新規診断転移性前立腺がんにおける予後の改善 (Abstract LBA3)

LATITUDE：アビラテロンは転移性前立腺がんの増殖を18か月遅延させ、生存期間を延長する

LATITUDE: Abiraterone delays metastatic prostate cancer growth by 18 months and extends survival

高リスク、転移性前立腺がんと新規診断された患者に対し、アビラテロンとプレドニゾンを標準ホルモン療法に併用することで死亡リスクを38%低下させる、と2017年American Society of Clinical Oncology年次集会で取り上げられた。アンドロゲン遮断療法の施行歴のない男性1,200人を対象とした多国間共同第III相臨床試験LATITUDEにおいて、アビラテロンは増悪までの期間中央値を14.8か月から33か月に、2倍以上増加させた。全生存期間中央値はアビラテロン群では未到達、プラセボ群では34.7か月であった。

Full Text

Adding abiraterone acetate plus prednisone to standard hormonal therapy for men newly diagnosed with high-risk, metastatic prostate cancer lowers the chance of death by 38%. In a phase III clinical trial of 1,200 men, abiraterone also more than doubled the median time until the cancer worsened, from 14.8 months to 33 months.
The study was featured at the 2017 American Society of Clinical Oncology (ASCO) Annual Meeting.

"There is a large unmet need to improve treatment for men with newly diagnosed metastatic cancer, who die of the disease within less than five years on average," said lead study author Karim Fizazi MD, PhD, head of the Department of Cancer Medicine at Gustave Roussy, University Paris-Sud in Villejuif, France. "The benefit from early use of abiraterone we saw in this study is at least comparable to the benefit from docetaxel chemotherapy, which was observed in prior clinical trials, but abiraterone is much easier to tolerate, with many patients reporting no side effects at all."

Prostate cancer growth is fueled by testosterone. Androgen deprivation therapy, or ADT, is active against prostate cancer by preventing testicles from making testosterone. Despite ADT, the adrenal glands and prostate cancer cells continue making small amounts of androgens. Abiraterone stops production of testosterone throughout the body by blocking an enzyme that converts other hormones to testosterone.

LATITUDE is a multinational, randomized placebo-controlled phase III clinical trial of men with newly diagnosed, high-risk metastatic prostate cancer who had not previously received ADT. All patients had at least two of three risk factors: Gleason score of 8 or more, 3 or more bone metastases, or 3 or more visceral metastases.

The patients were randomly assigned to receive ADT plus abiraterone and prednisone or ADT plus placebo. Corticosteroid prednisone is routinely given with abiraterone to manage certain side effects of abiraterone, such as low potassium or high blood pressure.

At a median follow up of 30.4 months, men who received abiraterone had a 38% lower risk of death than those who received placebo. The median overall survival had not yet been reached in the abiraterone group and was 34.7 months in the placebo group. Abiraterone was also associated with a 53% lower risk of the cancer worsening than the placebo and resulted in cancer growth being delayed by a median of 18.2 months.

Several severe side effects were more common with abiraterone acetate and prednisone than placebo: high blood pressure (in 20% vs. 10% of men), low potassium level (10.4% vs 1.3%), and liver enzyme abnormalities (in 5.5% vs. 1.3% of men).

"We need to be cautious when using abiraterone in men who have an increased risk for heart problems, such as those with diabetes," said Dr. Fizazi.

"For men who are diagnosed with advanced prostate cancer, treatment has evolved into more effective approaches, first with chemotherapy and now with abiraterone," said Sumanta Kumar Pal, MD, ASCO Expert. "This is good news because using abiraterone could help many people live longer with fairly few additional side effects."

"We had been treating metastatic prostate cancer the same way for 70 years until docetaxel chemotherapy was shown to improve survival in 2015, and now in 2017 we show abiraterone is also helping patients live longer," said Dr. Fizazi. "The next step is to see if adding abiraterone on top of docetaxel offers further benefit," a study which is currently ongoing in Europe.

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