



An Expert's Perspective on Developing Prostate Cancer Research

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Andrew Schorr:

Hello and welcome. I'm Andrew Schorr. At the recent meeting of the American Society of Clinical Oncology in Chicago, ASCO 2015, there was a lot of news of about prostate cancer, and we especially follow the news of advanced prostate cancer.

The leading expert is Dr. Karim Fizazi from France. He sat down with us to give us his perspective on what it all means for patients.

Dr. Fizazi:

ARAMIS is a phase for trial, and it's going to look at ODM-201, which is a new androgen-receptor inhibitor that we tested previously in Phase I trial that works very nicely with patients with metastatic CRPC. So the next question for this panel—because it's [an] oral agent and well-tolerated, It's obviously very active—is we try to assess whether it's also active in patients with non-metastatic disease but still with castration-resistant disease. And this is really important because it's an area where we don't have any drug approval at the moment. Patients are very anxious to see their PSA rising over time, and as doctors we don't really have good tools or drugs to work with at the moment. So because the drug seems to be very well tolerated and very active, of course, we're very excited that we have this trial now currently ongoing. It's been quite a chemotherapy ASCO for prostate cancer this year. And if you think about it, docetaxel (TAXOTERE®) chemotherapy, or taxane chemotherapy, has been the standard of care for patients with metastatic castration-resistant disease for approximately 10 years. But those were really advanced stages of the disease.

And now we have the first generation of trials, Phase III trials, maturing in patients with non-castration resistant disease; namely for M1 disease and for patients with metastatic disease, and now also for patients with localized disease, but features for high risk of relapse.

So, let me just separate that a bit. For patients with M1-prone disease, I think we now have three trials all pointing in the same direction; STAMPEDE, and CHARTED. They all show that progress in survival is improved if you add this docetaxel chemotherapy on top of classical ADT. And in two of the three trials, overall survival is significantly improved, while we see the same trend in the third trial.

So I guess, my take on this edge would be that docetaxel is probably now the standard of care, on top of ADT, for these patients; at least for fit patients that can tolerate chemotherapy and, of course, patients who are willing to get chemotherapy. Because none of them wants to get chemo.

Now the second piece of data is just emerging at the Vasaska meeting is for patients who have localized disease and a high risk for relapse by disease, high PSA, high Gleason score; all these things. And for these patients, we also now have three trials with data; J2-12, which was just reported in "The Lancet Oncology" this Friday, that supports that if you're using docetaxel chemotherapy for these patients, you're indeed postponing relapse and death. So the rate of survival, which was a primary point, was met. So, the data was really a first.

Now today at ASCO, we also assume that in STAMPEDE, the subgroup of patients with high risk localized disease benefit from docetaxel chemotherapy in terms of time to relapse. Now, overall survival was not met for these particular patients probably because the follow-up is not long enough.

And finally, a U.S. trial from the RTO Group supported a small overall survival improvement. But it's probably a little premature to make sure that this is true. It shows a 93 percent survival rate with docetaxel versus 89 percent in the control arm. So, it's still quite a small difference. And the P value was not two-sided. So I guess it's a little premature. But I guess it's showing us that this is the right direction to go. We are postponing relapse. Now whether we'll also postpone death is another story, and we will need longer follow-up.

Andrew Schorr:

Thanks to Dr. Karim Fizazi from France, a noted expert, for sharing his perspective on the latest from ASCO 2015 and what it means for patients. Please be sure to be signed up for our Patient Power Community, so you'll always know whenever we post something new. I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.

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