

Changes in therapeutic strategy in metastatic castration resistant prostate cancer (mCRPC) between 2012 and 2014 from the French nationwide claims database (SNDS)

Poster #580



Nicolas Thurin^{1,2}*, Magali Rouyer¹, Jérémy Jové¹, Marine Gross-Goupil², Thibaud Haaser², Xavier Rébillard³, Michel Soulié⁴, Gérard de Pouvourville⁵, Camille Capone⁶, Marie Pierrès⁶, Stéphanie Lamarque¹, Emmanuelle Bignon¹, Cécile Droz-Perroteau¹, Nicholas Moore^{1,2}, Patrick Blin¹

¹ Bordeaux PharmacoEpi, INSERM CIC1401, Université de Bordeaux, Bordeaux, France – ² CHU de Bordeaux, Bordeaux, France – ³ Clinique Beau Soleil, Montpellier, France – ⁴ CHU de Toulouse, Toulouse, France – ⁵ ESSEC, Cergy-Pontoise, France – ⁶ Janssen, Issy les Moulineaux, France

Background

- Therapeutic strategy in metastatic castration-resistant prostate cancer (mCRPC) has evolved significantly with the introduction of new 1st-line treatments since the end of 2012:
 - Abiraterone acetate in association with prednisone/prednisolone in December 2012
 - Enzalutamide in November 2014

Objectives

- To describe patients characteristics according to the 1st treatment lines in 2012 and 2014
- To describe treatment lines for mCRPC patients in 2012 an 2014
- To assess the therapeutic strategic changes for mCRPC between 2012 and 2014

Materials & Methods

Study design

- Two cohorts of mCRPC patients identified using a validated algorithm and initiating a mCRPC specific treatment with a 5-year history prior index date and a 3-year follow-up:
 2012 cohort: patients initiating a 1st treatment line for mCPRC in 2012
 - **2014 cohort**: patients initiating a 1st treatment line for mCPRC in 2014

➤ Data source

- **SNDS**: National Healthcare System database covering the overall French population from birth (or immigration) to death (or emigration), including all reimbursed claims from all French healthcare insurance schemes (e.g. drugs, medical visits, medical visits, etc.), hospital-discharge summaries from French public and privates hospitals (e.g. diagnostic codes, procedures, etc.) and the National death registry
- Selection of patients ≥ 40 years, affiliated to the "Régime Général" insurance scheme (86% of French population) and having a complete healthcare historic

> Setting

- mCRPC 1st line treatments: abiraterone acetate, docetaxel or enzalutamide, all drugs presumed to be used according to the Summary of Product Characteristics
- Previous prostate cancer stages before mCRPC status defined according to the estimated date of castration resistance and the estimated date of 1st metastasis management:
 - non-metastatic hormonosensitive prostate cancer (nmHSPC)
 - metastatic hormonosensitive prostate cancer newly diagnosed (NDx mHSPC)
 - progressive metastatic hormonosensitive prostate cancer (progressive mHSPC)
 - non-metastatic castration resistant prostate cancer (nmCRPC)

Conclusion

- ✓ Between 2012 and 2014, the mCRPC 1st-line treatment shifted from docetaxel for 4 out of 5 patients to abiraterone acetate for 3 out of 5
- ✓ In 2014, docetaxel or enzalutamide were equally used in 2nd-line after abiraterone acetate
- ✓ Disease stage before mCRPC seemed to have more impact in the treatment choice in 2014 than in 2012

Declaration of interest statement: The CAMERRA study is carried out by the Bordeaux PharmacoEpi platform in collaboration with Janssen[®] company and supervised by a Scientific Committee

• The algorithm, with a positive predictive value of 0.92, enabled the identification of respectively 11 668 prevalent mCRPC cases in 2012 and 12 951 in 2014. From them 2 921 patients initiated a first treatment for mCRPC in 2012 and 3 949 in 2014

Identification of 2012 and 2014 study population

• mCRPC prevalence may be slightly underestimated because of the sensitivity of the algorithm (76%)

