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Impact of local therapy on treatment outcomes in men with metastatic castration-naive prostate cancer

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Background

Apalutamide (APA) in combination with standard androgen deprivation (ADT) has been approved for the treatment of metastatic castration-naive prostate cancer (CNPC). The TITAN trial and real-world data suggest a better oncological outcome for patients with a Prostate-specific-antigen (PSA)-decline to low (<0.2 ng/ml) levels during APA treatment. In oligometastatic CNPC, local treatment of the primary tumor by radiation therapy in addition to ADT forms the standard of care. Nevertheless, the role of local therapy in addition to more recent systemic treatments with ADT+ARPI combinations is still unclear.

Methods

We analysed a retrospective real-world cohort of 206 patients undergoing ADT+APA treatment for CNPC, whereof 70 patients had prior local treatment (radical prostatectomy: 54 patients, radiation therapy: 16 patients). Multiple logistic and cox regression analysis, and Kaplan Meier analysis was performed to evaluate the impact of baseline characteristics (Initial PSA level, prior docetaxel therapy, low/high volume/risk disease, synchronous/metachronous metastasis, radiation therapy (RT), radical prostatectomy (RP), local treatment with RT or RP(LT)) on PSA-decline to low levels (<0.2 ng/ml) and progression-free survival (PFS).

Results

We identified local ablative therapy of the primary as the most important factor (OR 8.3, 95% CI: 1.8-65.6; p=0.02) for achieving a low PSA level (<0,2 ng/ml). Only a trend for this was seen for low volume disease (OR 2.3, 95% CI: 0.84-6.3; p=0.11) and low risk disease (OR 2.1, 95% CI: 0.9-4.9; p=0.10). Initial PSA level, age, prior docetaxel therapy or synchronous/metachronous metastasis had no influence on low PSA levels (<0,2 ng/ml). Patients who achieved low PSA levels (<0.2 ng/ml) had significantly better progression-free survival compared to those with higher PSA levels (HR 0.44, 95% CI: 0.19–0.92; p=0.04). None of the baseline characteristics investigated served as an independent predictor of PFS.

Conclusions

In our real-world cohort, local therapy of the primary tumor was the most important factor for the achievement of a low PSA <0,2 ng/ml. Prospective studies are warranted to clarify the role of LT for survival in mCNPC patients with contemporary treatment regimens.

Legal entity responsible for the study

The authors.

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