

# HOW DO I IDENTIFY nmCRPC PATIENTS?



## MEET MAURICE

**2004** AGE: 60

**History:** No family history of cancer  
**Interests:** Enjoys tennis and walking his dog

**Diagnosed with Gleason score 9 locally advanced PC**

2004–2006: Remission achieved with ADT + IMRT

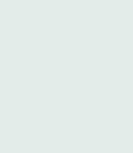
2006–2011: Remission continued without ADT

This case is not based on actual patient.



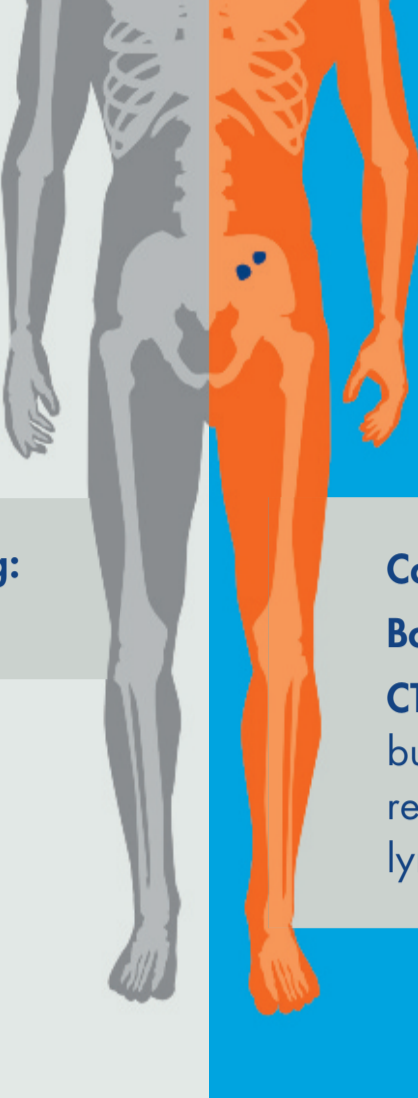
**2013** AGE: 69

Maurice's PSA rises after remission



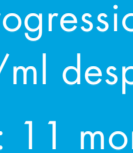
- PSA rise to >4 ng/ml

**Conventional imaging:** no metastases



**2017** AGE: 73

Maurice's PSA begins to rise despite ADT given for BCR



- Castrate testosterone
- PSA progression to >8 ng/ml despite ADT
- PSADT: 11 months

**Conventional imaging:** Bone scan: no metastases

CT scan: no metastases but positive for local recurrence and small lymph nodes in pelvis

## IS THIS nmCRPC<sup>1-6</sup>?

Castrate testosterone

PSA progression despite ADT

Negative conventional imaging for metastases

Castrate testosterone

PSA progression despite ADT

Negative conventional imaging for metastases

### THIS IS NOT nmCRPC

Rising PSA levels following radiation or surgery for localized disease is known as a **biochemical recurrence**.

### THIS IS nmCRPC



**RISK OF DISEASE PROGRESSION**

## MAURICE HAS nmCRPC WHAT DO I NEED TO MONITOR?

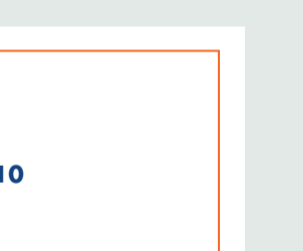
Monitoring PSA levels is key to identifying patients who are at high risk of progression.

A PSA doubling time of  $\leq 10$  months is indicative of a high-risk nmCRPC patient<sup>3-5, 7-10</sup>.

For more information about calculating PSADT, please contact your local Bayer rep.

**HIS PSADT IS NOW 5 MONTHS**

**THIS IS HIGH-RISK nmCRPC**



**RISK OF DISEASE PROGRESSION**

## WHAT DO THE GUIDELINES RECOMMEND FOR TREATMENT?

Major guidelines recommend AR inhibitor therapy for patients with high-risk nmCRPC. Therefore, Maurice is eligible for these treatments.

