# **ZYTIGA®** (abiraterone acetate) **ZYTIGA - COU-AA-301 Study**

# **SUMMARY**

A summary of this response is provided as an interactive PDF (iPDF) that can be accessed by clicking the following link:

- ZYTIGA® (abiraterone acetate) COU-AA-301 Study
  - Minimum requirement to access interactive content: Adobe Acrobat Reader
- The executive summary infographic of the iPDF content is provided below

# ZYTIGA® (abiraterone acetate) COU-AA-301 Study

**Executive** Summary

Study Design and Endpoints

Baseline Characteristics Efficacy Results

Safety Results

Abbreviations and References

#### Overview<sup>1,2</sup>

COU-AA-301 was a phase 3, randomized, double-blind, placebo-controlled, multinational study of ZYTIGA plus prednisone vs placebo plus prednisone in patients with mCRPC and disease progression after docetaxel-based chemotherapy

N=1195

#### Select Eligibility Criteria 1,2

#### Inclusion Criteria

- Prior treatment with docetaxel
  Ongoing medical or surgical
  castration (serum testosterone
  ≤50 ng/dL)
- Disease progression defined as 2 consecutive increases in the PSA concentration over a reference value or radiographic evidence of disease progression in soft tissue or bone with or without the same based on the PSA value

#### **Exclusion Criteria**

- AST or ALT levels ≥2.5×ULN<sup>a</sup> Serious coexisting nonmalignant
- disease
  Active or symptomatic viral
  hepatitis or chronic liver disease
  Uncontrolled hypertension
- History of pituitary or adrenal dysfunction
   Clinically significant heart disease
   Prior ketoconazole

<sup>a</sup>Patients with liver metastasis and AST or ALT ≤5×ULN were eligible.

# Study Design1,2 **ZYTIGA** 1000 ma PO OD Prednisone 5 mg PO BID °Treatment continued until disease progression was documented based on PSA concentration, radiographic imaging,

## Efficacy Results1,2

- At the preplanned IA after 552 deaths, ZYTIGA plus prednisone demonstrated a statistically significant improvement in OS vs placebo plus prednisone.
- An updated survival analysis. conducted after 775 deaths (97% of the planned events for the final analysis) were observed, demonstrated consistent results with those reported from the IA.

Median OS, Months	ZYTIGA + Prednisone (n=797)	Placebo + Prednisone (n=398)
IA	14.8	10.9
	HR, 0.65; 95% CI, 0.54-0.77; P<0.001	
Updated survival analysis	15.8	11.2
	HR, 0.74; 95% CI, 0.64-0.86; P<0.0001	

## Safety Results1,2

- The most common AEs included fatigue, back pain, nausea, constipation, bone pain, and arthralgia, which occurred at similar frequency in both groups.
- UTIs were more frequent in the ZYTIGA plus prednisone group.
- AEs associated with elevated mineralocorticoid levels due to CYP17 inhibition (fluid retention and edema, hypokalemia, and hypertension), as well as cardiac disorders and LFT abnormalities, were deemed to be of special interest and were more common in the ZYTIGA plus prednisone group.
- The updated analysis revealed consistent results with those from the first IA for safety.

## Exploratory Analyses3-5

 Exploratory analyses of the COU-AA-301 study have been performed.

and clinical findings

Note: AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; BID, twice daily; CI, confidence interval; CYP17, cytochrome P450 17a-hydroxylase/17,20-lyase; HR, hazard ratio; IA, interim analysis; LFT, liver function test; mCRPC, metastatic castration-resistant prostate cancer; OS, overall survival; PO, orally; PSA, prostate-specific antigen; QD, once daily; R, randomization; ULN, upper limit of normal; UTI, urinary tract infection.