

LETTER TO THE EDITOR

## Update on a real-world study evaluating overall survival and treatment duration in Swedish patients with metastatic castration-resistant prostate cancer treated with enzalutamide

Dear Editor-in-Chief

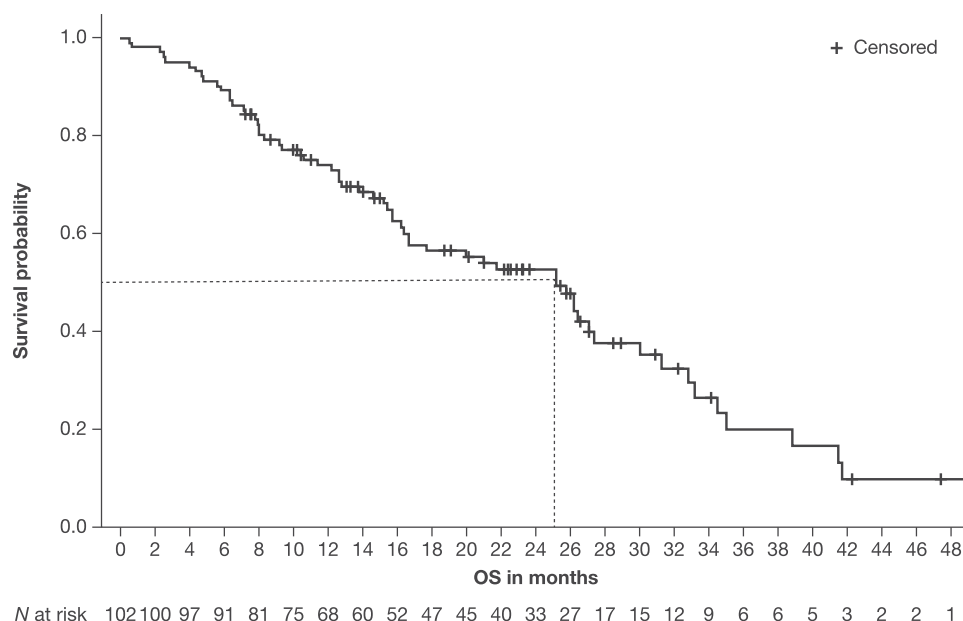
Related to our recent publication 'A registry-based study evaluating overall survival and treatment duration in Swedish patients with metastatic castration-resistant prostate cancer treated with enzalutamide' by Alghazali et al. [1] in your journal, we would like to present an additional analysis on overall survival (OS) in patients from the same cohort not treated with docetaxel prior to enzalutamide.

Our previous study was a retrospective, single-center, non-interventional, registry-based study evaluating patients with metastatic castration-resistant prostate cancer (mCRPC) treated with enzalutamide in daily clinical practice at Skåne University Hospital, Malmö, Sweden. We collected real-world data on 102 pre-chemotherapy and 98 post-chemotherapy patients, and we reported a treatment duration of 13.8 months in the pre-chemotherapy cohort and 7.6 months in the post-chemotherapy cohort. Median OS from initiation of enzalutamide was 14.3 months for the post-chemotherapy population and, at the time of publication, we did not have mature OS data to report on the pre-chemotherapy group.

Our 102 pre-chemotherapy patients with mCRPC initiated treatment with enzalutamide between December 2013 and June 2017 and were followed until May 2019. The median age was 77 years (range = 56–95), and prostate-specific

antigen levels in blood upon initiation of enzalutamide varied widely from 2.4–4822 ng/ml (median = 53 ng/ml). At the time of enzalutamide initiation, a meaningful subset of patients (14.7%) had an Eastern Cooperative Oncology Group (ECOG) score of  $\geq 2$ , 39% of patients had a Gleason score of  $\geq 9$  and 41 (40%) patients had cardiovascular disease. The median treatment length was 13.8 months [95% confidence interval (CI) = 10.1–17.7] and the median OS from initiation of enzalutamide was 25.2 months (95% CI = 16.7–27.4) (Figure 1). When we compared our cohort with the pivotal PREVAIL study of patients with mCRPC not previously treated with chemotherapy [2], we noticed that patients in the PREVAIL study were younger (median age = 72 years; range = 43–93) than in our study. Further, only patients with good performance status (ECOG 0 or 1) were enrolled in the pivotal trial. It is therefore understandable that our cohort showed slightly shorter treatment duration and OS than in the PREVAIL study (13.8 vs 16.7 months and 25.2 vs 32.4 months, respectively).

In conclusion, for our pre-chemotherapy cohort of patients with mCRPC with poor overall ECOG performance score and less healthy status, enzalutamide has shown effectiveness in terms of OS and treatment duration in a real-life setting.



**Figure 1.** Kaplan–Meier analysis of total OS in a real-world cohort of men with mCRPC not treated with docetaxel prior to enzalutamide. <sup>a</sup>mCRPC: metastatic castration-resistant prostate cancer; OS: overall survival. <sup>a</sup>29% of patients were still alive at the time of the OS analysis.

## Disclosure statement

Mohammed Alghazali has received personal fees from Astellas Pharma a/s during the conduct of the study. Annica Löfgren was a study coordinator in a study funded by Astellas Pharma a/s. Newton Cheng is an employee at IQVIA Solutions a/s and reports receiving grants from Astellas Pharma a/s during the conduct of this study. Karin Fagerlund is an employee at Astellas Pharma a/s and the medical adviser/study lead for this study. Anders Bjartell has received funding from Astellas Pharma a/s.

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## References

- [1] Alghazali M, Löfgren A, Jørgensen L, et al. A registry-based study evaluating overall survival and treatment duration in Swedish patients with metastatic castration-resistant prostate cancer treated with enzalutamide. *Scand J Urol.* 2019;53(5):312–318.
- [2] Beer TM, Armstrong AJ, Rathkopf DE, et al. Enzalutamide in metastatic prostate cancer before chemotherapy. *N Engl J Med.* 2014; 371(5):424–433.

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