
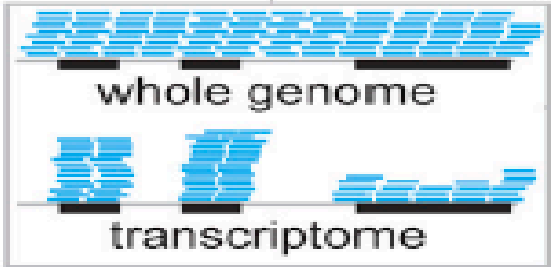
101 prostate cancer patients



ADT

Metastatic Castration Resistant Prostate Cancer

SEQUENCING



structural variants

TAXANES

AR abnormalities are not a negative predictive factor!

Quigley DA et al Cell 2018
Conteduca V et al. Eur Urol 2019

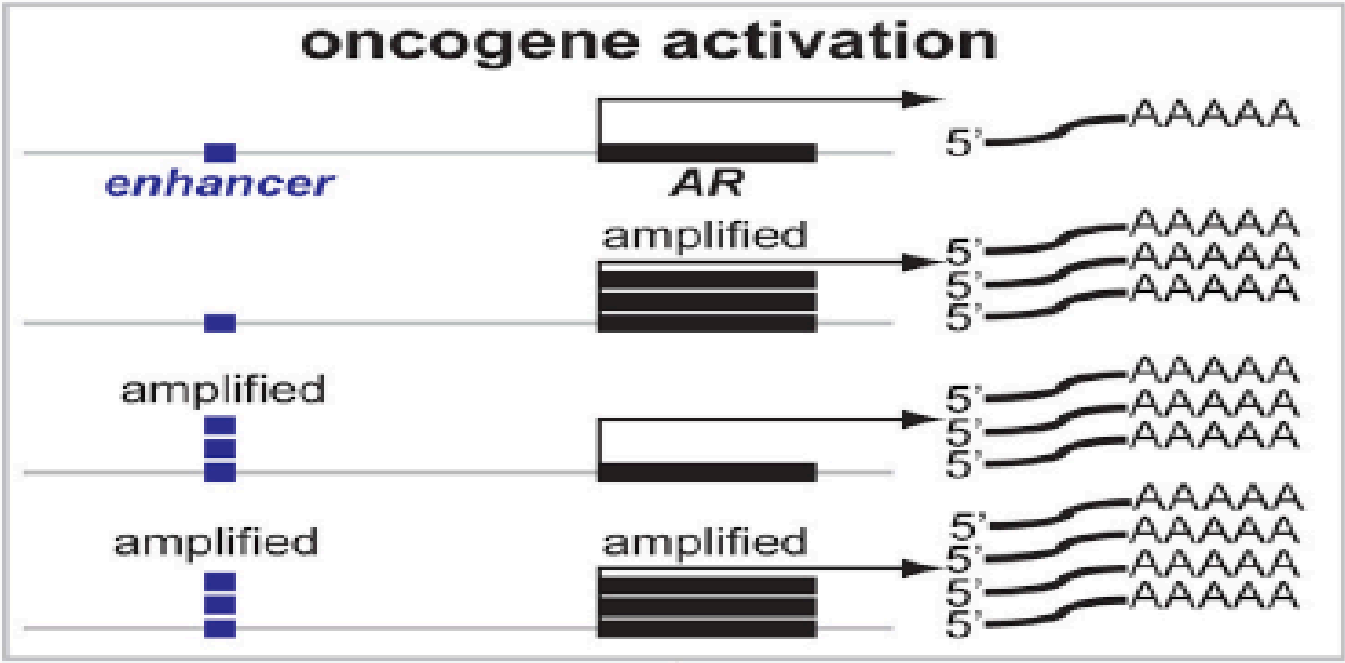
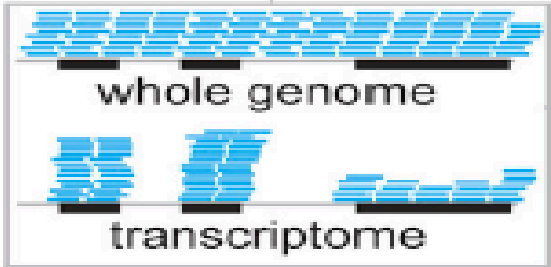
101 prostate cancer patients



