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Continuing cabazitaxel beyond 10 cycles for metastatic castrate-resistant prostate cancer: is there a benefit?

Loma AL-Mansouri¹, Malmaruha Arasaratnam², Howard Gurney¹

Correspondence to Dr Loma AL-Mansouri, Clinical Medicine, Macquarie University, Sydney, NSW 2109, Australia; lametah@yahoo.com

Abstract

Aim Cabazitaxel prolongs survival in patients with metastatic castration-resistant prostate cancer in the postdocetaxel setting. We investigate the benefit of continuing cabazitaxel beyond 10 cycles in patients who are clinically responding without significant toxicity.

Methods A comparison was made between patients who received cabazitaxel for >10 cycles and those who had ≤10 cycles. Overall survival (OS), prostate-specific antigen (PSA) response, alkaline phosphatase (ALP) changes and treatment-associated adverse events were evaluated.

Results The median OS was 9 months (range 0.75–59), with OS significantly higher in patients who received extended duration of treatment: 14 months (range 3–90) vs 7 months (range 1.3–21) in patients treated with 4–10 cycles (HR 0.28, 95% CI 0.1 to 0.74, $p=0.01$). PSA decline did not show a significant correlation with OS (PSA decline ≥50%, $p=0.54$). Furthermore, there was no significant difference in OS between patients who had a normal versus high ALP at baseline. There was no clear evidence of cumulative toxicity in those having >10 cycles.

Conclusion A substantial proportion of patients with metastatic castration-resistant prostate cancer were able to receive more than 10 cycles of cabazitaxel without clinically relevant cumulative toxicity.

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