Comparative quality of life in patients randomized contemporaneously to docetaxel or abiraterone in the STAMPEDE trial.
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Introduction
This abstract was written by a number of leading prostate cancer doctors and researchers (principle author Dr Hannah Rush), and was presented at the meeting of the American Society of Clinical Oncology (ASCO) in February 2020.

What is the STAMPEDE trial?
The STAMPEDE clinical trial (the full name is Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy) is a major clinic trial which has been running since 2005. The overall aim of this trial is to assess new ways of treating men with newly diagnosed advanced or high-risk prostate cancer. This has been done by either adding new treatments to hormone therapy (which has been the standard way of treating advanced prostate cancer for many years), or by changing the type of hormone therapy. It is hoped that the treatments studied will improve quantity of life by better control of the cancer and improve quality-of-life by reducing the side effects of treatment. The trial has had many “arms” studying different types of treatment and has already changed the way we treat advanced and high-risk prostate cancer

One of the trial “arms” looked at giving a drug called Docetaxel (a chemotherapy given by drip once every 3 weeks for a total of 6 times) to eligible men around the time they started hormone therapy. Before STAMPEDE, Docetaxel chemotherapy was used for men with advanced prostate cancer, but only when hormone therapy had become less effective.

Likewise, another arm looked at giving men a tablet medication called Abiraterone (given with a steroid tablet called prednisolone) around the time they started hormone therapy, rather than waiting until hormone therapy became less effective. STAMPEDE showed that men lived longer if they had either chemotherapy or Abiraterone at that early point, rather than those who had hormone therapy alone (even if they had other treatments later).

What does this abstract tell us?
Both Docetaxel and early Abiraterone gave equally good results in terms of allowing men to live longer, when given just after starting hormone therapy. This study used questionnaires to look at whether one treatment is better than the other in terms of men’s quality of life. Men were asked to fill out questionnaires which were analysed (173 men were receiving Docetaxel and 342 men were receiving Abiraterone). They looked at overall (or global) quality of life, which was an average over
two years and also measured quality of life at specific times (at 3, 6, 12 and 24 months after starting treatment).

This study showed that overall men’s quality of life was better if they were treated with Abiraterone although the difference was small when averaged over the 2 years. However, the quality of life was particularly better in the first year of treatment if men were treated with Abiraterone rather than Docetaxel chemotherapy.

Clinical trial information: https://clinicaltrials.gov/ct2/show/NCT00268476


Read more about hormonal therapy in locally-advanced prostate cancer: https://patients.uroweb.org/treatments/hormonal-therapy/