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Patient-reported outcomes (PROs) in men with metastatic castration-sensitive prostate cancer (mCSPC) and homologous recombination repair (HRR) gene alterations receiving talazoparib (TALA) + enzalutamide (ENZA) vs placebo (PBO) + ENZA: Results from the phase 3 TALAPRO-3 study

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Background

TALAPRO-3 (NCT04821622) demonstrated statistically significant and clinically meaningful improvement in investigator-assessed radiographic progression-free survival with TALA + ENZA (n=300) vs PBO + ENZA (n=299) in men with HRR-deficient mCSPC (HR 0.48; 95% CI 0.36–0.65; p<0.001). Here, we report PRO endpoints.

Methods

Prespecified PROs were evaluated per EORTC QLQ-C30, EORTC QLQ-PR25, and BPI-SF. Higher global health status/quality of life (GHS/QoL) and functional scale scores, and lower symptom scale and pain scores, represent better QoL. Differences in the estimated overall mean scores between arms were assessed by a longitudinal mixed-effects model for repeated measures (MMRM). Time to [definitive] deterioration (TT[D]D) in EORTC measures was a ≥10-point within patient change from baseline (BL) that was subsequently maintained. TTD in worst pain per the BPI-SF was the first of either a ≥2-point increase from BL or an increase in WHO analgesic usage score. A stratified log-rank test and Cox proportional hazards model were used to compare time-to-events between arms.

Results

At data cutoff (Feb 18, 2026), 474/599 men (240, TALA + ENZA; 234, PBO + ENZA) had 1 BL + ≥1 post-BL PRO assessment. Median treatment duration was 35.0 mo for TALA and 35.9 mo for ENZA (TALA arm), and 32.9 mo for both PBO and ENZA (ENZA arm). There were no clinically meaningful differences between arms (≥5-point threshold) in overall estimated mean scores in GHS/QoL, functioning, and symptom scales, except appetite loss. TTDD in GHS/QoL and urinary symptoms and TTD in worst pain were comparable between arms (Table).Table: 2222RO

MMRM	Estimated Overall Mean Score Difference,(TALA + ENZA) – (PBO + ENZA) [95% CI]
QLQ-C30 functioning (scale 0–100) GHS/QoL	–3.7 [–6.5 to –1.0]
Physical	–2.5 [–5.1 to 0.1]
Role	–2.7 [–6.0 to 0.6]
Cognitive	–0.9 [–3.5 to 1.7]
Emotional	–1.3 [–3.7 to 1.0]
Social	–1.9 [–4.9 to 1.1]
QLQ-C30 symptoms (scale 0–100) Fatigue	3.2 [0.2 to 6.2]
Nausea + vomiting	1.2 [0.2 to 2.3]
Pain	0.4 [–2.4 to 3.2]

MMRM		Estimated Overall Mean Score Difference,(TALA + ENZA) – (PBO + ENZA) [95% CI]
	Appetite loss	5.2 [2.5 to 8.0]
	Constipation	4.2 [1.3 to 7.1]
	Diarrhea	0.5 [–1.5 to 2.5]
	Dyspnea	3.0 [0.1 to 5.8]
	Insomnia	2.6 [–0.9 to 6.0]
Time-to-Event		TALA + ENZA vs PBO + ENZA HR [95% CI]
TTDD	GHS/QoL	1.16 [0.85 to 1.58]
	Urinary symptoms	0.94 [0.61 to 1.44]
TTD	BPI-SF–worst pain	0.82 [0.61 to 1.11]

Conclusions

Adding TALA to ENZA generally did not result in clinically meaningful differences in PROs vs ENZA alone. These data further inform the benefit–risk profile of TALA + ENZA in men with HRR-deficient mCSPC.

Clinical trial identification

NCT04821622.

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Pfizer.

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Disclosure

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