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Upfront docetaxel with androgen deprivation therapy in the elderly patient with metastatic hormone-naïve prostate cancer: Single institution experience.

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## Abstract Disclosures

### Background:

Following CHAARTED & STAMPEDE, upfront Docetaxel chemotherapy became standard of care for metastatic hormone-naïve prostate cancer (mHNPc). We sought to evaluate our experience in the elderly group of patients (>70 yrs) compared with the non-elderly cohort.

### Methods:

A retrospective analysis was undertaken of 38 patients commenced on upfront docetaxel chemotherapy, from Jan 16 - Jan 17. Patients were stratified as low (LR) and high risk (HR), as per the LATITUDE study. Progression was defined as per PCWG-3 criteria. The progression free survival (PFS) was calculated as time from start of treatment to date of progression and analysed by Kaplan-Meier estimates and log-rank test. Rates of febrile neutropenia (FN) were also evaluated.

### Results:

The median age was 69 (range: 53-80) yrs, with 50% (19/38) HR patients. The median PFS was 11.5m for progressors (P; 42%) and not reached for non-progressors (NP; 58%), ( $p < 0.0001$ ). Granulocyte colony stimulating factor (G-CSF) was used in 13/38 (34%) patients; these did not experience FN. The overall rate of FN was 20% where G-CSF was not used. Overall 31/38 (81.6%) completed 6 cycles of

chemotherapy, with 26% requiring dose reductions (Table). Overall, of the 9/16 (56.3%) patients who progressed within 6m of completing docetaxel, 3 had Cabazitaxel as the next treatment (P: 2/3 (66.7%), median PFS 6.2m) and 6 had novel androgen receptor targeted therapy (P: 5/6 (83.3%), median PFS 3.3m).

### Conclusions:

Upfront docetaxel is reasonably well tolerated in the elderly with comparable median PFS to younger patients. Use of GCSF significantly minimizes the risk of FN in this group and should be considered as standard of care. In patients who progress within 6m of completing docetaxel, we feel optimal sequencing to be Cabazitaxel followed by subsequent therapies.

	<b>Elderly (%)</b>	<b>Non-elderly (%)</b>
<b>N</b>	17 (45)	21 (55)
<b>6 cycles completed</b>	12/17 (70.6)	19/21 (90.5)
<b>High risk</b>	8/17 (47)	11/21 (52.4)
<b>FN rate- GCSF</b>	0/6 (0)	0/7 (0)
<b>FN rate- without GCSF</b>	3/11 (27.2)	2/14 (14.2)
<b>No. of progressors</b>	6/17 (35.3%)	10/21 (47.6)
<b>Median PFS (for progressors)</b>	12.5m	11.5m

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