

ESMO 2024: Decipher® mRNA Score for Prediction of Survival Benefit from Docetaxel at Start of Androgen Deprivation Therapy for Advanced Prostate Cancer: An Ancillary Study of the STAMPEDE Docetaxel Trials

Urology Today

<https://www.urotoday.com/conference-highlights/esmo-2024/esmo-2024-prostate-cancer/154862-esmo-2024-decipher-mrna-score-for-prediction-of-survival-benefit-from-docetaxel-at-start-of-androgen-deprivation-therapy-for-advanced-prostate-cancer-an-ancillary-study-of-the-stampede-doce>

I hope you had a great holiday!

We discuss genetic testing's value in creating a personalized treatment plan resulting in metastasis - free survival without additional side effects and costs. The above article discusses the value of using androgen deprivation therapy (hormone therapy) with an androgen receptor inhibitor. Let's understand how Metastatic P Ca grows.

Once P Ca cells escape the prostate, they will travel through the bloodstream and find other places in the body to grow. Often, the fugitive cells lie in the prostate bed. Thus, if a surgeon removes a prostate with aggressive P Ca, it makes sense to radiate the prostate bed afterwards. However, cells can travel for years and not create problems, or they can become active. Activity is monitored by continuing testing for prostate stimulating antigen (PSA) and if the level of PSA increases above 0.2 in post-surgery patients, the doctor would order a PSMA-PET scan to find the number and location of metastasis. From there, a treatment plan will be developed that may include targeted radiation, hormone therapy, chemotherapy or other drugs.

Hormone therapy is largely effective in achieving metastasis free survival. That is, when the cancer is not cured it just stops progressing. Sometimes, cancer continues despite cutting off testosterone. This is castration resistant cancer. In other cases, ADT's will work to some degree to control cancer but are not enough. Drugs called "androgen receptor pathway inhibitors can be prescribed with ADT's. The inhibitors work on cancer cells to both reduce their ability to grow in the presence of testosterone and reduce the cell's ability to produce it's own testosterone thus feeding itself and other cells. And there are side effects with ARPI's. Patients are well served by determining if ARPI's will help and omitting them if they won't.

You are probably thinking why not simply use inhibitors instead of ADT's thus preserving the patient's normal testosterone production and maintaining quality of life. Inhibitors are not a "magic bullet". They work with some patients but not others and when they work, they are a short term "boost" to stopping cancer's growth.

Tonight's featured study indicates that decipher genetic testing may be useful towards determining who should get inhibitors and who will not benefit. Patients with a high Decipher scores did well with

“doublet” therapy; that is, the use of both ADT’s and a androgen receptor inhibitor such as docetaxel
Click the above link to view the study.

We at the Forum look forward to seeing you soon for the following:

January 14, 2025, 5:00 to 7:00 PM Pacific Time, Newly Diagnosed Group on Zoom:
<https://us02web.zoom.us/j/86164783897>

January 28, 2025 5:00 to 7:00 PM Pacific Time, Advanced Group on
Zoom: <https://us02web.zoom.us/j/85450819246>

Happy New Year!

CKM