Current Strategies and Ongoing Research in the Management of Advanced Prostate Cancer

CME Information

TARGET AUDIENCE

This activity has been designed to meet the educational needs of medical and radiation oncologists, urologists and other allied healthcare professionals.

OVERVIEW OF ACTIVITY

Cancers of the genitourinary (GU) system affect hundreds of thousands of individuals within the United States each year and account for almost 30% of new cancer diagnoses. Although GU cancers are a diverse array of distinct diseases, tumors of the prostate are among the most prevalent and are therefore the topic of extensive ongoing clinical research. Consequently, the clinical management of this disease is constantly evolving, necessitating rapid and consistent access to learning opportunities for clinicians who provide care for these patients.

These video proceedings from a CME symposium held during the 2016 Genitourinary Cancers Symposium feature discussions regarding the practice patterns of a cohort of prostate cancer (PC) investigators and related clinical research findings. By providing information on the latest research developments in the context of expert perspectives, this activity will assist medical and radiation oncologists, urologists and other healthcare professionals with the formulation of state-of-theart clinical management strategies to facilitate optimal care for patients with PC.

LEARNING OBJECTIVES

- Appraise recent data on diagnostic and therapeutic advances in PC, and integrate this information, as appropriate, into current clinical care.
- Explore emerging data on the use of cytotoxic therapy in the setting of hormone-sensitive advanced PC, and consider this information when designing initial treatment plans for appropriate individuals.
- Recall existing and emerging research information demonstrating the effects of secondary hormonal interventions on quality and quantity of life for patients with castration-resistant PC, and use this information to guide therapeutic decision-making.

- Consider available research data and expert perspectives on the efficacy and safety of radium-223 dichloride as monotherapy or in combination with other treatment modalities, and use this information to appropriately integrate this novel radiopharmaceutical agent into clinical practice.
- Effectively apply evidence-based research findings in the determination of best-practice sequencing of available immunotherapeutic, chemotherapeutic and secondary hormonal agents for patients with metastatic PC.
- Explore the emerging data and active research evaluating novel agents and strategies in the setting of PSA-only recurrent or advanced PC, and discuss the biologic basis for their clinical activity.
- Counsel appropriately selected patients with recurrent, asymptomatic and symptomatic metastatic PC about the availability of and participation in ongoing clinical trials.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through a joint providership of the Yale School of Medicine and Research To Practice. The Yale School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

The Yale School of Medicine designates this enduring material for a maximum of 2.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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/GUCancers16/Prostate/CME**.

CONTENT VALIDATION AND DISCLOSURES

It is the policy of Research To Practice and Yale Continuing Medical Education to ensure balance, independence, objectivity and scientific rigor in all their educational programs. All faculty, planners and managers participating in this activity are required to disclose any relevant financial relationship(s) they (or spouse/partner) have with a commercial interest that benefits the individual in any financial amount that has occurred within the past 12 months; and the opportunity to affect the content of CME about the products or services of the commercial interest. Research To Practice and Yale Continuing Medical Education will ensure that any conflicts of interest are resolved before the educational activity occurs.

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

Daniel P Petrylak, MD (Co-Chair)

Professor of Medicine Director, Prostate and GU Medical Oncology Co-Director, Signal Transduction Program Yale Cancer Center New Haven, Connecticut

Consulting Agreements: Bayer HealthCare Pharmaceuticals, Bellicum Pharmaceuticals Inc, Dendreon Pharmaceuticals Inc, Exelixis Inc, Ferring Pharmaceuticals, Johnson & Johnson Pharmaceuticals, Medivation Inc, Pfizer Inc, Sanofi, Takeda Oncology; **Contracted Research:** Celgene Corporation, Sanofi; **Grant Support:** Dendreon Pharmaceuticals Inc, Johnson & Johnson Pharmaceuticals, OncoGenex Pharmaceuticals Inc, Progenics Pharmaceuticals Inc.

Philip Kantoff, MD

Chairman of Medicine Memorial Sloan Kettering Cancer Center New York, New York

Advisory Committee: Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals, Bellicum Pharmaceuticals Inc, BIND Biosciences Inc, Blend Therapeutics, BN ImmunoTherapeutics Inc, Cristal Therapeutics, Endocyte Inc, Genentech BioOncology, GTx Inc, Ipsen, Janssen Biotech Inc, Medivation Inc, Merck, Metamark Genetics Inc, MorphoSys, MTG Biotherapeutics Inc, Omnitura Therapeutics, OncoCellMDx Inc, Pfizer Inc, Sanofi, SOTIO LLC, Takeda Oncology, Tokai Pharmaceuticals Inc; Consulting Agreements: Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals, Pfizer Inc; Data and Safety Monitoring Board: Genentech BioOncology, Merck, OncoGenex Pharmaceuticals Inc; Stock Ownership: Bellicum Pharmaceuticals Inc, Blend Therapeutics, Metamark Genetics Inc.

