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Patient (pt) reported outcomes (PROs) from AMPLITUDE, a randomized placebo-controlled phase III trial of niraparib (NIRA) and abiraterone acetate (AA) plus prednisone (P) in metastatic hormone-sensitive prostate cancer (mHSPC) with homologous recombination repair mutations (HRRm)

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Background

AMPLITUDE established efficacy of NIRA + AA + P vs AA + P in HRRm mHSPC, prolonging radiographic progression-free survival (rPFS, primary end point; final analysis) and showing significant improvement in time to symptomatic progression and favorable effect on overall survival (key secondary end points; first interim analysis). The NIRA + AA + P safety profile was consistent with prior experience. Here we assess PROs in the HRRm population.

Methods

Pts with HRRm mHSPC (≤ 6 mo androgen deprivation therapy, $\pm \leq 6$ cycles docetaxel, $\pm \leq 45$ d AA + P allowed as prior treatments [tmt]) were randomized 1:1 to receive dual-action tablet (NIRA 200 mg + AA 1000 mg) plus P 5 mg PO QD or placebo + AA + P QD in 28 d cycles. PRO instruments were FACT-P, EQ-5D-5L, and BPI-SF. PRO e-questionnaires were completed at screening, cycles 1-25, then Q4M up to 12 mo after end of tmt. PROs were analyzed by LS mean change from BL (mixed effect repeated measures model) and time to deterioration by Kaplan-Meier methods during tmt.

Results

Overall questionnaire completion compliance was $\geq 94.3\%$. Overall LS mean change from BL (SE) in FACT-G did not reveal clinically meaningful difference between arms: NIRA + AA + P 0.02 (0.50), AA + P 0.77 (0.50); $p=0.3$. During cycles 2-4, FACT-G scores decreased slightly with NIRA + AA + P and increased slightly with AA + P from BL with significant between-arm differences ($p<0.05$) but change in neither arm was clinically meaningful vs BL; from cycle 5, scores remained consistent with BL. FACT-P total score results were similar. Most pts (NIRA + AA + P 76-85%, AA + P 86-93%) were “not at all” or “a little bit” bothered by tmt side effects (FACT-P GP5, BL to cycle 41). LS mean change from BL (SE) in EQ-5D-5L VAS showed no difference between arms overall (NIRA + AA + P 1.82 [0.63], AA + P 2.59 [0.63]; $p=0.4$) and by cycle. Time to progression in BPI-SF worse pain intensity score was not different between arms (HR 0.95; 95% CI 0.72-1.26; $p=0.7$) and the medians were not reached.

Conclusions

In HRRm mHSPC, NIRA + AA + P maintained BL HRQoL with no clinically meaningful changes while significantly improving rPFS vs AA + P.

Clinical trial identification

NCT04497844.

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Legal entity responsible for the study

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Disclosure

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