Second Opinion

UROLOGY INVESTIGATORS PROVIDE THEIR PERSPECTIVES ON CHALLENGING PRACTICAL ISSUES IN PROSTATE CANCER MANAGEMENT

CME Information

TARGET AUDIENCE

This activity is intended for urologists, medical and radiation oncologists and other healthcare providers involved in the treatment of prostate cancer.

OVERVIEW OF ACTIVITY

Prostate cancer is the most frequently diagnosed cancer in men, with more than 50% of all cases found in individuals aged 65 years or older. Among the 220,800 new diagnoses of prostate cancer estimated within the United States in 2015, more than 90% will be discovered in the local and regional stages of disease where 5-year survival estimates approach 100% with current therapeutic intervention. This statistic emphasizes the importance of early detection, the effectiveness of current treatments and the natural history of the disease.

Significant interest has been shown in the development of multigene prognostic assays that can evaluate the unique biology of an individual's cancer to allow for further refinement of risk and subsequently more informed treatment decisions. In recent years a number of novel agents have received FDA approval accompanied by multiple new indications in the disease, and a number of these efforts have proven successful and have yielded therapeutic options that are already available for use in the clinic. As such, additional resources are necessary to assist clinicians as they contend with the complexity of decision-making throughout the course of prostate cancer treatment from localized to advanced metastatic castration-resistant prostate cancer (CRPC). To bridge the gap between research and patient care, this video presentation by Dr Leonard G Gomella uses a review of recent relevant publications and presentations, ongoing clinical trials and clinical investigator treatment preferences to assist urologists, medical and radiation oncologists and other healthcare providers involved in the treatment of prostate cancer with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Review the use of genomic signatures to refine the risk of recurrence for patients with localized prostate cancer, and use this information to guide clinical decision-making.
- Recall research information demonstrating the effects of secondary hormonal interventions on quality and quantity of life for patients with chemotherapy-naïve CRPC, and use this information to guide treatment planning for these patients.
- Recognize the importance of performance status, symptom burden and site of disease in decisions on the use of sipuleucel-T for CRPC.
- Appreciate recent Phase III trial data documenting the benefit of adding docetaxel to androgen deprivation therapy for patients with hormone-sensitive metastatic disease.
- Identify appropriate bone-targeted therapeutic approaches (eg, bisphosphonates, RANK-ligand inhibitors, radium-223) for patients with metastatic CRPC.

ACCREDITATION STATEMENT

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HOW TO USE THIS CME ACTIVITY

This CME activity consists of a video component. To receive credit, the participant should watch the video, complete the Post-test with a score of 75% or better and fill out the Educational Assessment and Credit Form located at ResearchToPractice.com/GrandRoundsProstate15/CME.

CONTENT VALIDATION AND DISCLOSURES

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reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

FACULTY — The following faculty (and their spouses/partners) reported real or apparent conflicts of interest, which have been resolved through a conflict of interest resolution process:

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PROJECT CHAIR — **Dr Love** is president and CEO of Research To Practice, which receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Amgen Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Pharma Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, CTI BioPharma, Daiichi Sankyo Inc, Dendreon Corporation, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech BioOncology, Genomic Health Inc, Gilead Sciences Inc, ImmunoGen Inc, Incyte Corporation, Janssen Biotech Inc, Jazz Pharmaceuticals Inc, Lilly, Medivation Inc, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, NanoString Technologies, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics Inc, Prometheus Laboratories Inc, Regeneron Pharmaceuticals, Sanofi, Seattle Genetics, Sigma-Tau Pharmaceuticals Inc, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Taiho Oncology Inc, Takeda Oncology, Teva Oncology, Tokai Pharmaceuticals Inc and VisionGate Inc.

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

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Select Publications

ALSYMPCA: A double-blind, randomised, multiple dose, phase III, multicentre study of Alpharadin in the treatment of patients with symptomatic hormone refractory prostate cancer with skeletal metastases. NCT00699751

Antonarakis ES et al. **AR splice variant 7 (AR-V7) and response to taxanes in men with metastatic castration-resistant prostate cancer (mCRPC).** Genitourinary Cancers Symposium 2015;**Abstract 138**.