William K Oh, MD

Chief, Division of Hematology and Medical Oncology Professor of Medicine and Urology Ezra M Greenspan, MD Professor in Clinical Cancer Therapeutics Mount Sinai School of Medicine Associate Director of Clinical Research The Tisch Cancer Institute Mount Sinai Health System New York, New York **Advisory Committee:** Bayer HealthCare Pharmaceuticals, Bellicum Pharmaceuticals Inc, DAVA Oncology, Inovio Pharmaceuticals Inc, Janssen Biotech Inc, Sanofi, Seattle Genetics, Teva Oncology.

A Oliver Sartor, MD

Medical Director, Tulane Cancer Center Laborde Professor of Cancer Research Professor of Medicine and Urology Tulane Medical School New Orleans, Louisiana

Consulting Agreements: Astellas Pharma Global Development Inc, Bavarian Nordic, Bayer HealthCare Pharmaceuticals, Janssen Biotech Inc, Medivation Inc, Sanofi; **Contracted Research:** Bayer HealthCare Pharmaceuticals, Progenics Pharmaceuticals Inc, Sanofi.

Matthew R Smith, MD, PhD

Claire and John Bertucci Endowed Chair in Genitourinary Cancers Professor of Medicine Harvard Medical School Director, Genitourinary Malignancies Program Massachusetts General Hospital Cancer Center Boston, Massachusetts

Advisory Committee: Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals; **Consulting Agreements:** Amgen Inc, Astellas Pharma Global Development Inc, Bayer HealthCare Pharmaceuticals; **Contracted Research:** Bayer HealthCare Pharmaceuticals.

MODERATOR — **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, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Baxalta Inc, 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 Corp, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, 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, Natera Inc, Novartis Pharmaceuticals Corporation, Novocure, Onyx Pharmaceuticals, an Amgen subsidiary, Pharmacyclics LLC, an AbbVie Company, 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.

RESEARCH TO PRACTICE STAFF AND EXTERNAL REVIEWERS — The scientific staff and reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of published and/ or investigational uses of agents that are not indicated by the Food and Drug Administration. Research To Practice and Yale Continuing Medical Education do not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings. The opinions expressed are those of the presenters and are not to be construed as those of the provider, publisher or grantors.

This activity is supported by educational grants from Astellas Pharma Global Development Inc/Medivation Inc, Bayer HealthCare Pharmaceuticals, Janssen Biotech Inc, Sanofi and Tokai Pharmaceuticals Inc.

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 Last review date: April 2016 Expiration date: April 2017

Select Publications

William K Oh, MD

Hussain M et al. Absolute prostate-specific antigen value after androgen deprivation is a strong independent predictor of survival in new metastatic prostate cancer: Data from Southwest Oncology Group trial 9346 (INT-0162). *J Clin Oncol* 2006;24(24):3984-90.

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.

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.

Philip Kantoff, MD

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

Bellmunt J et al. Prior endocrine therapy impact on abiraterone acetate clinical efficacy in metastatic castration-resistant prostate cancer: Post-hoc analysis of randomised phase 3 studies. *Eur Urol* 2015;[Epub ahead of print].

Fizazi K et al. Activity and safety of ODM-201 in patients with progressive metastatic castration-resistant prostate cancer (ARADES): An open-label phase 1 dose-escalation and randomised phase 2 dose expansion trial. *Lancet Oncol* 2014;15(9):975-85.

Fong L et al. Activated lymphocyte recruitment into the tumor microenvironment following preoperative sipuleucel-T for localized prostate cancer. J Natl Cancer Inst 2014;106(11).

Galletti G et al. ERG induces taxane resistance in castration-resistant prostate cancer. Nat Commun 2014;5:5548.

GuhaThakurta D et al. Humoral immune response against non-targeted tumor antigens after treatment with sipuleucel-T and its association with improved clinical outcome. *Clin Cancer Res* 2015;21(16):3619-30.

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

Komura J et al. Chromatin fine structure of the c-MYC insulator element/DNase I-hypersensitive site I is not preserved during mitosis. *Proc Natl Acad Sci* 2007;104(40):15741-6.

