Outcomes of first subsequent taxane (FST) therapy in patients (pts) with metastatic castration-resistant prostate cancer (mCRPC) who previously received docetaxel intensification (DI) for metastatic castration-sensitive prostate cancer (mCSPC).

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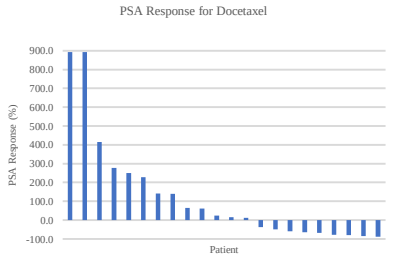
1. Background

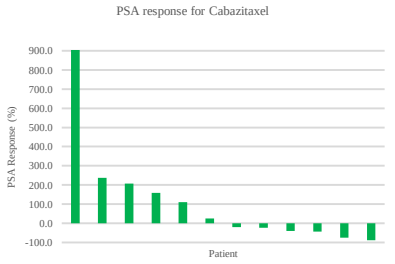
- Metastatic prostate cancer is an incurable illness with a limited life expectancy.
- The management of advanced prostate cancer is rapidly evolving, particularly with earlier use of survival prolonging therapies in mCSPC.
- Though approved prior to the use of intensification therapy in mCSPC, taxane-based chemotherapies remain a relevant option for pts with mCRPC. However, there is little evidence determining outcomes of FST in mCRPC pts who received DI in mCSPC.
- The purpose of this study is to compare outcomes between the survival prolonging taxanes, docetaxel (D) and cabazitaxel (C), as FST after DI.

2. Materials

- New patient consults seen at the Cross Cancer Institute from 1 July 2014 to 31 Dec 2020 were reviewed.
- Pts were considered eligible if they received DI for mCSPC, and received either D or C in mCRPC.
- Endpoints:
  - Primary endpoint: ≥50% PSA response at 12 weeks relative to baseline for FST.
  - Secondary endpoints: OS from mCSPC diagnosis, and PFS and OS from FST start date.
- PSA responses were compared using chi-squared test and time-based endpoints were compared using the Kaplan-Meier method.

3. Results

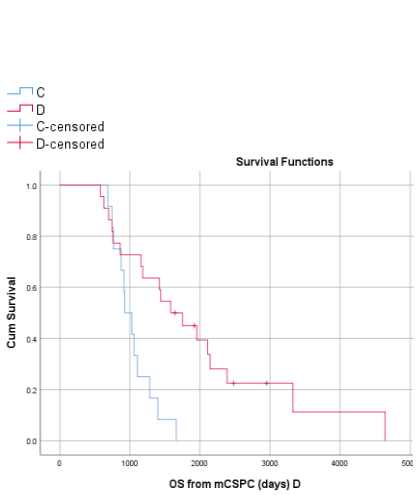


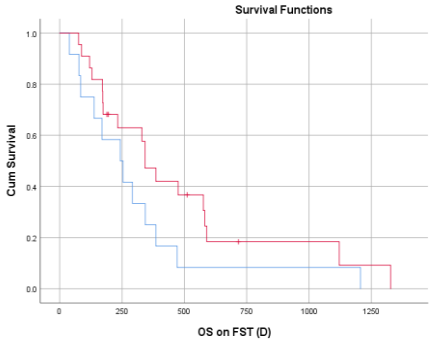


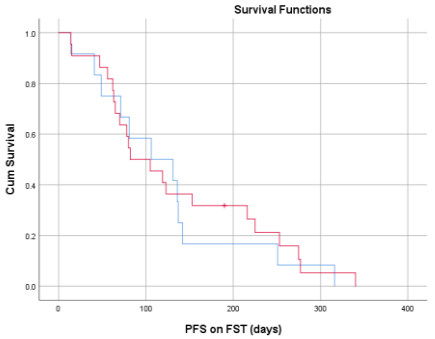
3. Results

Baseline Characteristics	D	C	P-value
Total Patients	22	12	
Median Age at Diagnosis (years)	63.1	67.1	0.236
Sites of Metastases			0.215
Bone	81.8%	100%	
Lymph nodes	4.5%	0%	
Visceral	13.6%	0%	
Progression at Last Follow Up	95.5%	100%	0.453
Surviving at Last Follow Up	18.2%	0%	0.116
Median time to CRPC (mos)	18.6	14.2	0.079

Treatment & Survival Outcomes	D	C	P-value
Median Time to FST (mos)	34.6	24.1	**0.036**
Received FST as second-line	95.5%	83.3%	
PSA response to FST	40.9%	25.0%	0.645
Median OS from mCSPC diagnosis (mos)	52.7	31	**0.002**
Median OS from FST start date (mos)	11.4	8.1	0.132
Median PFS from FST start date (mos)	2.7	3.5	0.727







4. Conclusions

- Both D and C demonstrated activity as FST after DI in mCSPC.
- Pts who received C had shorter time to FST and OS from mCSPC. The reasons for this may reflect clinician preference for C in pts with aggressive or rapidly progressing disease.
- No difference was found in PSA response, PFS, or OS from FST with D compared to C.
- While limited by its retrospective nature and small sample size, this study suggests that D is active as FST despite treatment with DI in mCSPC.

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