Project PROSPECT
PROState cancer Patient case ExChange Taskforce
Johnson & Johnson
SOUTHEAST ASIA

Managing Adverse Event Reactions - Case B

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Case details and treatment approach

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Patient detailing

- This was a case of a 67-year-old Indian retired air crew having truncal maculopapular rash about week 4, limbs spared. The rash was not painful or pruritic.
- Seven years from radical prostectomy – Gleason 9, T3aN1
- Developed CRPC 5 years after radical prostectomy
  - Slow PSA velocity
  - PSMA at diagnosis of CRPC – enlarged left pelvic nodes just above bifurcation
- Achieved nadir PSA with abiraterone for 12 months, thereafter, PSA doubling 5 months
- Switched to APA
- Declined chemotherapy
- Truncal maculopapular rash about week 4, limbs spared
- Rash was not painful or pruritic

Treatment approach by A/Prof. Lee Lui Shiong

No dosage modification

↓

Resolved in 2 weeks

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No recurrence

APA: apalutamide; CRPC: castrate-resistant prostate cancer; PSA: prostate-specific antigen

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Panelist insights

Experts shared regional insights about rational management of this case and choice of treatment for such patients.

A/Prof. Edmund Chiong

The first question that can be considered is whether this is a drug allergy or a known side effect because there is not much understanding on its mechanism.

Dr. Loh Chit Sin

The case has provided a lot of confidence. If I meet another case like this, to push on rather than to change therapy.

Prof. Axel S. Merseburger

As it is not painful, so it gives confidence to stay calm and advice the patient that it's nothing serious.

Insights by A/Prof. Lee Lui Shiong

Stop Apalutamide if:

- Rashes occur within first 1-2 doses
- Histamine related skin lesions – pruritic, hives, angioedema
- Type 1 hypersensitivity

In 'typical skin rash':

- Treat symptoms
- Dose modification or temporary cessation until rash improves or resolves
- Re-dosing
- Dose modification
- Higher plasma apalutamide in Japanese patients with rashes

Skin AEs in APA studies:

- SPARTAN – 23.8%
- TITAN – 27.1%
- Japanese patients – 51.5%
- NEAR trial (NCT 03124433) – 30%

A/Prof: Associate Professor

Conclusion

- A typical skin reaction may vary, it can be for a month or even 2-3 months.
- Initial approach can be a symptomatic treatment.
- Dose modification or temporary cessation must be done until rash improves or resolves.
- Rechallenge rate is currently unknown, but on individual level, dose modification can be done at half dose.

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THANK YOU!

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