Logothetis CJ et al. Effect of abiraterone acetate and prednisone compared with placebo and prednisone on pain control and skeletal-related events in patients with metastatic castration-resistant prostate cancer: Exploratory analysis of data from the COU-AA-301 randomised trial. *Lancet Oncol* 2012;13(12):1210-7.

Petrylak DP et al. Docetaxel and estramustine compared with mitoxantrone and prednisone for advanced refractory prostate cancer. *N Engl J Med* 2004;351(15):1513-20.

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.

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.

Small EJ et al. Placebo-controlled phase III trial of immunologic therapy with sipuleucel-T (APC8015) in patients with metastatic, asymptomatic hormone refractory prostate cancer. *J Clin Oncol* 2006;24(19):3089-94.

Tannock IF et al. **Docetaxel plus prednisone or mitoxantrone plus prednisone for advanced prostate cancer.** *N Engl J Med* 2004;351(15):1502-12.

Yen WC et al. Targeting Notch signaling with a Notch2/Notch3 antagonist (tarextumab) inhibits tumor growth and decreases tumor-initiating cell frequency. *Clin Cancer Res* 2015;21(9):2084-95.

A Oliver Sartor, MD

Berthold DR et al. Docetaxel plus prednisone or mitoxantrone plus prednisone for advanced prostate cancer: Updated survival in the TAX 327 study. *J Clin Oncol* 2008;26(2):242-5.

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

Saad F et al. Radium-223 in an international early access program (EAP): Effects of concomitant medication on overall survival in metastatic castration-resistant prostate cancer (mCRCP) patients. *Proc ASCO* 2015; Abstract 5034.

Select Publications

Sartor O et al. Radium-223 dichloride (Ra-223) efficacy and safety in patients with castration-resistant prostate cancer (CRPC) with bone metastases: Phase 3 ALSYMPCA study findings stratified by age group. *Proc ESMO/ECCO* 2015;Abstract 2530.

Sartor OP et al. Ra-223 experience in pretreated patients: EAP setting. Proc ASCO 2015; Abstract 5063.

Sartor O et al. Effect of radium-223 dichloride on symptomatic skeletal events in patients with castration-resistant prostate cancer and bone metastases: Results from a phase 3, double-blind, randomised trial. *Lancet Oncol* 2014;15(7):738-46.

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.

Daniel P Petrylak, MD

Antonarakis ES et al. Androgen receptor splice variant 7 and efficacy of taxane chemotherapy in patients with metastatic castration-resistant prostate cancer. *JAMA Oncol* 2015;1(5):582-91.

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

Chi K et al. Treatment of mCRPC in the AR-axis-targeted therapy-resistant state. Ann Oncol 2015;26(10):2044-56.

Lorente D et al. Sequencing of agents in castration-resistant prostate cancer. Lancet Oncol 2015;16(6):e279-92.

Sprenger C et al. Androgen receptor splice variant V7 (AR-V7) in circulating tumor cells: A coming of age for AR splice variants? *Ann Oncol* 2015;26(9):1805-7.

Taplin P et al. Activity of galeterone in castrate-resistant prostate cancer (CRPC) with C-terminal AR loss: Results from ARMOR2. *Proc EORTC-NCI-AACR* 2014; Abstract 4.

Taplin P et al. Galeterone in 4 patient populations of men with CRPC: Results from ARMOR2. *Proc ESMO* 2014; Abstract 7570.

Matthew R Smith, MD, PhD

Crook JM et al. Intermittent androgen suppression for rising PSA level after radiotherapy. *N Engl J Med* 2012;367(10):895-903.

Hussain M et al. Intermittent versus continuous androgen deprivation in prostate cancer. N Engl J Med 2013;368(14):1314-25.

Niraula S et al. Treatment of prostate cancer with intermittent versus continuous androgen deprivation: A systematic review of randomized trials. *J Clin Oncol* 2013;31(16):2029-36.

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

Ryan CJ et al. Effect of abiraterone acetate and low dose prednisone on prostate-specific antigen in patients with non-metastatic castration-resistant prostate cancer: The results from impact of abiraterone acetate in prostate-specific antigen core study. *Proc AUA* 2015; Abstract MP87-19.

Smith MR et al. Natural history of rising serum prostate-specific antigen in men with castrate nonmetastatic prostate cancer. *J Clin Oncol* 2005;23(13):2918-25.