

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

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## Background

- Therapeutic strategy in metastatic castration-resistant prostate cancer (mCRPC) has evolved significantly with the introduction of new 1<sup>st</sup>-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 1<sup>st</sup> treatment lines in 2012 and 2014
- To describe treatment lines for mCRPC patients in 2012 and 2014
- To assess the therapeutic strategy 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 1<sup>st</sup> treatment line for mCRPC in 2012
  - 2014 cohort:** patients initiating a 1<sup>st</sup> treatment line for mCRPC 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 private hospitals (e.g. diagnostic codes, procedures, etc.) and the National death registry
- Selection of patients  $\geq 40$  years, affiliated to the "Régime Général" insurance scheme (86% of French population) and having a complete healthcare historic

### Setting

- mCRPC 1<sup>st</sup> 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 1<sup>st</sup> metastasis management:
  - non-metastatic hormone sensitive prostate cancer (nmHSPC)
  - metastatic hormone sensitive prostate cancer newly diagnosed (NDx mHSPC)
  - progressive metastatic hormone sensitive prostate cancer (progressive mHSPC)
  - non-metastatic castration resistant prostate cancer (nmCRPC)

## Conclusion

- Between 2012 and 2014, the mCRPC 1<sup>st</sup>-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 2<sup>nd</sup>-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

