

Real-world outcomes in Patients with Metastatic Hormone-Sensitive Prostate Cancer treated with androgen deprivation therapy and Apalutamide – A single center study

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Background

Apalutamide, in combination with androgen deprivation therapy (ADT) is used to treat metastatic hormone sensitive prostate cancer (mHSPC). Real-world evidence describing its effectiveness and tolerability is limited.

Objectives

Primary: To evaluate treatment related adverse events (trAEs).
Secondary: To evaluate overall survival, prostate specific antigen (PSA) and radiographic progression-free survival.

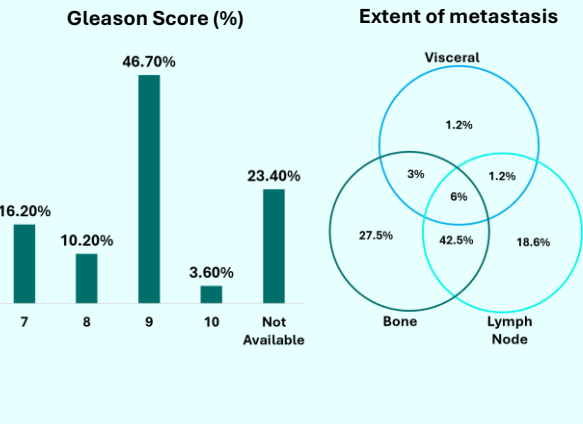
Methods

Retrospective review of 167 patients with mHSPC commenced on Apalutamide between August 2021 and January 2024 was carried out. Data was compared with outcomes from the TITAN trial.

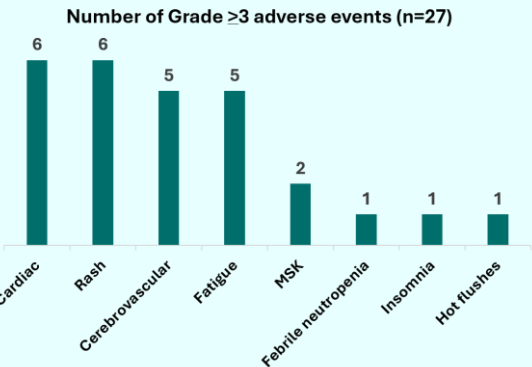
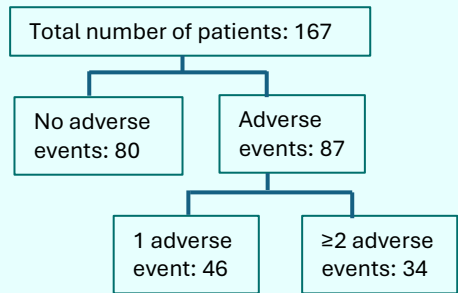
Results

Patient Characteristics

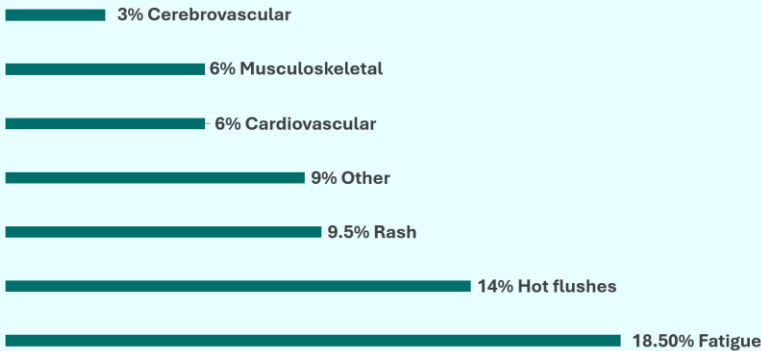
- Median age: 73 years (IQR: 67-76)
- Performance Status ≤ 1 : 92.8%
- Median PSA: 46.6 μ g/L (IQR: 14.2-211.95)
- Disease volume: low 66%, high 34%
- Prior treatment (including surgery/radiotherapy): 21%
- Median follow-up time: 34 months



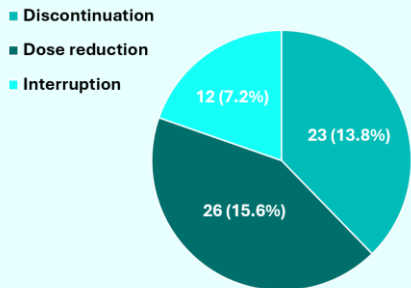
Adverse Events



Adverse events of any grade (% of total number of patients on apalutamide)



Effect on treatment due to trAEs (n=87)

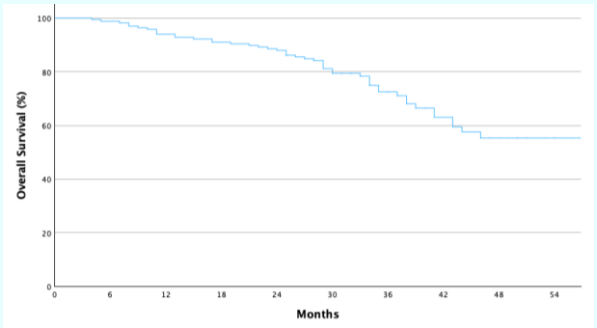


Survival

PSA progression free survival at 36months: 75.2%

Radiographic progression free survival at 36 months: 75.35%

Overall survival at 36months: 72.5%



Conclusions

- Apalutamide combine with ADT demonstrated durable disease control in the real-world setting comparable to TITAN trial outcomes.
- Overall incidence of all reported trAEs was lower than in TITAN (48% vs 96.8%).
- Serious trAEs resulting in treatment discontinuation occurred more frequently (13.8% vs 8%), with rash and cardiovascular events most common in our center.
- These findings highlight the differences between clinical trial and real-world populations and may reflect the retrospective nature of our study and under-reporting of lower grade toxicities in routine clinical practice.