ADT

Metastatic Castration Resistant Prostate Cancer

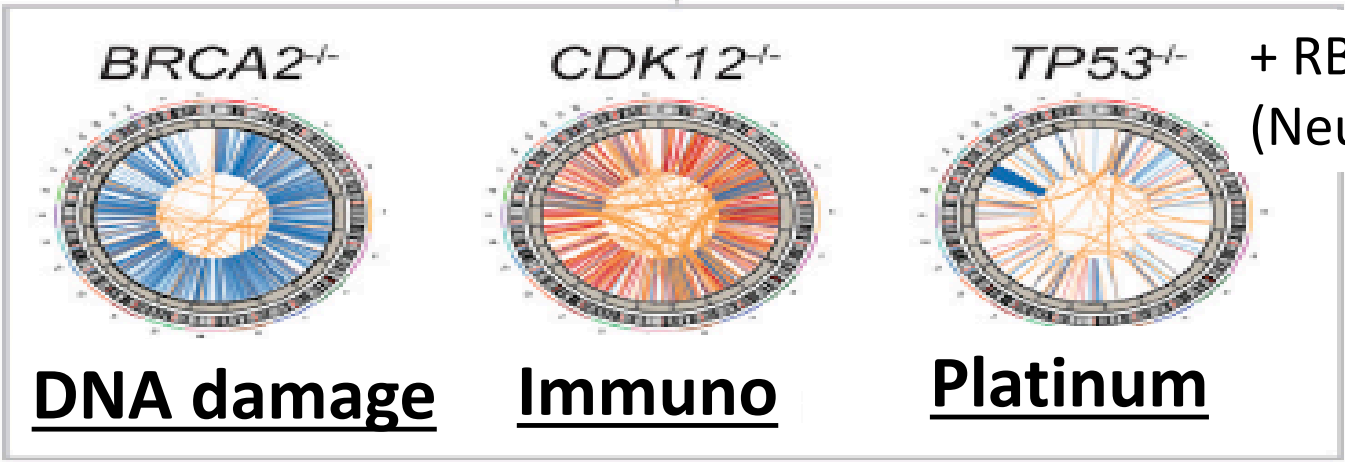
SEQUENCING



TAXANES

AR abnormalities are not a negative predictive factor!

structural variants



DNA damage

Immuno

Platinum

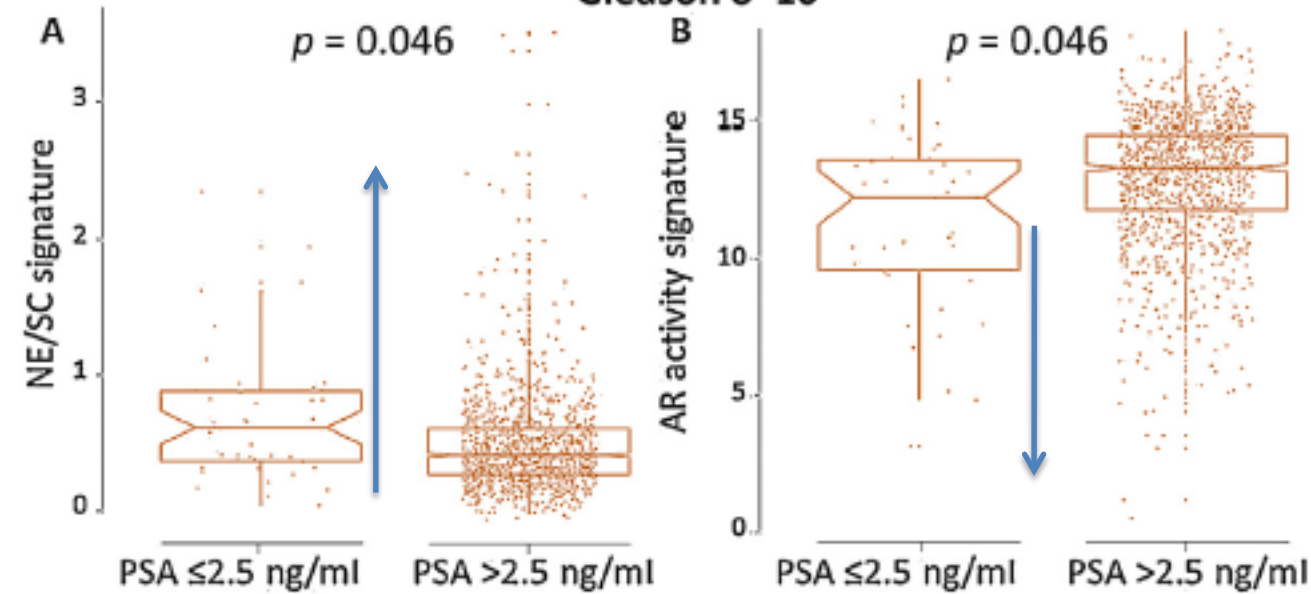
Quigley DA et al Cell 2018
Conteduca V et al. Eur Urol 2019



Clinical and Genomic Characterization of Treatment-Emergent Small-Cell Neuroendocrine Prostate Cancer: A Multi-institutional Prospective Study

- Up to 1/5 of mCRPC presents treatment-emergent SCNC
- Shortened survival
- Mutually exclusive with DNA repair alterations

Gleason 8–10



Elevated Gleason combined with low PSA are associated with a Neuroendocrine signature