## Results

### Identification of 2012 and 2014 study population

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

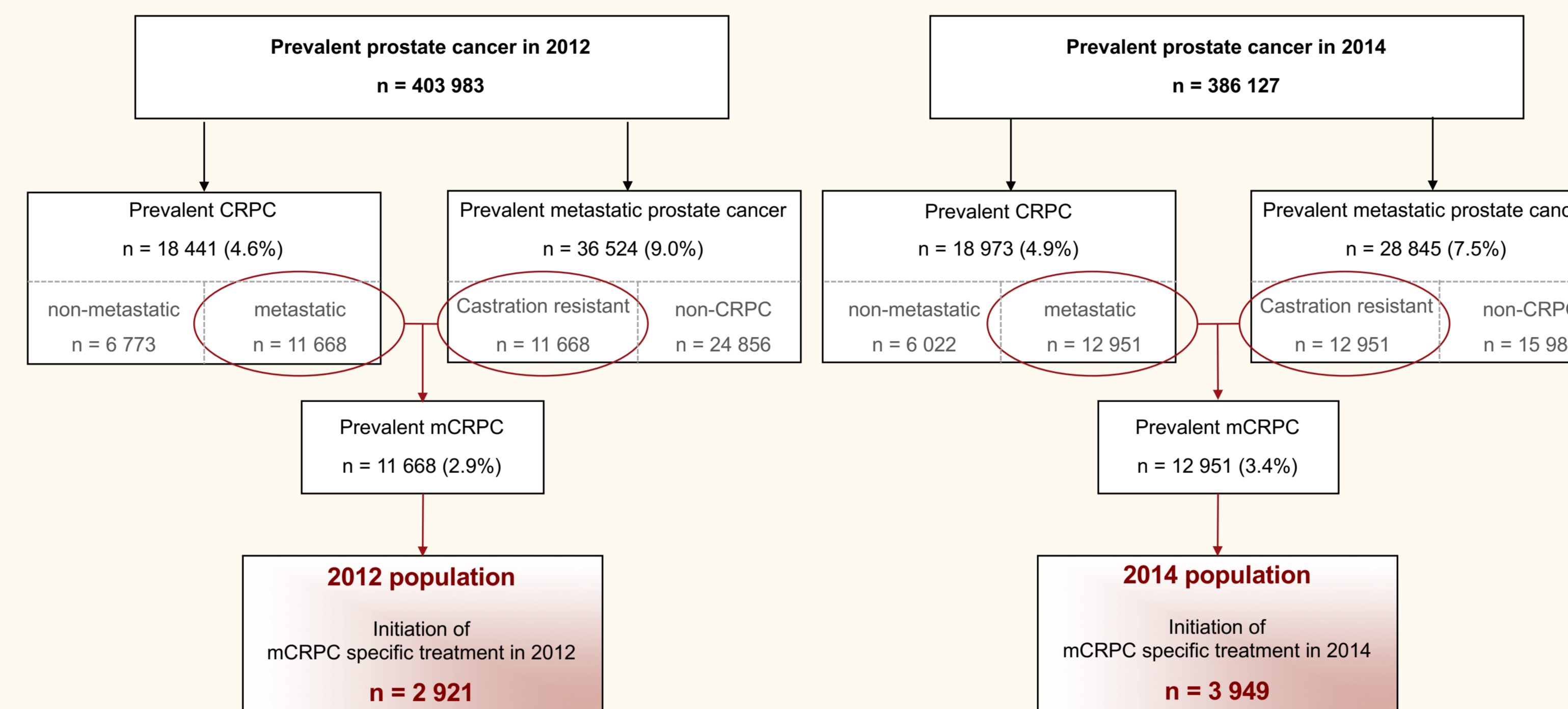


Figure 1. Identification of population in 2012 and 2014 from SNDS database

### Disease stage before mCRPC status

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

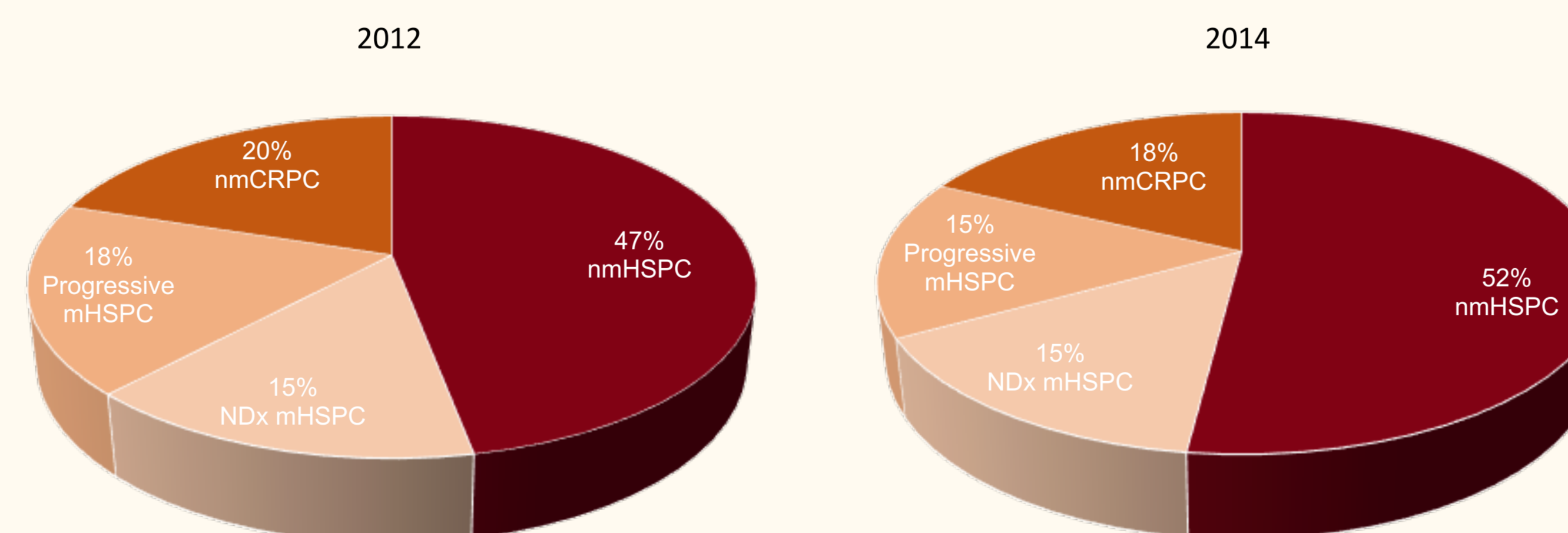


Figure 2. Disease stage before mCRPC status in 2012 and 2014 CAMERRA populations

### 1<sup>st</sup> treatment line in mCRPC patients

- The arrival of new therapeutic strategies has impacted mCRPC management: 8 out of 10 patients used docetaxel as 1<sup>st</sup> 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 n = 2 921	2014 n = 3 949
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

