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Biomarker analysis and updated results from the Phase III PROpel trial of abiraterone (abi) and olaparib (ola) vs abi and placebo (pbo) as first-line (1L) therapy for patients (pts) with metastatic castration-resistant prostate cancer (mCRPC)

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Background

At the primary analysis of PROpel (NCT03732820; data cut-off [DC0]: 30/07/21), abi + ola significantly prolonged radiographic progression-free survival (rPFS) vs pbo + abi in 1L mCRPC (HR 0.66, 95% Cl 0.54–0.81; P<0.0001). Overall survival (OS) trended towards a benefit with abi + ola vs abi + pbo (28.6% maturity; HR 0.86, 95% Cl 0.66–1.12). We report biomarker analysis from the primary analysis and updated overall survival and safety data from a planned OS interim analysis (DC02).

Methods

PROpel is a double-blind, pbo-controlled trial. 796 pts were randomized 1:1 to ola (300 mg twice daily [bid]) or pbo, and abi (1000 mg once daily) + prednisone or prednisolone (5 mg bid), irrespective of homologous recombination repair gene mutation (HRRm) status. The primary endpoint was rPFS by investigator assessment. OS was a key secondary endpoint. Aggregated results from tumour tissue (FoundationOne®CDx) and circulating tumour DNA (FoundationOne®Liquid CDx) tests were used to classify pts HRRm status.

Results

Pts with HRRm, including BRCAm, were balanced between treatment arms and rPFS favoured abi + ola for all biomarker subgroups, including pts with non-HRRm, HRRm and BRCAm status (HR 0.76, 0.50 and 0.23 respectively; Table). Sensitivity analysis of rPFS by blinded independent central review was consistent. At DCO2 (14/03/22) rPFS was consistent with the primary analysis (25.0 vs 16.4 months; HR 0.67, 95% Cl 0.56–0.81). A trend towards improved OS with abi + ola vs abi + pbo continued (maturity 40%; HR 0.83; 95% Cl 0.66–1.03). Safety and tolerability results remained stable.

Conclusions

Meaningful rPFS improvement of ≥ 5 months was observed with abi + ola vs abi + pbo in all assessed biomarker subgroups. Updated results show a continuing trend towards improved OS and support a superior clinical benefit with abi + ola vs abi + pbo as 1L therapy for pts with mCRPC. Table: 13570

Biomarker subgroup analyses

Abi + ola (N=399)			Abi + pbo (N=397)				UD (050/ CI)	
n	Events (%) Median rPFS	(months) n	Events (%)) Median rPFS	(months)	HR (95% CI)	
ITT population 399	9168 (42)	24.8	397	226 (57)	16.6		0.66 (0.54-0.81)	

	Abi + ola (N=399)		Abi + pbo (N=397)				HR (95% CI)		
	n Events (%) Median r	PFS (months) n	Events (%	6) Median	rPFS (months) (93 /0 01)		
Non-HRRm	279119 (43)	24.1	27	3 149 (55)	19.0		0.76 (0.60-0.97)		
HRRm*	11143 (39)	NR	11:	573 (64)	13.9		0.50 (0.34-0.73)		
Non-BRCAm	343148 (43)	24.1	35	0194 (55)	19.0		0.76 (0.61-0.94)		
BRCAm [†]	47 14 (30)	NR	38	28 (74)	8.4		0.23 (0.12-0.43)		

^{*}Genes assessed were ATM, BRCA1, BRCA2, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D and RAD54L†BRCA1 and/or BRCA2ITT, intention-to-treat, NR, not reachedHRRm unknown pts (n=18) were excluded from the analysis.

Clinical trial identification

NCT03732820.

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Legal entity responsible for the study

AstraZeneca.

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Disclosure

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