ZYTIGA® (abiraterone acetate) ZYTIGA - COU-AA-302 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-302 Study
 - o 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-302 Study

Executive Summary Study Design and Endpoints

Baseline Characteristics Efficacy Results Safety Results Abbreviations and References

Overview^{1,2}

COU-AA-302 was a phase 3, randomized, double-blind, placebo-controlled, multinational study of ZYTIGA plus prednisone vs placebo plus prednisone in asymptomatic or mildly symptomatic patients with chemotherapy-naïve mCRPC

N=1088

Select Eligibility Criteria^{2,3}

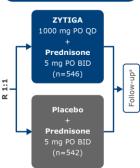
Inclusion Criteria

- Asymptomatic or mildly symptomatic mCRPC
- Radiographic or PSA disease progression
- ECOG PS of 0 or 1
- Ongoing medical or surgical castration (serum testosterone <50 ng/dL)
- Prior anti-androgen use with disease progression after withdrawal

Exclusion Criteria

- Moderate or severe pain
- Opiate use for cancer pain
- Ketoconazole treatment for prostate cancer
- History of adrenal gland or pituitary disorder or visceral organ metastases

Study Design²



^aTreatment continued until radiographic or clinical disease progression, unacceptable toxicity, or withdrawal

Coprimary Efficacy Endpoints^{1,2}

- At IA1, ZYTIGA plus prednisone prolonged median rPFS vs placebo plus prednisone (NR vs 8.3 months; HR=0.43; 95% CI, 0.35-0.52; P<0.001)
- At the final analysis (median follow-up duration, 49.2 months; following 741 deaths), ZYTIGA plus prednisone significantly prolonged median OS vs placebo plus prednisone (34.7 vs 30.3 months, HR=0.81; 95% CI, 0.70-0.93; P=0.0033)

Secondary Efficacy Endpoints^{1,2,4}

 ZYTIGA plus prednisone demonstrated a statistically significant improvement for all secondary endpoints vs placebo plus prednisone, including a delay in time to opiate use for cancer pain and initiation of chemotherapy

Secondary Endpoints, Months	ZYTIGA Group (n=546)	Group	HR (95% CI); <i>P</i> Value
Median time to opiate use	33.4	23.4	0.72 (0.61-0.85); 0.0001
Median time to chemo- therapy	26.5	16.8	0.61 (0.51-0.72); <0.0001
Median time to ECOG PS deterioration	12.3	10.9	0.83 (0.72-0.94); 0.005
Median TTPP	11.1	5.6	0.50 (0.43-0.58); <0.0001

Safety Results1,2,5

- Incidence of (all grades) special interest AEs were more common with ZYTIGA plus prednisone, including:
- FluidHypokalemiaretention/edemaHypertension
- Elevated hepatic o Cardiac enzymes disorders
- AEs at the time of the final analysis were similar to those reported after nearly 27 months of additional follow-up
- An additional long-term safety analysis of patients receiving ≥4 years of treatment (n=41) reported similar all-grade and grade 3/4 AEs to those receiving
 4 years of treatment

Note: AE, adverse event; BID, twice daily; CI, confidence interval; ECOG PS, Eastern Cooperative Oncology Group performance status; HR, hazard ratio; IA1, first interim analysis; mCRPC, metastatic castration-resistant prostate cancer; NR, not reached; OS, overall survival; PO, orally; PSA, prostate-specific antigen; QD, once daily; R, randomization; rPFS, radiographic progression-free survival; TTPP, time to PSA progression.