### 1<sup>st</sup> treatment line according to disease stage before mCRPC status

- In 2012:
  - 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

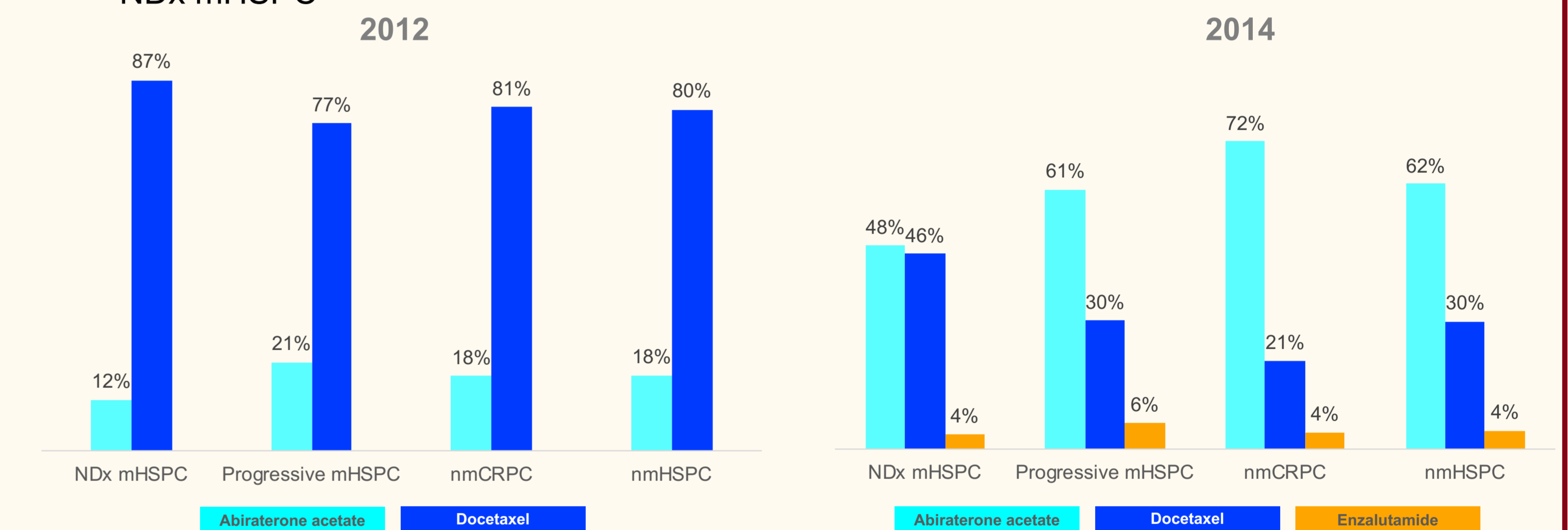


Figure 3. 1<sup>st</sup> treatment line according to disease stage before mCRPC status in 2012 and 2014

### Sequences of mCRPC treatment lines

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

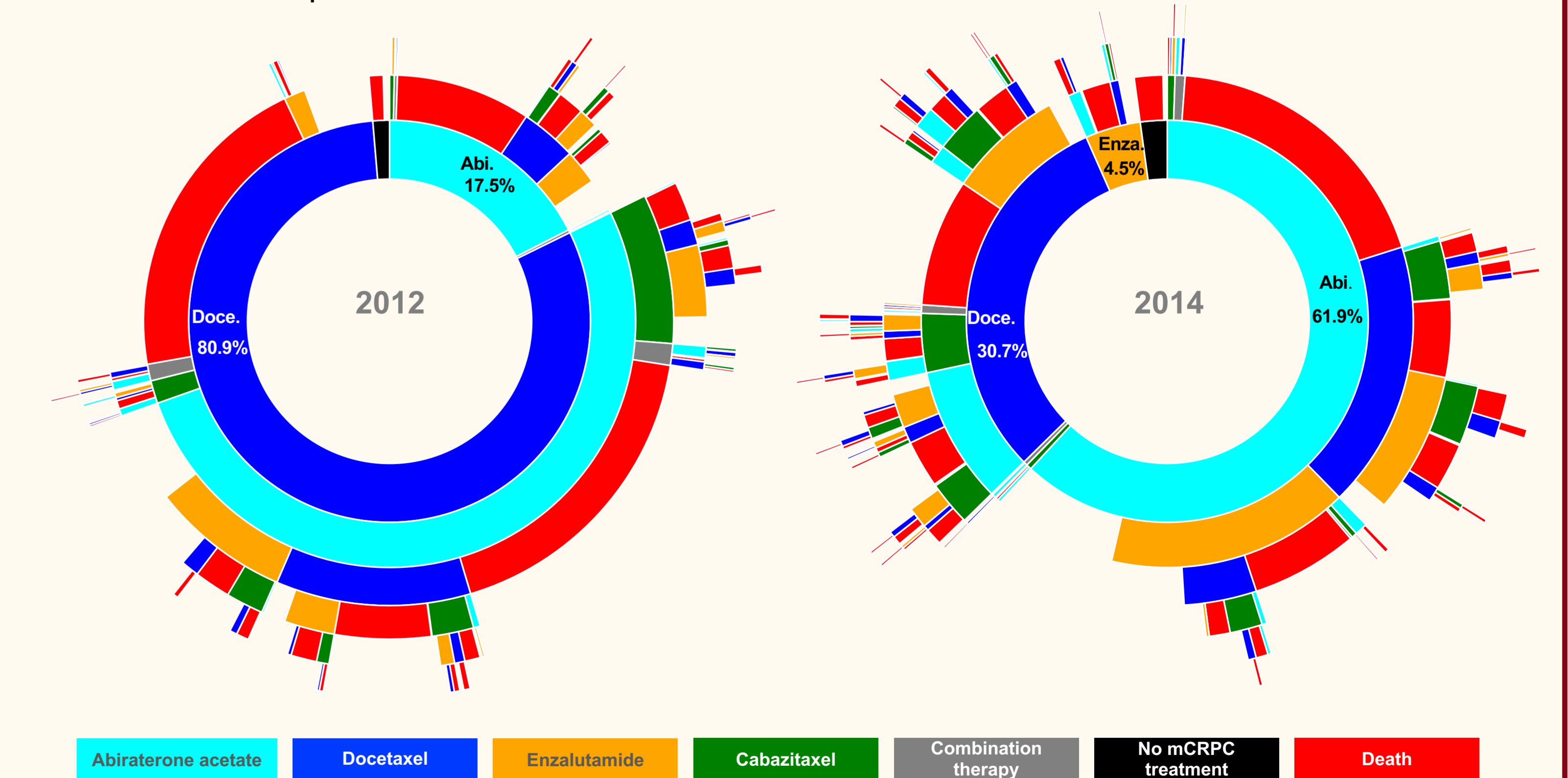


Figure 4. Sequences of mCRPC treatment lines over the 3-year follow-up in 2012 and 2014 populations