Mahal BA et al. Eur Urol 2018

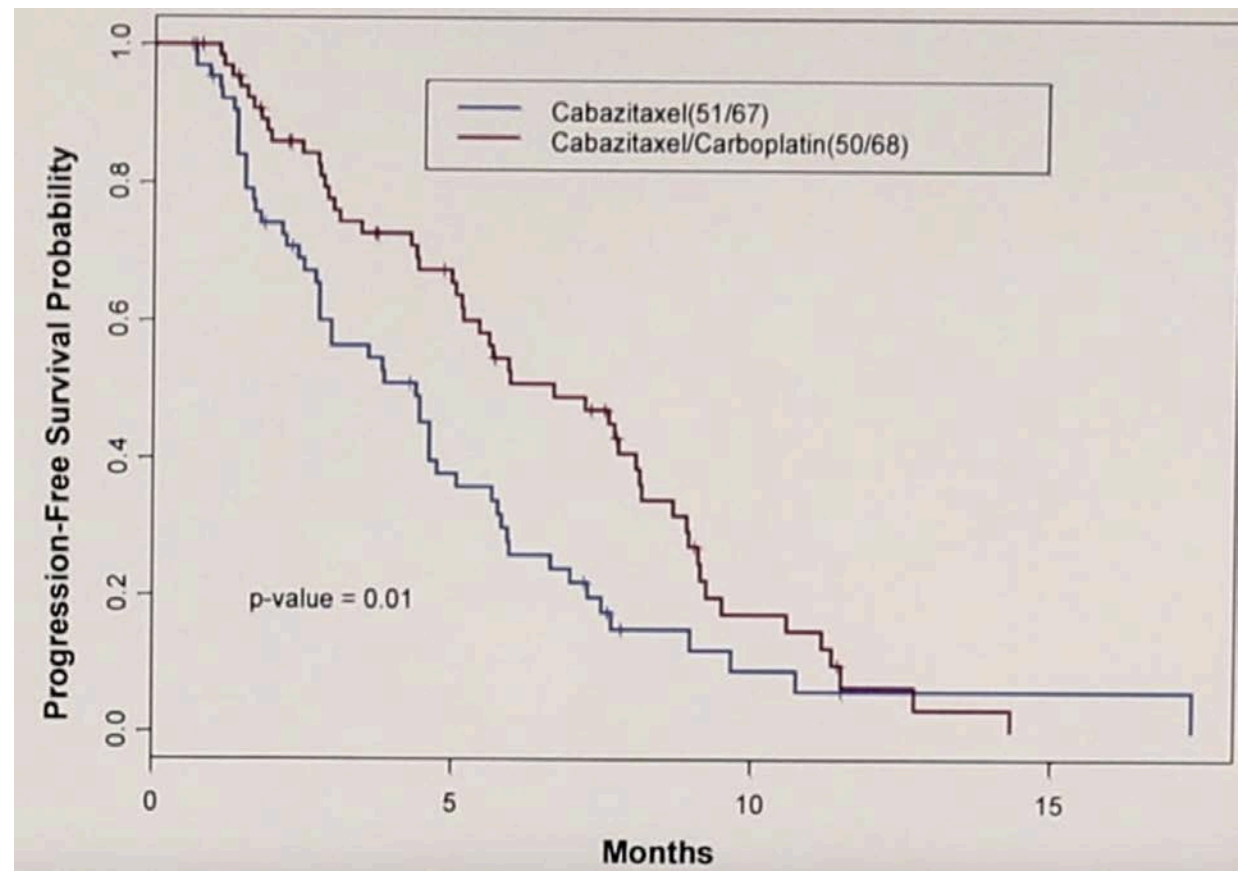
Table 1. Clinical features of "anaplastic" prostate carcinomas (eligibility criteria)

Castrate-resistant ^a prostate carcinoma with at least 1 of the following:	<i>n</i> (%)
C1. Histologic evidence of small-cell prostate carcinoma (pure or mixed).	29 (25.4)
C2. Exclusively visceral metastases.	19 (16.7)
C3. Radiographically predominant lytic bone metastases by plain x-ray or CT scan.	16 (14.0)
C4. Bulky (≥ 5 cm) lymphadenopathy or bulky (≥ 5 cm) high-grade (Gleason ≥ 8) tumor mass in prostate/pelvis.	49 (43.0)
C5. Low PSA (≤ 10 ng/mL) at initial presentation (before ADT or at symptomatic progression in the castrate setting) plus high volume (≥ 20) bone metastases.	26 (22.8)
C6. Presence of neuroendocrine markers on histology (positive staining of chromogranin A or synaptophysin) or in serum (abnormal high serum levels for chromogranin A or GRP) at initial diagnosis or at progression. Plus any of the following in the absence of other causes: A. elevated serum LDH ($\geq 2 \times$ IULN); B. malignant hypercalcemia; C. elevated serum CEA ($\geq 2 \times$ IULN).	21 (18.4)
C7. Short interval (≤ 6 months) to androgen-independent progression following the initiation of hormonal therapy with or without the presence of neuroendocrine markers.	52 (45.6)

Phase II
mCRPC
Aggressive Variant
N=135

Cabazitaxel

Cabazitaxel
+
Carboplatin



In men with RECIST-evaluable disease, a partial response occurred in 14% (5/35) with CAB vs 52% (17/33) with CAB/CARB.

Obrigado



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LATIN AMERICAN
COOPERATIVE
ONCOLOGY GROUP



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SAVE THE DATE

**29 E 30/11
DE 2019**

SÃO PAULO