## **Abstract Number: 349 Population-based** Assessment of Treatment Patterns for High-Risk **Localized Prostate**

### Cancer

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### Key Takeaway

- 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



Overall treatment patterns are similar for patients with Intermediate Risk (IR) and H/vHR PCa despite significantly worse clinical outcomes for patients with H/vHR disease. 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



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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.

### **Results**

- 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
- 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)

### Table 1. Treatment Patterns within 1 Year of Diagnosis by LPC Risk

	and a	Total	Intermediate Risk	High- or Very High- Risk		Standardized Difference
Treatment	- Ctr	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, brachytherapy, ADT (including orchiectomy), chemotherapy, ARATs, PARPi and radium-223.

#### Table 2. Clinical outcomes for patients with intermediate and high risk localized prostate cancer

		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	n (%)	285 (2%)	960 (7%)	<.0001	0.281
resistance (CRPC)					
	Median (IQR) yrs	5.3 (3.5-7)	3.2 (2-5)	<.0001	0.767
Time to first mCRPC	n (%)	149 (1%)	626 (5%)	<.0001	0.241
treatment					
	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.					

Freedland S.J. Nair S. Lin X. Karsh L. Pieczonka C. Potluri R. et al. AUS real-world study of treatment patterns and outcomes in localized or locally advanced prostate cancer patients. World J.U.rol. 2023;41(12):3535-42 тесници зо, тем э. шт х. тектя ц. рес20лка с. ротици R, et al. A US real-world study of treatment patterns and outcomes in localized or locally advanced, Cooperberg MR, Broering JM, Carroll PR. Time trends and local variation in primary treatment of localized prostate cancer. J Clin Oncol. 2010;28(7):1117-23. PROTEUS Triat: https://clinicaltrials.gov/study/NCT03767244

ATLAS Trial: https://clinicaltrials.gov/study/NCT02531516

# 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.

#### **PROSTATE CANCER**