First-line management of metastatic castrate-resistant prostate cancer patients: Audit of real-life practices.

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Abstract

BACKGROUND: No reliable guidelines are available for choosing the best option between docetaxel and new hormonal therapies (NHTs) (i.e., abiraterone and enzalutamide) in first-line therapy for metastatic castration-resistant prostate cancer (mCRPC) patients. We performed an audit of real-life practices.

METHODS: We built an online questionnaire and distributed it with the help of French oncology networks. This questionnaire was sent to 481 physicians who treat patients with mCRPC. All of the answers were declarative, individual, and anonymized. A descriptive analysis was done. A univariate logistic regression analysis was performed for the criteria of choice between docetaxel and NHTs.

RESULTS: From March to July 2015, 109/481 physicians (22.6%) completed the questionnaire. The selection criteria for initially choosing docetaxel were as follows: presence of visceral metastases (79.8%), heavy tumor burden (68.8%), aggressive tumor disease (66.1%), and short-term efficacy of castration (66.1%). The selection criteria for initially choosing NHTs were as follows: long-term efficacy of castration (66.1%), higher age (67.9%), low tumor grade (56.9%), and absence of symptoms (54.1%). With docetaxel, the first tumor assessment was typically performed after three (1-6) cycles, including prostate-specific antigen (PSA) testing (96.3%), a thoraco-abdominopelvic CT scan (68.8%), and bone scintigraphy (59.6%). With NHTs, tumor assessment was mainly performed after 3 months of treatment (1-6) and included PSA testing, a thoraco-abdominopelvic CT, and bone scintigraphy in 90.8%, 61.5%, and 63.3% of cases, respectively.

CONCLUSIONS: This is the first study assessing real-life practices among physicians who treat patients with mCRPC. These practices were found to be homogeneous.

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KEYWORDS: Abiraterone; Abiratérone; Cancer de la prostate résistant à la castration; Castrate-resistant prostate cancer; Docetaxel; Docétaxel; Enzalutamide; First-line therapy; Première ligne

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