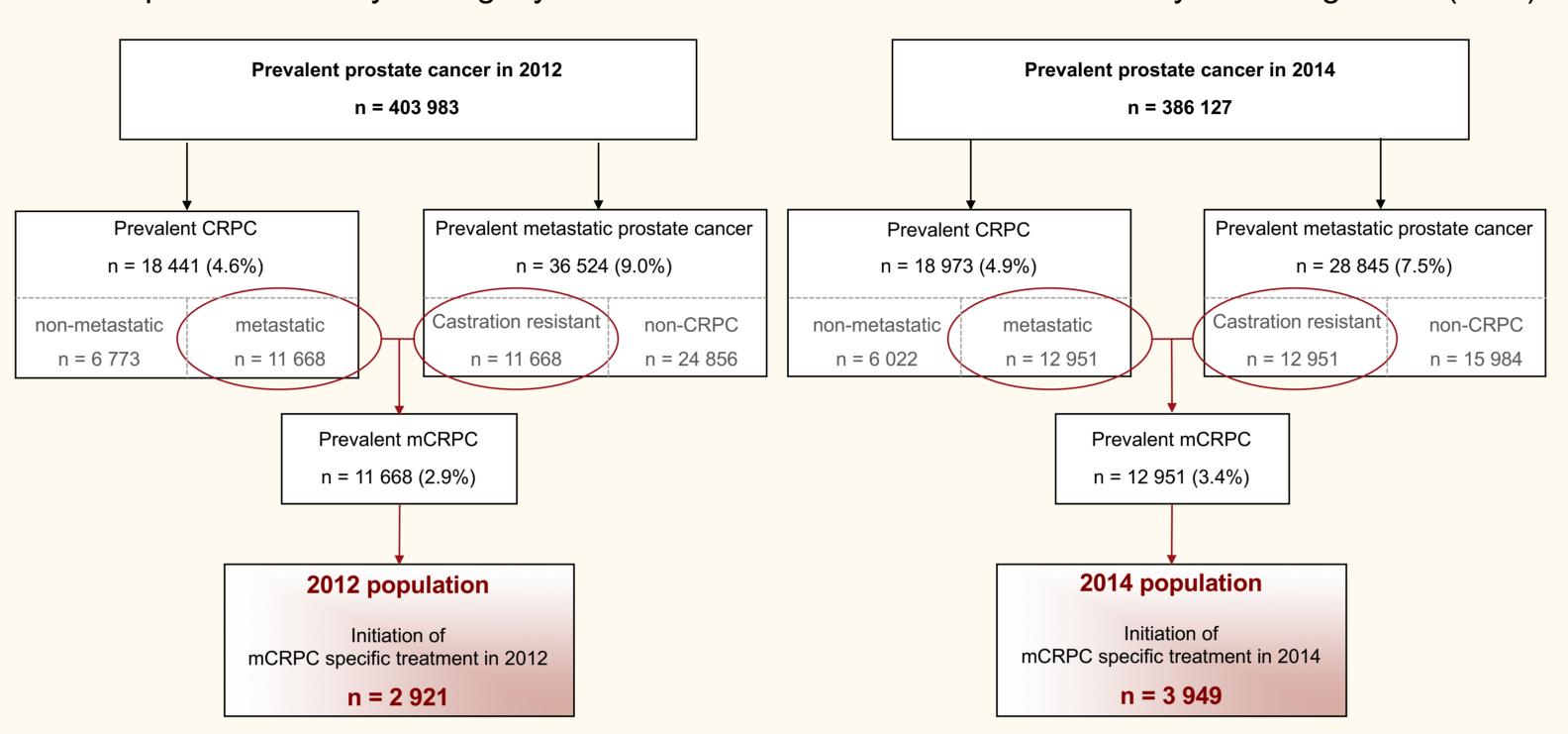


Figure 1. Identification of population in 2012 and 2014 from SNDS database

Disease stage before mCRPC status

Previous disease stages before mCRPC status barely changed between 2012 and 2014

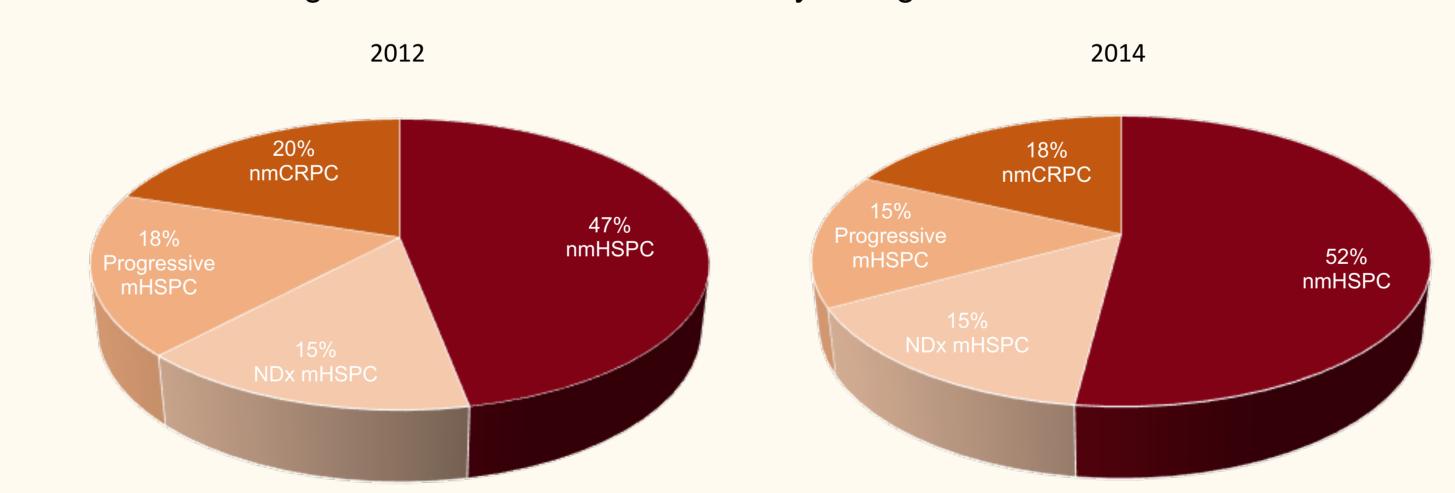


Figure 2. Disease stage before mCRPC status in 2012 and 2014 CAMERRA populations

1st treatment line in mCRPC patients

• The arrival of new therapeutic strategies has impacted mCRPC management: 8 out of 10 patients used docetaxel as 1st line in 2012 whereas they were only 3 out of 10 in 2014, most of the remaining patients used abiraterone acetate (Table 1)

Table 1. First treatment line over the 3-year follow-up for 2012 and 2014 populations

	2012		2014		
