

# Health-related quality of life (HRQL) in a randomized phase 3 trial of enzalutamide with standard first line therapy for metastatic, hormone-sensitive prostate cancer (mHSPC)

## ENZAMET (ANZUP 1304): an ANZUP-led international cooperative group trial

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### BACKGROUND

ENZAMET is an academic, investigator-initiated, international, cooperative group, phase 3 trial.

ENZAMET recently showed, after a median follow-up of 34 months, treatment with enzalutamide (ENZA), rather than an older non-steroidal antiandrogen (NSAA), added to standard first line treatment for mHSPC, with or without concurrent early docetaxel, resulted in:

- longer clinical progression-free survival: hazard ratio 0.40, 95% CI, 0.33 to 0.49; p<0.001
- longer overall survival: hazard ratio 0.67, 95% CI 0.52 to 0.86; p=0.002

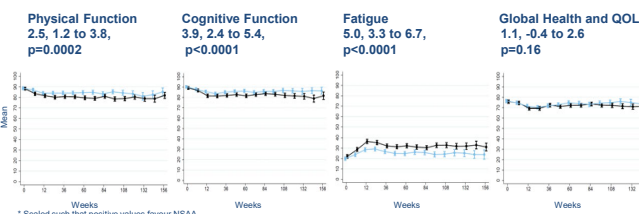
Davis et al, *N Engl J Med* 381: 121-131, 2019

HRQL was a key secondary outcome in ENZAMET

### KEY RESULTS 1

#### HRQL scores over time

Least squares mean difference\*, 95% CI, p-value

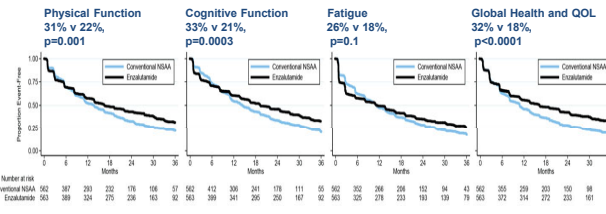


Completion of HRQL forms ranged from 94% at week 12 to 78% at week 156 in the 1016 men with a baseline assessment of HRQL (1125 randomised).

### KEY RESULTS 2

#### Deterioration-free survival (Overall results):

Percent deterioration-free at 3 years, log-rank p-value



### CONCLUSIONS

The addition of ENZA (v NSAA) to testosterone suppression:

- Maintained Global Health and Quality of Life
- Improved deterioration-free survival because early impairments in specific aspects of HRQL did not outweigh the subsequent benefits of delayed clinical progression;
- Was associated with deterioration-free survival benefits at 3 years that were smaller with early docetaxel than without it, but these differences according to use of early docetaxel were not beyond the play of chance

Enzalutamide added to testosterone suppression alone:

- Is an appropriate option for men with mHSPC starting testosterone suppression alone.

For men who are candidates for docetaxel when starting testosterone suppression:

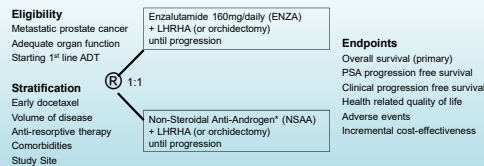
- Longer follow-up is needed to determine if the delays in progression and in time to deterioration with enzalutamide and concurrent early docetaxel also results in improved overall survival beyond 3 years.

### METHODS

Effects on HRQL were assessed according to:

- EORTC QLQ-C30 and PR25 at weeks 0, 4, 12, then 12-weekly until clinical progression;
- Differences in least squares means over 3 years (Mixed Model for Repeated Measures);
- Differences in deterioration-free survival between treatment groups over 3 years (Kaplan-Meier method and log-rank test).

Composite endpoint defined a priori as the earliest of - death, clinical progression, cessation of study treatment, or a - 10-point worsening from baseline (minimum clinically important difference) on scales from 0 to 100 for: Physical Function, Cognitive Function, Fatigue, and Global Health and Quality of Life



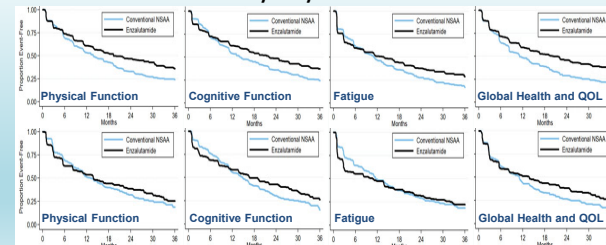
1,100 participants  
2 years accrual + 3.5 years minimum additional follow-up  
80% power to detect 25% reduction in the hazard of death from any cause, assuming an OS rate at 3 years of 65% in the control group

Without docetaxel

With docetaxel

### KEY RESULTS 3

#### Deterioration-Free Survival by Early Docetaxel Use



### ACKNOWLEDGEMENTS

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