A Randomized Trial of Abiraterone Acetate Administered With 1 of 4 Glucocorticoid Regimens in Metastatic Castration-Resistant Prostate Cancer

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INTRODUCTION

Abiraterone acetate (aa) is a strong inhibitor of CYP17A1, indicated for metastatic castration-resistant prostate cancer (mCRPC).

Predictions (P) coadministration resulted in reduced mineralocorticoid effects (ME)-associated adverse events (AE). The efficacy of this regimen was demonstrated in randomized, double-blind, placebo-controlled phase 3 studies,1,2 and the 4As associated with MAs were shown to be manageable over longer-term treatment.3

Study Aim

To determine whether a lower dosage of P (5 mg once daily [QD], or low-dose desmopressin [DEX], 0.5 mg QD), coadministered with aa, prevents ME-associated AEs.

METHODS

Patients

Patients were enrolled between July 2013 and October 2014 at 23 sites in 5 countries; 164 patients were randomized; 163 received treatment, of whom 160 completed 24 weeks of treatment.

Primary Endpoint

The lowest proportion of patients free from ME-associated TEAEs was seen in the P 5 mg QD group; however, this group contained no patients not experiencing either hypertenion or hypokalemia.

Methods (continued)

Baseline characteristics

Table 1. Baseline Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Arm (n = 40)</th>
<th>Arm (n = 38)</th>
<th>Arm (n = 36)</th>
<th>Arm (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median (range) BMI, kg/m²</td>
<td>26.6 (17-37)</td>
<td>27.4 (19-41)</td>
<td>27.4 (19-41)</td>
<td>26.6 (17-37)</td>
</tr>
<tr>
<td>Hypertension at baseline (yes/no)</td>
<td>62.9 (9/59)</td>
<td>79.4 (12/45)</td>
<td>79.4 (12/45)</td>
<td>79.4 (12/45)</td>
</tr>
<tr>
<td>Grade ≥ 2 hypertension</td>
<td>12.5 (5/40)</td>
<td>15.8 (6/38)</td>
<td>15.8 (6/38)</td>
<td>12.5 (5/35)</td>
</tr>
<tr>
<td>Hypertension at baseline</td>
<td>79.4 (12/45)</td>
<td>80.0 (12/15)</td>
<td>80.0 (12/15)</td>
<td>79.4 (12/45)</td>
</tr>
<tr>
<td>Grade ≥ 2 hypertension</td>
<td>37.5 (15/40)</td>
<td>37.5 (12/32)</td>
<td>37.5 (12/32)</td>
<td>37.5 (12/40)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

During 24 weeks of treatment with AA, P 5 mg QD and DEX 0.5 mg QD both adequately controlled ME-associated TEAEs. P 5 mg QD and 5 mg QD require adequate monitoring, especially for patients with high systolic BP or pre-existing hypertension at baseline.

A post hoc predictor analysis suggested that higher systolic BP, pre-existing hypertension and higher sodium at baseline best predict a higher probability of experiencing ME.

REFERENCES


ACKNOWLEDGMENTS

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These initial results and conclusions will be re-evaluated after longer-term treatment data (up to 3 years) are obtained.

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