### NCCN Guidelines Version 2.2021<sup>10</sup>

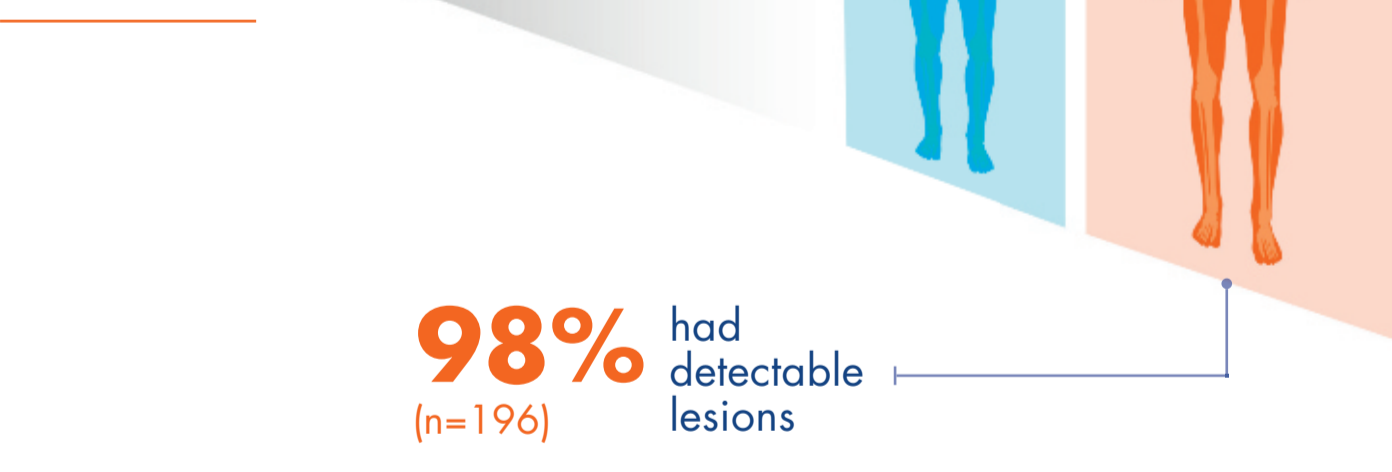
#### Systemic therapy for nmCRPC

PSADT  $\leq 10$  months → Preferred regimens:

- Apalutamide (category 1)
- Darolutamide (category 1)
- Enzalutamide (category 1)

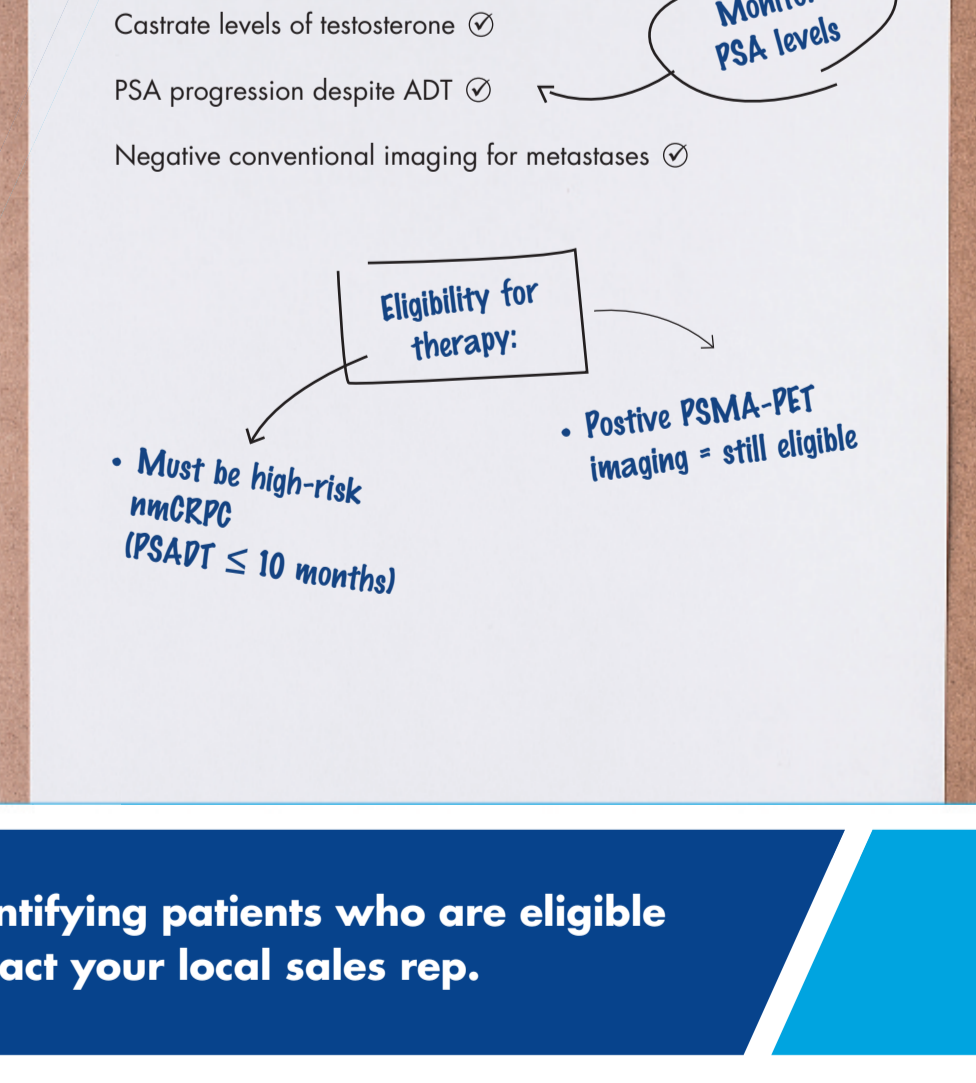
## WHAT IF MAURICE IS POSITIVE FOR METASTASES ON PSMA-PET?