		n = 2 921		n = 3949	
Docetaxel	2 364	(80.9)	1 214	(30.7)	
Abiraterone acetate	511	(17.5)	2 444	(61.9)	
Enzalutamide	0	(0.0)	176	(4.5)	
Treatment line = at least 2 consecutive dispensing or infusion during follow-up					

1st treatment line according to disease stage before mCRPC status

• In 2012:

Results

- Docetaxel mainly used
- Few variations according to the stage before mCRPC status
- In 2014:
- Abiraterone acetate mainly used in patients with previous stage of progressive mHSPC, nmHSPC and nmCRPC stages
- Abiraterone acetate and docetaxel equally used in patients in patients with previous stage of NDx mHSPC

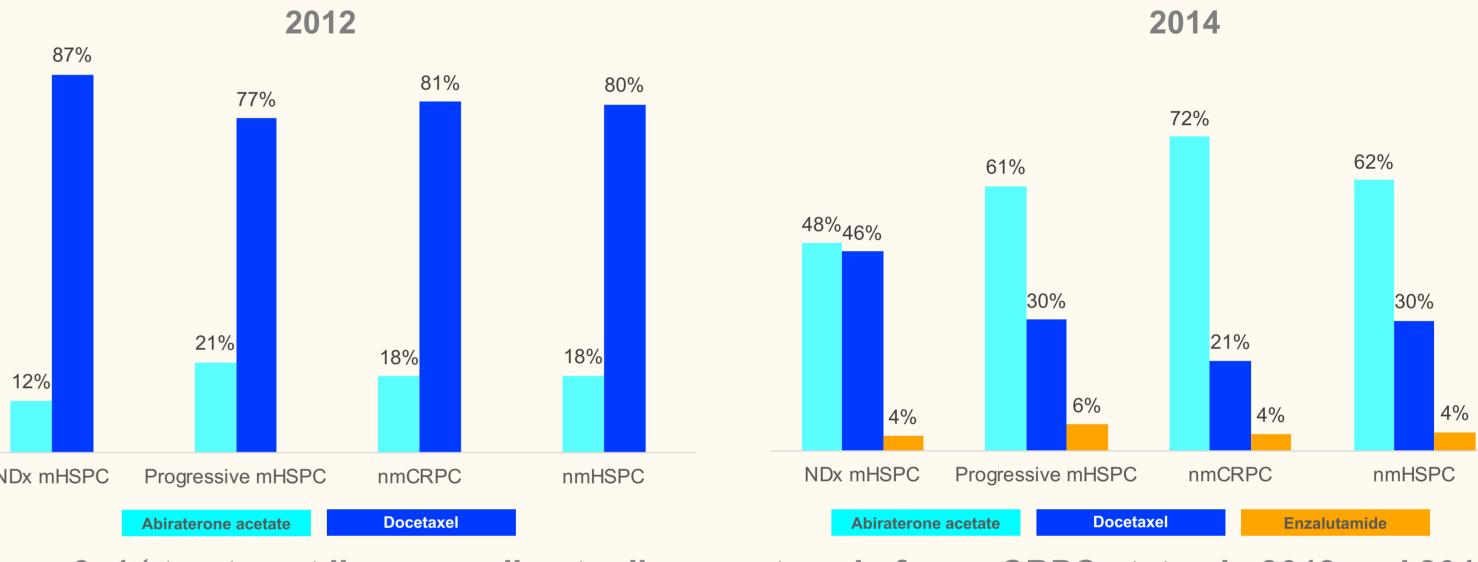


Figure 3. 1st treatment line according to disease stage before mCRPC status in 2012 and 2014

