Advanced prostate cancer in older patients

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Disclosures
• None

Learning objectives
• Identify the components in a geriatric screen and assessment
• Apply fit/vulnerable/frail to patients
• Apply current treatments to older prostate patients
Cancer is a disease of the aging

The Prostate Cancer Stats

The Geriatric Oncology Iceberg
Comprehensive Geriatric Assessment

- Functional status
- Medical
  - Comorbidities
  - Nutritional status
- Psychological state
- Cognition
- Social support
- Environment

Understanding our older patients

![Graph showing distribution of frail, vulnerable, and robust individuals across age groups]

Staging the aging

- Balancing the risk of treatment vs the risk of NOT treating
- Weigh the timing to life expectancy with the timing of likely progression
- Acknowledge the impact of different treatment toxicities and their application to older persons
Can we learn from trial data?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>ALL Cancers</th>
<th>Prostate Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;65</td>
<td>60%</td>
<td>29%</td>
</tr>
<tr>
<td>65-69</td>
<td>44%</td>
<td>42%</td>
</tr>
<tr>
<td>70-74</td>
<td>17%</td>
<td>42%</td>
</tr>
<tr>
<td>75-79</td>
<td>14%</td>
<td>39%</td>
</tr>
<tr>
<td>80+</td>
<td>12%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Consider age and disease together

- Risk of death by:
  - Gleason (each row)
  - Age (each column)
A hormone dependent malignancy

Androgen Deprivation Therapy
ADT

ADT and older men

Toxicities of ADT
- Fatigue
- Weakness
- Sarcopenia
- Inactivity
- Osteoporosis
- Falls
- Slow gait speed

Geriatric Frailty
- Fatigue
- Weakness
- Lean Weight loss
- Decreased activity
- Osteoporosis
- Falls
- Slow gait speed

The impact of treatment on Physical Function
Loss of Physical Function Predicts Distress in Older Adults with Cancer

Greatest predictor of distress is impaired physical function

Impact on physical function

56% impaired on a validated physical performance battery

Case revisited

- 79 yo male
- Lives independently
- Exercises daily
- Volunteers 10 hours a week
- Dancing class
- Bowling league
- Family involved
- No other medical problems
- Good nutrition
Staging the aging

- Balancing the risk of treatment vs. the risk of NOT treating
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Age bias in prostate cancer

Ageism in the Undertreatment of High-Risk Prostate Cancer: How Long Will Clinical Practice Patterns Resist the Weight of Evidence?

- Care Standard: Radiation PLUS hormone therapy with a survival benefit of 9% at 10 years
- SEER Analysis from 1995-2007: 49% of men >65 were ADT alone; 61% of men >75
Comorbidities in Prostate Cancer

According to the Centers for Disease Control and Prevention, approximately 80% of older adults have one chronic condition, and 50% have two.

Case

- Initially treated with ADT
- 2 years later his PSA has risen from a nadir of 0.02 to 4
- His bone scan and CT scan reveal multiple new lesions
- He is offered a next line of therapy

Staging the aging

- Balancing the risk of treatment vs the risk of NOT treating
- Weigh the timing to life expectancy with the timing of likely progression
- Acknowledge the impact of different treatment toxicities and their application to older persons
  - Abiraterone
  - Enzalutamide
  - Docetaxel
Use of abiraterone acetate

>75YO

Treatment ongoing
Treatment discontinued (n=120)

<75YO

Treatment ongoing
Treatment discontinued (n=45)

Reasons for discontinuation,

Radiographic and
unpalpable tumor
response
Radiographic progression
without
radiographic
progression
unpalpable tumor
radiographic progression
with
radiographic
progression
unpalpable tumor
Radiographic progression
without
radiographic
progression
unpalpable tumor
Radiographic progression
without
radiographic
progression
unpalpable tumor

OS 32.4 mos v 25.1 mos
in the placebo arm

AE similar

Falls leading to non-pathologic fracture

- 36.6% in enza v 24.4% in placebo

Abiraterone acetate - LATITUDE

Statistically significant 38% risk reduction of death

Enzalutamide

- 35% of patients in prevail were >75 yo
- Duration of treatment 16.6 mos
- OS 32.4 mos v 25.1 mos in the placebo arm
- AE similar
- Falls leading to non-pathologic fracture
  - 36.6% in enza v 24.4% in placebo
Docetaxel

- TAX 327 Trial
  - OS similar in < or > 65 years old
  - 40% had a grade 3 or 4 AE
  - Older patients had more dose reductions (22%) without a clear impact on OS

Chemotherapy

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>65-74 (n=126)</th>
<th>75-84 (n=44)</th>
<th>85+ (n=40)</th>
<th>p&lt;0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>45 (36)</td>
<td>12 (27)</td>
<td>8 (20)</td>
<td>0.00</td>
</tr>
<tr>
<td>Anemia</td>
<td>16 (13)</td>
<td>4 (9)</td>
<td>6 (15)</td>
<td>0.25</td>
</tr>
<tr>
<td>Nausea</td>
<td>40 (32)</td>
<td>12 (27)</td>
<td>16 (40)</td>
<td>0.00</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>40 (32)</td>
<td>12 (27)</td>
<td>16 (40)</td>
<td>0.00</td>
</tr>
<tr>
<td>Fatigue</td>
<td>30 (24)</td>
<td>7 (16)</td>
<td>11 (28)</td>
<td>0.13</td>
</tr>
</tbody>
</table>

QOL on chemotherapy

- Overall FACT-P
- FACT-P TOI
- FACT-P PSQ
- FACT-P PDI

- There is a significant difference in QOL for patients aged ≥ 75 years.
Summary

- Cancer is a disease of the aging
- Older patients are a variable population
- You must “stage the aging”
- Unmodified treatment is still an option – with the right assessment