Fendler et al<sup>11</sup>. demonstrated that the large majority of patients defined as nmCRPC by conventional imaging are likely to be positive for micrometastases on PSMA-PET imaging.



**These patients are still eligible for AR inhibitor therapy because the nmCRPC population is defined as negative for metastases on conventional imaging.**

## MY nmCRPC CHECKLIST



For questions about identifying patients who are eligible for therapy, please contact your local sales rep.

### Abbreviations

ADT, androgen-deprivation therapy; AR, androgen receptor; IMRT, intensity-modulated radiation therapy; nmCRPC, nonmetastatic prostate cancer; PSA, prostate-specific antigen; PSADT, prostate-specific antigen doubling time; SmPC, Summary of Product Characteristics

### References

1. Kirby M, Hirst C & Crawford E D. *Int J Clin Pract* 2011;65:1180–1192; 2. Mateo J, Fizazi K, Gillessen S, et al. *Eur Urol* 2019;75(2):285–293; 3. Smith MR, Saad F, Chowdhury S, et al. *N Engl J Med* 2018;378:1408–1418; 4. Hussain M, Fizazi K, Saad F, et al. *N Engl J Med* 2018;378:2465–2474; 5. Fizazi K, Shore N, Tammela T L, et al. *N Engl J Med* 2019;380:1235–1246; 6. Paller CJ, Antonarakis ES. *Clin Adv Hematol Oncol* 2013;11(1):14–23; 7. Smith MR, Kabbanivar F, Saad F, et al. *J Clin Oncol* 2005;21(13):2918–2925; 8. Howard LE, Moreira D M, De Hoet A, et al. *BJU Int* 2017;120(5B):E80–E86; 9. Saad F, Bögermann M, Suzuki K & Shore N. *Prostate Cancer Prostatic Dis* 2021; doi: 10.1038/s41391-020-00310-3 [Epub ahead of print]; 10. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines)<sup>®</sup>. Prostate Cancer. v1. 2021; 11. Fendler WP, Weber M, Irvani A, et al. *Clin Cancer Res* 2019;25(24):7448–7454

NUBEQA<sup>®</sup> (darolutamid) 300 mg filmdragerade tabletter. ATC-kod: L02BB06 Rx,(F). Indikation: NUBEQA är en androgenreceptorhämmare indicerad för behandling av vuxna män med icke-metastaserad kastrationsresistent prostatacancer (nmCRPC) som löper hög risk för att utveckla metastaserad sjukdom. Subvention gäller endast för denna indikation. Kontraindikation: Överkänslighet mot den aktiva substansen eller något hjälpämne (laktos). Kvinnor som är eller kan bli gravida. Varningar: Androgen depriveringsterapi kan förlänga QT intervallet. Män ska använda en mycket effektiv preventivmetod under behandlingen samt en vecka efter avslutad behandling. Biverkningar: (≥ 1/10) trötthet, minskat antal neutrofiler samt ökad mängd bilirubin och ASAT. Andra viktiga biverkningar (≥ 1/100, < 1/10) innefattar ischemisk hjärtsjukdom, hjärtsvikt, utslag, smärta och frakturer. Datum för senaste översyn av SPC: 10/2020. För ytterligare information, pris samt före förskrivning vänligen läs produktresumé på [fass.se](http://fass.se). Kontakttuppgifter: Bayer AB, Box 606, 169 26 Solna, tel: 08-580 223 00

▼ Detta läkemedel är föremål för utökad övervakning. Hälso- och sjukvårdspersonal uppmanas att rapportera varje misstänkt biverkning till Läkemedelsverket.

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