Dokumenttyp: journal article

Autor(en) des Beitrags: von Klot, Christoph A J; Kramer, Mario W; Böker, Alena; Herrmann, Thomas R W; Peters, Inga; Kuczyk, Markus A; Ligges, Uwe; Gschwend, Jürgen E; Retz, Margitta; Schmid, Sebastian C; Stenzl, Arnulf; Schwentner, Christian; Todenhöfer, Tilmann; Stöckle, Michael; Ohlmann, Carsten-Henning; Azone, Ines; Mager, René; Bartsch, Georg; Haferkamp, Axel; Heidenreich, Axel; Piper, Charlotte; Merseburger, Axel S

Titel des Beitrags: Is there an anti-androgen withdrawal syndrome for enzalutamide?

Abstract: The anti-androgen withdrawal syndrome (AAWS) can be seen in one-third of patients after discontinuation of first-generation non-steroidal anti-androgen therapy. With the introduction of new agents for anti-androgen therapy as well as alternate mechanisms of action, new therapeutic options before and after docetaxel chemotherapy have arisen (Ohlmann et al. in World J Urol 30(4):495-503, 2012). The question regarding the occurrence of an enzalutamide withdrawal syndrome (EWS) has not been evaluated yet. In this study, we assess prostate-specific antigen (PSA) response after discontinuation of enzalutamide. In total 31 patients with metastatic castration-resistant prostate cancer (mCRPC) underwent an enzalutamide withdrawal and were evaluated. Data were gathered from 6 centres in Germany. Patients with continuous oral administration of enzalutamide with rising serum PSA levels were evaluated, starting from enzalutamide withdrawal until subsequent therapy was initiated, follow-up ended or death of the patient occurred. Statistical evaluation was performed applying one-sided binomial testing using
R-statistical software, version 3.0.1. Mean withdrawal follow-up was 6.5 weeks (range 1-26.1 weeks). None of the 31 patients showed a PSA decline. Mean relative PSA rise over all patients was 73.9 % (range 0.5-440.7 %) with a median of 44.9 %. If existent, an AAWS is at least very rare for enzalutamide in patients with mCRPC after taxane-based chemotherapy and does not play a clinical role in this setting. This may be attributed to the different pharmacodynamics of enzalutamide. Longer duration of therapy or a longer withdrawal interval may reveal a rare EWS in the future.