ADVANCES in mCSPC

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BREAKING NEWS:

Highlights from the **TITAN Study** on mCSPC management

TITAN investigated the effect of apalutamide (ERLEADA®) in addition to androgen deprivation therapy (ADT) on prostate-specific antigen (PSA) levels in patients living with metastatic castration-sensitive prostate cancer (mCSPC).[1]

PSA is a key biomarker for both patients and clinicians

PSA levels are an important factor in the treatment of mCSPC, with 77% of patients reporting that a decrease in PSA was more important than reducing symptoms. Furthermore, treatments that effectively lower PSA levels inspire more confidence in patients.[2]

TITAN STUDY DESIGN

TITAN, a Phase 3 study, was a randomized, double-blind, placebo-controlled trial involving patients aged 18 and older with metastatic castration-sensitive prostate cancer.[1] These patients, who were not receiving ADT at the time of metastatic disease progression, were undergoing continuous ADT.[1] Study participants were randomly assigned in a 1:1 ratio to receive either oral ERLEADA® or a matching placebo.[1]

260 sites[1]

Across **23** countries*[1]

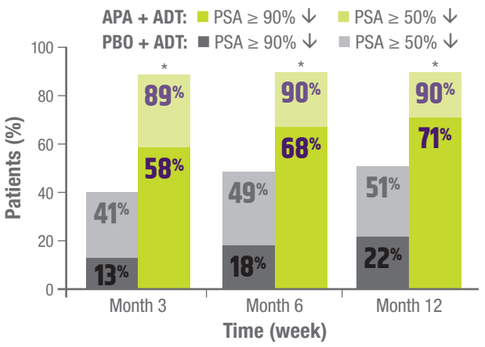
Median follow-up **44** months[2]

*in Europe, North America, South America, and the Asia-Pacific region.[1]

The primary endpoints of the study were overall survival (OS) and radiographic progression-free survival (rPFS)[3]

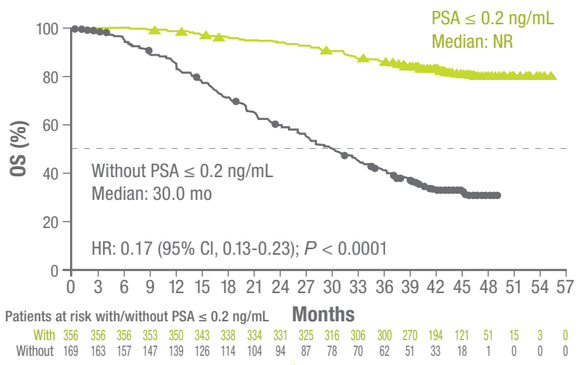
The inclusion of ERLEADA® into patients' treatment regimens resulted in a swift and substantial reduction in PSA levels, with undetectable PSA levels correlating with enhanced OS.[3,4]

TITAN (mCSPC)



PSA decline is robust, deep and rapid with ERLEADA®[4]

TITAN (mCSPC)



Shorter time to undectable PSA correlated with longer OS time
Rank correlation: rho -0.5 (95% CI -0.6, -0.4), $P < 0.05$

A recent clinical subgroup analysis of patients treated with ERLEADA® + ADT investigated the impact of ultra-low (UL) PSA in patients with mCSPC from TITAN[5,6]

How is undetectable PSA defined?

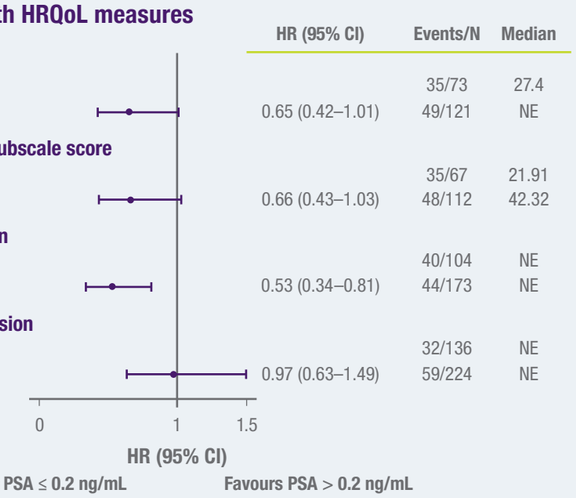
Undetectable PSA: < 0.2 ng/ml

There are two categories:

- UL 1: > 0.02 to ≤ 0.2 ng/ml
- UL 2: ≤ 0.02 ng/ml

The benefits of ERLEADA® go beyond OS. Patients who achieved PSA declines of ≤ 0.2 ng/mL preserved QoL for longer*^[7]

At Month 6, PSA decline correlated with HRQoL measures



*Median treatment duration was 39.3 months; >50% of eligible patients completed FACT-P and >62% completed both BPI-SF and BFI (cycles 1-81) per assessment.[7]

^Compared to patients who did not achieve PSA ≤0.2 ng/mL

APA, apalutamide; BFI, Brief Fatigue Inventory; BPI-SF, Brief Pain Inventory-Short Form; CI, confidence interval; FACT-P, Functional Assessment of Cancer Therapy-Prostate; HR, hazard ratio; HRQoL, health-related quality of life; mCSPC, metastatic castrate-sensitive.

