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Disease Characteristics, Treatment Patterns and Oncological Outcomes of de-novo Metastatic Hormone-Sensitive Prostate Cancer: Real-world Experience from a multicenter Asian cohort

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Objectives

ADT intensification with chemotherapy or androgen receptor pathway inhibitor(ARPI) is the standard treatment for metastatic hormone-sensitive prostate cancer(mHSPC). This study examines the local epidemiology, treatment strategies, and outcomes of these patients.

Patients and methods

3008 patients were diagnosed with prostatic cancer in 2015 to 2023 from a prospectively collected database. Kaplan-Meier survival analysis and multivariate cox regression analysis were performed to examine the factors impacting overall survival(OS), cancer-specific-survival(CSS) and castration-resistance-prostate-cancer(CRPC)-free survival.

Results

621(20.6%) denovo mHSPC patients were identified with the median age of 72. The median PSA was 148ng/ml. Majority were high-risk(64.9%) and high-volume(68.5%) disease. **The primary treatments were ADT monotherapy (63.8%),** followed by upfront chemotherapy(17.4%), upfront radiotherapy (9.5%), and upfront ARPI (7.8%).

331(53.4%) patients progressed to mCRPC with median time **of 13 months** (Figure). Anti-androgens(25.0%), enzalutamide/apalutamide(27%), abiraterone(16.5%) were common treatment upon progression, followed by chemotherapy(11.1%).

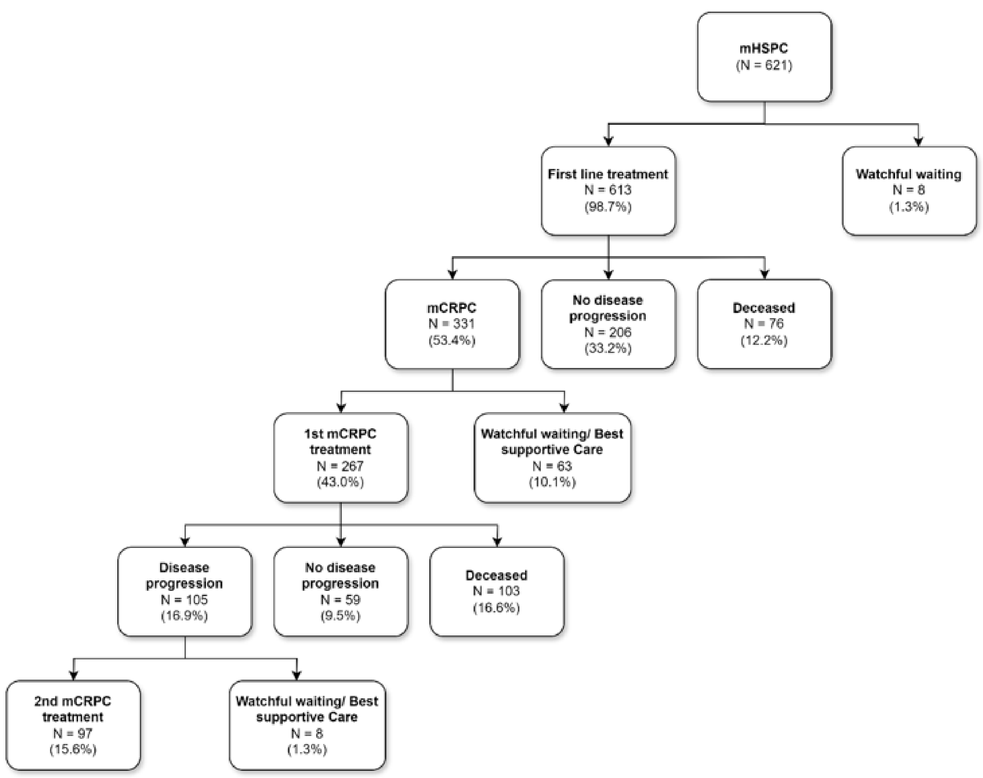

Figure. Summary of disease and treatment status

Compared with ADT monotherapy**, superior OS(59% vs 47%) and CSS(70% vs 62%) were observed in intensified ADT group**. Upfront ARPI outperformed chemotherapy in CRPC-free survival(66% vs 30%). High-volume diseases were associated with worse CSS(HR 2.02), OS(HR 2.16) and CRPC-free survival(HR 1.48).

Conclusions

Only 25% mHSPC patients received upfront intensified ADT, pinpointing the disparities between guidelines and clinical practice.