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Editorial Open Access

LATITUDE and STAMPEDE Trials Presented at ASCO 2017 offer Refreshing, Practicing-Changing Alternatives to Upfront Docetaxel for Men with High-Risk Metastatic Prostate Cancer, but Questions Remain

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Editorial

Among the most intriguing and practice-changing data presented at the American Society of Clinical Oncology's (ASCO) giant annual meeting in Chicago this year were the results of the LATITUDE and STAMPEDE trials that suggest that men with high-risk hormone-sensitive metastatic prostate cancer may derived the same benefit from adding upfront abiraterone with prednisone to androgen deprivation therapy (ADT) as they would from docetaxel and ADT.

Previously, the CHARTED study and earlier results of the STAMPEDE and other studies showed that adding six cycles of chemotherapy to initial ADT in this population improved outcomes, particularly improving overall survival (OS) for these at risk patients. The new data, questions whether this is actually necessary, if a less toxic, better tolerated oral hormonal therapy can be just as efficacious. Of course, no head to head comparisons have been made, but the data is stunning.

The STAMPEDE trial is the largest randomized clinical trial for prostate cancer treatments and is a multi-stage, multi-arm adaptive trial. Its abiratarone arm closed in January 2014. Data presented at ASCO showed that adding abiraterone to upfront ADT improved OS by 37%. Likewise, the LATITUDE trial randomly assigned 1,199 patients with newly diagnosed high-risk, hormone-sensitive metastatic prostate cancer to receive ADT plus placebo vs. ADT plus abiraterone and prednisone. OS survival in the control group was 34.7 months, while OS in the treatment arm was not reached (HR 0.62, 95% CI [0.51, 0.76]; $p<0.0001$). The OS rates at 3 years were 66% for those receiving abiraterone and 49% in the control arm.

The results imply at that a safe, well tolerated oral hormonal therapy can achieve similar or perhaps even better outcomes than chemotherapy when added to ADT in these patients. Certainly, this is good news for patients and providers, but questions remain. The trials presented were designed prior to release of the outcomes of CHAARTED and similar trials, so it is unclear if combining abiraterone, chemotherapy, and ADT may achieve an even greater benefit, or sequencing these therapies might be appropriate. Likewise, questions remain of whether this strategy would be equally beneficial to men with lower-risk hormone-sensitive metastatic prostate cancer.

Nonetheless, these intriguing results will likely mean men with life-threatening metastatic prostate cancer will be able to achieve impressive survival advantage without the upfront use of toxic chemotherapy and that is an accomplishment all can appreciate.