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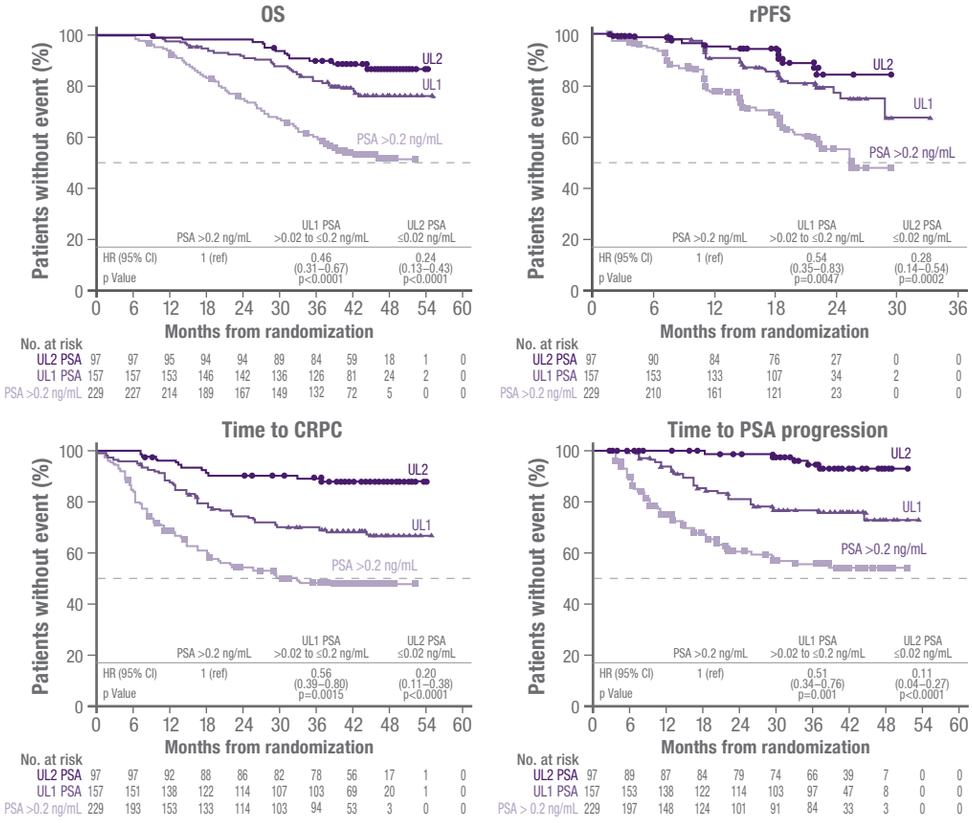
ERLEADA® treatment efficacy in patient subgroups who achieved UL1 or UL2 at 3 months as compared with patients who did not reach UL PSA levels*[6]



- ERLEADA® treated patients who achieved UL PSA at 3 months had improved outcomes compared with those who achieved a PSA level of > 0.2 ng/mL regardless of disease volume†[5,6]
- Similar results were observed at 6 months[5,6]

An early decline in UL2 PSA levels was linked to enhanced survival among patients treated with ERLEADA®. Patients who reached UL2 PSA levels either before or within the first 6 months exhibited a lower risk of mortality compared to those who achieved UL2 after 6 months or never achieved it.[5]

*The Kaplan-Meier curves were derived from data unadjusted for volume of disease; HR (95% CI) and p values were derived from volume-adjusted data.[6]
†The survival rate at 42 months with UL1, UL2, or none achieved at any time were 59%, 92%, and 33%, respectively.[6]

Safety and tolerability

The most common treatment-related adverse events (TRAE) associated with ERLEADA® + ADT therapy were back pain (20.6%), fatigue (20.4%), and rash (20.2%).[1,9]

Common safety considerations when treating mCSPC[3,9-11]

APALUTAMIDE + ADT	ABIRATERONE + PRED + ADT	ENZALUTAMIDE + ADT	DOCETAXEL + Daro + ADT
Rash	Hypertension	Cognitive issues	Alopecia
Fall	LFTs	Fatigue	Fatigue
Fractures	Hypokalemia	Seizures	Cytopenias
		Fractures	Neuropathy
			Diarrhoea

ADT, Androgen Deprivation Therapy; LFTs, Liver Function Tests.

The TITAN study revealed significant benefits of APA treatment in a diverse population of mCSPC patients. Patients who experience a rapid and profound decline in PSA levels benefit most.[1,4,5]

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