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KEY TAKEAWAYS



- Despite high rates of local SOC therapy, patients with High Risk/very High Risk (H/vHR) PCa progress to develop metastatic disease and CRPC on average within 3 years.
- These patients may benefit from intensified systemic therapy such as is being investigation in the phase 3 ATLAS (NCT02531516) and PROTEUS (NCT03767244) trials.





CONCLUSIONS

INTRODUCTION

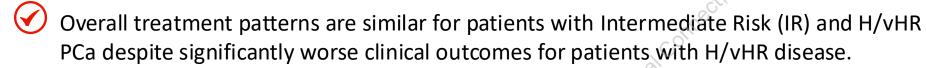
METHODS

RESULTS

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CONCLUSIONS



These data highlight the potential for improved clinical outcomes in this patient population with the use of intensified systemic therapies including Androgen Receptor Pathway Inhibitors (ARPIs).

Data analysis for this study is ongoing.











KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

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INTRODUCTION

- Patients with high-risk localized prostate cancer, while a relatively small subset, have more aggressive disease biology.
- They experience substantial risk of disease recurrence after treatment, risk of metastases, and death.
- To date, treatment paradigms for these patients include radiotherapy with androgen deprivation therapy and radical prostatectomy with PLND.
- However, there is a growing body of evidence to support intensified therapy benefiting these patients. To contextualize this emerging clinical trial data, we sought to characterize real world treatment patterns for these patients.



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METHODS

- Retrospective population-based cohort study analysis using province-wide linked administrative data in Ontario, Canada.
- Patients with H/vHR prostate cancer on the basis of Gleason score, PSA, and tumor stage compared to those with intermediate disease risk.



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RESULTS

Treatment Patterns within 1 Year of Diagnosis by LPC Risk

- Between 2010-2021, 18,365
 patients with IR and 13,206
 patients with H/vHR PCa were
 identified
- Most received some local therapy, though this was more common for H/vHR (95.5%) than IR (81.6%) patients (p<0.001; stand diff 0.44) (Table 1)
- Intensified systemic therapy was rarely administered within 1 year of cancer diagnosis

		Total	Intermediate Risk	High- or Very High- Risk		Standardized Difference
Treatment		N=31,571	N=18,365	N=13,206	P Value	
Radical prostatectomy (RP)	n (%)	13,493 (42.7%)	7,286 (39.7%)	6,207 (47.0%)	<.0001	0.148
	Median time from diagnosis to treatment (Q1-Q3), months	3.4 (2.4-4.8)	3.5 (2.4-5.1)	3.3 (2.3-4.6)	<.0001	0.127
External beam radiotherapy (EBRT) with or without brachytherapy	n (%)	13,748 (43.5%)	7,427 (40.4%)	6,321 (47.9%)	<.0001	0.150
	Median time from diagnosis to treatment (Q1-Q3), months	4.2 (2.6-6.2)	3.4 (2.3-5.2)	5.1 (3.4-7.2)	<.0001	0.594
Chemotherapy	n (%)	77 (0.2%)	7 (0.0%)	70 (0.5%)	<.0001	0.093
	Median time from diagnosis to treatment (Q1-Q3), months	4 (2.7-7.1)	4.1 (3-6)	4 (2.6-7.3)	0.9083	0.047
ARPIs	n (%)	49 (0.2%)	*1-5	*44-48	NA	NA
	Median time from diagnosis to treatment (Q1-Q3), months	8.1 (4.7-10)	**NA	8.1 (4.7-10)	NA	NA

Sample size is compressed due to the small # for the difference between this group and the group for brachy, or between this cohort of patients aged 66+ and the overall cohort patients
** Any treatment including RP, EBRT, brachy therapy, ADT (including or chiectomy), chemotherapy, ARATs, PARPi and radium-223.

NAVIGATION







KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

Christopher J D Wallis, Shawn Malone, Ilias Cagiannos, Robert J Hamilton, Naveen S Basappa, Cristiano Ferrario, Geoffrey T Gotto, Ricardo Fernandes, Tamim Niazi, Christopher Morash, Ricardo Rendon, Fred Saad, Sebastien J Hotte, Brendan Osborne, Anousheh Zardan, Bobby Shayegan

RESULTS

Clinical outcomes for patients with intermediate and high risk localized prostate cancer

Patients with H/vHR disease experienced worse oncologic endpoints including more frequent and earlier diagnosis of metastatic disease, CRPC, PCa events, and death (Table 2)

		Intermediate Risk	High-or Very High Risk		Standardized Difference
Outcome		N=18,365	N=13,206	P Value	
Time to diagnosis of	n (%)	5,435 (30%)	6,039 (46%)	<.0001	0.338
metastatic disease	Median (IQR) yrs	4.3 (1.2-7.1)	2.7 (0.5-5.7)	<.0001	0.307
Time to castration resistance (CRPC)	n (%)	285 (2%)	960 (7%)	<.0001	0.281
,	Median (IQR) yrs	5.3 (3.5-7)	3.2 (2-5)	<.0001	0.767
Time to first mCRPC treatment	n (%)	149 (1%)	626 (5%)	<.0001	0.241
	Median (IQR) yrs	6 (2.2-7.7)	3.9 (2.5-5.9)	<.0001	0.717
Time to prostate	n (%)	10,743 (58%)	9,525 (72%)	<.0001	0.289
cancer event†	Median (IQR) yrs	0.3 (0.2-1.2)	0.5 (0.3-1.2)	<.0001	0.258
Overall mortality (time	n (%)	3,343 (18%)	3,876 (29%)	<.0001	0.264
to death)	Median (IQR) yrs	5.9 (3.5-8.2)	4.9 (2.7-7.2)	<.0001	0.258
† PC event including BCR	, RT, or bone agents.				









KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

Christopher J D Wallis, Shawn Malone, Ilias Cagiannos, Robert J Hamilton, Naveen S Basappa, Cristiano Ferrario, Geoffrey T Gotto, Ricardo Fernandes, Tamim Niazi, Christopher Morash, Ricardo Rendon, Fred Saad, Sebastien J Hotte, Brendan Osborne, Anousheh Zardan, Bobby Shayegan

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NAVIGATION







KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

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