Antonarakis ES et al. **Androgen receptor splice variant, AR-V7, and resistance to enzalutamide and abiraterone in men with metastatic castration-resistant prostate cancer (mCRPC).** *Proc ASCO* 2014;**Abstract 5001**.

Antonarakis ES et al. **AR-V7 and resistance to enzalutamide and abiraterone in prostate cancer.** *N Engl J Med* 2014;371(11):1028-38.

Beer TM et al. **Enzalutamide in metastatic prostate cancer before chemotherapy.** *N Engl J Med* 2014;371(5):424-33.

Bill-Axelson A et al. **Radical prostatectomy or watchful waiting in early prostate cancer.** *N Engl J Med* 2014;370(10):932-42.

CHAARTED: Chemohormonal therapy versus androgen ablation randomized trial for extensive disease in prostate cancer. NCT00309985

Fizazi K et al. **Denosumab versus zoledronic acid for treatment of bone metastases in men with castration-resistant prostate cancer: A randomised, double-blind study.** *Lancet* 2011;377(9768):813-22.

Haas GP et al. **The worldwide epidemiology of prostate cancer: Perspectives from autopsy studies.** *Can J Urol* 2008;15(1):3866-71.

James ND et al. **Docetaxel and/or zoledronic acid for hormone-naïve prostate cancer: First overall survival results from STAMPEDE (NCT00268476).** *Proc ASCO* 2015;**Abstract 5001**.

Jemal A et al. **Cancer statistics, 2006.** *CA Cancer J Clin* 2006;56(2):106-30.

Kantoff PW et al. **Sipuleucel-T immunotherapy for castration-resistant prostate cancer.** *N Engl J Med* 2010;363(5):411-22.

Kantoff P et al. **Updated survival results of the IMPACT trial of sipuleucel-T for metastatic castration-resistant prostate cancer (CRPC).** Genitourinary Cancers Symposium 2010;**Abstract 8**.

Klotz L et al. **Long-term follow-up of a large active surveillance cohort of patients with prostate cancer.** *J Clin Oncol* 2015;33(3):272-7.

Parker C et al. **Alpha emitter radium-223 and survival in metastatic prostate cancer.** *N Engl J Med* 2013;369(3):213-23.

Parker C et al. **Hematologic safety of Ra-223 dichloride (Ra-223) in castration-resistant prostate cancer (CRPC) patients with bone metastases from the phase III ALSYMPCA trial.** *Proc ASCO* 2013;**Abstract 5060**.

Penson D et al. **A multicenter phase 2 study of enzalutamide (ENZA) versus bicalutamide (BIC) in men with nonmetastatic (M0) or metastatic (M1) castration-resistant prostate cancer (CRPC): The STRIVE trial.** *Proc AUA* 2015;**Abstract PII-LBA10**.

Ryan CJ et al. **Abiraterone acetate plus prednisone versus placebo plus prednisone in chemotherapy-naive men with metastatic castration-resistant prostate cancer (COU-AA-302): Final overall survival analysis of a randomised, double-blind, placebo-controlled phase 3 study.** *Lancet Oncol* 2015;16(2):152-60.

Ryan CJ et al. **Abiraterone in metastatic prostate cancer without previous chemotherapy.** *N Engl J Med* 2013;368(2):138-48.

Sandler HM et al. **A phase III protocol of androgen suppression (AS) and 3DCRT/IMRT versus AS and 3DCRT/IMRT followed by chemotherapy (CT) with docetaxel and prednisone for localized, high-risk prostate cancer (RTOG 0521).** *Proc ASCO* 2015;**Abstract LBA5002**.

Schellhammer PF et al. **Lower baseline prostate-specific antigen is associated with a greater overall survival benefit from sipuleucel-T in the Immunotherapy for Prostate Adenocarcinoma Treatment (IMPACT) trial.** *Urology* 2013;81(6):1297-302.

Smith MR et al. **Denosumab for the prevention of skeletal complications in metastatic castration-resistant prostate cancer: Comparison of skeletal-related events and symptomatic skeletal events.** *Ann Oncol* 2015;26(2):368-74.

Sweeney C et al. **Impact on overall survival (OS) with chemohormonal therapy versus hormonal therapy for hormone-sensitive newly metastatic prostate cancer (mPrCa): An ECOG-led phase III randomized trial.** *Proc ASCO* 2014;**Abstract LBA2**.