African-American Men With Advanced Prostate Cancer Live Longer Compared With White Men When Treated With Newer Hormone Therapies

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Expert Perspective
“When it comes to cancer treatments, it’s important to understand how different groups respond to different therapies. Mining historic records in large databases can often help researchers home in on the patients who are more likely to benefit from certain medications. These findings provide important evidence that African-American men with metastatic prostate cancer, who have long had among the highest incidence and poorest outcomes of this disease, may now have better survival when treated with newer prostate cancer medications as compared with other men,” said ASCO Expert Robert Dreicer, MD, MS, MACP, FASCO, moderator of today’s presscast.

ALEXANDRIA, Va. – A large, retrospective study analyzing five years of data from the Veterans Health Administration (VHA) found that African-American men with metastatic castration-resistant prostate cancer (mCRPC) who were treated with newer prostate cancer drugs abiraterone acetate (Zytiga) or enzalutamide (Xtandi) – and who had not received prior chemotherapy – lived 20% longer compared with white men who received the same treatment. These findings will be presented at the upcoming 2019 Genitourinary Cancers Symposium in San Francisco, California

“We’ve historically seen that prostate cancer is more common, more aggressive, and more lethal in African Americans, compared with men of other racial groups,” said lead study author Megan McNamara, MD, Assistant Professor of Medicine at the Duke University School of Medicine in Durham, North Carolina. “Balancing against other health-related risks, we found that treatment with
newer hormonal medicines led to a significantly greater survival for African-American men in this analysis, compared with white men.

About the Study

Researchers analyzed VHA data from April 2013 to March 2018, focusing on men with prostate cancer who were age 18 or older, whose only prior treatment was surgical or medical castration. Among men with disease that had progressed, researchers included only those who had been treated with either abiraterone acetate or enzalutamide. These medications were approved in 2013 and 2014, respectively, for use in men with mCRPC who had not received chemotherapy. Investigators monitored patients’ health outcomes until they either disenrolled from the VHA or died.

Altogether, the analysis included data from 2,123 white and 787 African-American men with mCRPC, with mean ages of 74 and 71, respectively. Higher rates of hypertension, type II diabetes, and liver damage or abnormality, were seen among African-American men in the study as compared with white men in the study.

Key Findings

After adjusting for demographic and clinical characteristics available in the VHA database, researchers found that African-American men treated with either hormone therapy lived for a median of 30 months, compared with 26 months for white men.

Next Steps

This research group conducted a prospective clinical trial – called Abi Race – exploring prostate cancer outcomes in African-American men and white men treated with abiraterone acetate. Initial findings from the Abi Race trial were presented at the 2018 ASCO Annual Meeting, demonstrating better PSA response among African-American men with mCRPC treated with abiraterone acetate, compared with white men.

Additional analyses of blood samples from that trial are ongoing to investigate whether variations in key genes involved in androgen metabolism and transport may help explain some of the biology behind racial differences in treatment response. It is hoped that these results will lead to a better understanding of why African-American men live longer than white men when treated with certain medicines for prostate cancer and why African-American men have a higher incidence of prostate cancer than white men.

“An important goal of the study is to understand why some men respond better to certain treatments for prostate cancer than others so that we can tailor treatments more effectively,” said Dr. McNamara. “Finding biomarkers that can guide development of targeted therapies is the
ultimate goal.”

This study was sponsored by Pfizer.

View the full abstract.

For your readers:

- Guide to Prostate Cancer

2019 Genitourinary Cancers Symposium News Planning Team:
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View the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2019 GENITOURINARY CANCERS SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

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About the American Society for Radiation Oncology:
The American Society for Radiation Oncology (ASTRO) is the premier radiation oncology society in the world, with more than 10,000 members who are physicians, nurses, biologists, physicists, radiation therapists, dosimetrists and other health care professionals that specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, the Society is dedicated to improving patient care through professional education and training, support for clinical practice and health policy standards, advancement of science and research, and advocacy. ASTRO publishes three medical journals, International Journal of Radiation Oncology, Biology, Physics, Practical Radiation Oncology, and Advances in Radiation Oncology, developed and maintains an extensive patient website and created the Radiation Oncology Institute, a non-profit foundation to support research and education efforts around the world that enhance and confirm the critical role of radiation therapy in improving cancer treatment. Learn more about ASTRO.

About the American Society of Clinical Oncology:
Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy.
About the Society of Urologic Oncology:
The Society of Urologic Oncology (SUO) was created in 1984 to enable qualified members primarily interested in the care of patients with malignant genitourinary diseases to meet for the purpose of discussion, development, and implementation of ideas to improve care. The Society and its bylaws conform to the guidelines and bylaws of the American Urological Association (AUA).

The purpose of the SUO is to develop educational and research initiatives and to study issues in urologic oncology and provide physician statements that represent a state of the art assessment of these issues to other organizations.

The Society also provides a forum for identifying the urologic oncologist as a physician with specific expertise in the study and treatment of genitourinary malignancies. In recognition of the multidisciplinary efforts involved in the study and treatment of genitourinary malignancies, the Society seeks to incorporate multiple disciplines in achieving these goals. The Society supports the activities of multiple disciplines in the common objectives of seeking an increased understanding and successful treatment of genitourinary malignancies.

The SUO seeks to improve the care of patients with malignant urologic disease and to provide a forum for the discussion of problems relating to malignant urologic disease. Our objectives include: 1) Stimulating research in and the teaching of urologic oncology, 2) Disseminating the principles of urologic oncology to the medical profession at large, 3) Bringing urologists into a Society whose work is entirely, or principally with malignant disease, 4) Being identified as the most qualified organization on matters relating to urologic oncology, and 5) Standardize fellowship training in urologic oncology.

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