

Overall Survival in Patients with Metastatic Castration Sensitive Prostate Cancer Treated With Apalutamide versus Abiraterone Acetate – A Head-to-Head Analysis of Real-World Patients in the United States

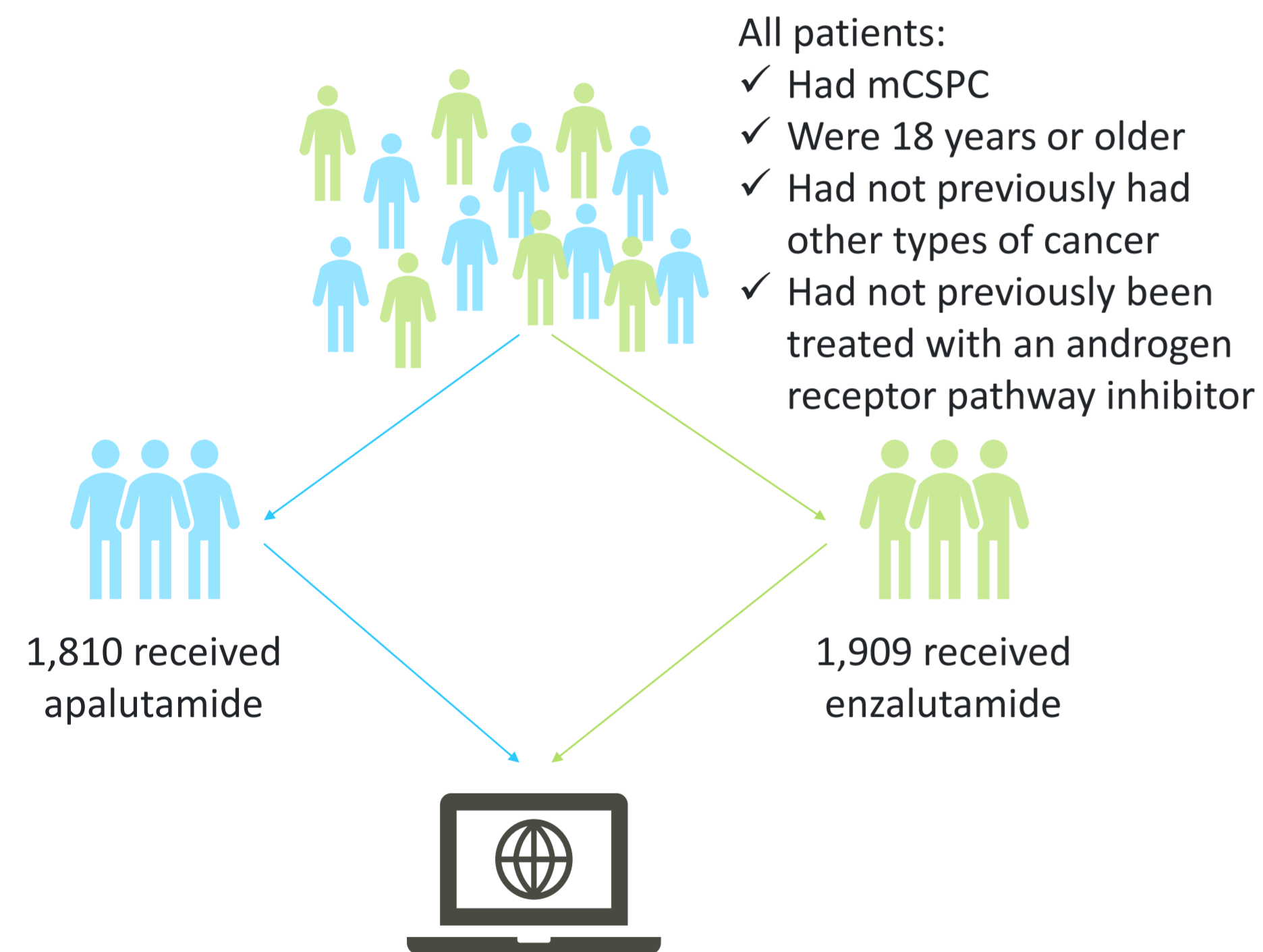
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What was the purpose of this study?

The study compared survival in patients with metastatic castration-sensitive prostate cancer (mCSPC) who received treatment with apalutamide or abiraterone acetate

Who was in the study and how was it carried out?



Patient information came from medical and insurance databases

Information collected included medical background, prescriptions, deaths, and some other clinical information

What were the results?

By 24 months, patients who started treatment with apalutamide were more likely to survive than those who started abiraterone acetate

24 months

88.7%
Apalutamide

↑
26% higher chance of survival with apalutamide at 24 months

85.8%
Abiraterone acetate

What do these results mean for individuals with mCSPC?

Individuals with mCSPC who started treatment with apalutamide were more likely to be alive at 24 months compared to those who started treatment with abiraterone acetate

What were the limitations?

As the study used clinical records, some information may be missing or incorrect, and not all deaths may have been recorded in the databases

The patients included may not represent all people with mCSPC in the US, as the study data came from community urology practices only

Longer follow-up may be needed to fully understand differences in survival

Glossary of Terms

Androgen Receptor Pathway Inhibitors (ARPIs): These are drugs that block the action of androgens (male hormones) by binding to androgen receptors. Apalutamide and enzalutamide are examples of ARPIs used in the treatment of metastatic castration-sensitive prostate cancer (mCSPC).

Metastatic Castration-Sensitive Prostate Cancer (mCSPC): A type of prostate cancer that has spread to other parts of the body and still responds to treatments that lower testosterone levels.

Overall Survival (OS): The length of time from either the date of diagnosis or the start of treatment that patients diagnosed with the disease are still alive.

Real-World Evidence (RWE): Clinical evidence regarding the usage and potential benefits or risks of a medical product derived from analysis of real-world data.