Sequences of mCRPC treatment lines

- Over the 3-year follow-up, 63% of 2012 population and 58% of 2014 population received a 2nd mCRPC treatment line (Figure 4):
 - In 2012: the 2nd line was abiraterone acetate for 83% of the concerned patients
 - In 2014: the 2nd line were enzalutamide and docetaxel for respectively 41% and 31% of the concerned patients

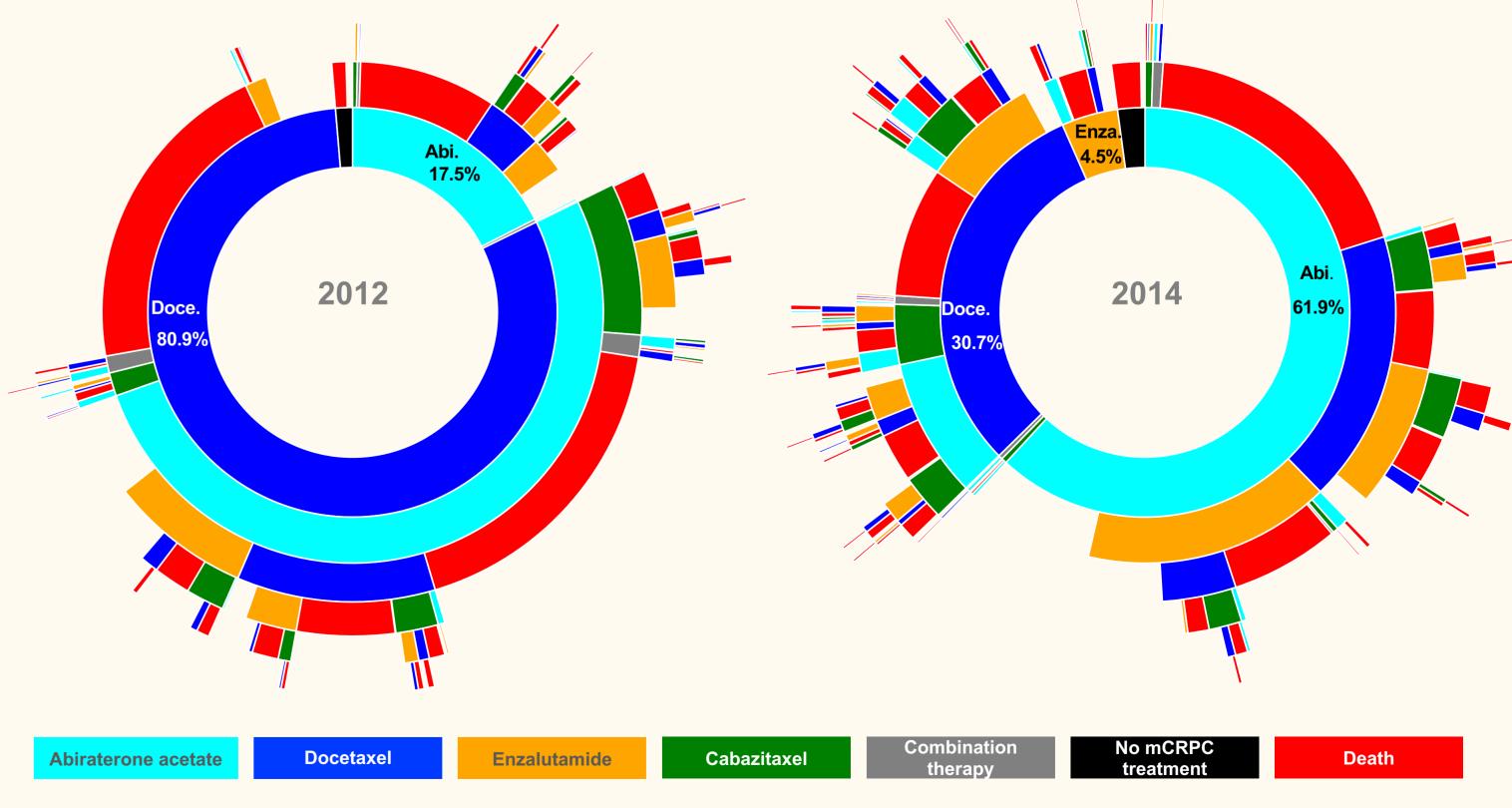


Figure 4. Sequences of mCRPC treatment lines over the 3-year follow-up in 2012 and 2014 populations











