

Highlights of the Advanced Prostate Cancer Consensus Conference (APCCC) 2022

Expert: **Prof Silke Gillessen**, IOSI - Istituto Oncologico della Svizzera Italiana, Bellinzona, Switzerland

Discussant: **Dr Aurelius Omlin**, Onkzentrum Zurich, Zurich, Switzerland

Extract from the e-ESO policy

The website contains presentations aimed at providing new knowledge and competences, and is intended as an informational and educational tool mainly designed for oncology professionals and other physicians interested in oncology.

These materials remain property of the authors or ESO respectively.

ESO is not responsible for any injury and/or damage to persons or property as a matter of a products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions or ideas contained in the material published in these presentations.

Because of the rapid advances in medical sciences, we recommend that independent verification of diagnoses and drugs dosages should be made. Furthermore, patients and the general public visiting the website should always seek professional medical advice.

Finally, please note that ESO does not endorse any opinions expressed in the presentations.

Conflicts of Interest AO

Advisory role (compensated, institutional):

Astra Zeneca, Astellas, Bayer, Janssen, Molecular Partners, MSD, Myriad, Pfizer, Roche, Sanofi Aventis (compensated, institutional)

Novartis, Janssen, Bayer, MSD, AstraZeneca, Merck, Astellas (compensated)

Research support (institutional):

TEVA, Janssen

Travel support:

Astellas, Bayer, Janssen, Sanofi Aventis

Speakers Bureau (compensated, institutional):

Astellas, Bayer, Janssen

This presentation reflects the opinion of the speaker and may contain information about a non-approved indication or product. Please do not use these oversimplified slides to make treatment recommendations in daily clinical practice, the accuracy or completeness of the information summarised in the slides can not be guaranteed. Some of the treatments mentioned on the slides are off-lable in Switzerland.

Conflicts of Interest SG

- **Personal honoraria** for participation in *advisory boards* from Amgen, MSD, Orion; *other honoraria* from Radio-televisione Svizzera Italiana (RSI), German-speaking European School of Oncology (DESO); *invited speaker* for ESMO, Swiss group for Clinical Cancer Research (SAKK), Swiss Academy of Multidisciplinary oncology (SAMO), Orikata academy research group, China Anti-Cancer Association Genitourinary Oncology Committee (CACA-GU); *Speaker's bureau* for Janssen Cilag; *travel grants* from ProteoMEdiX, Astra Zeneca
- **Institutional honoraria** for participation in *advisory boards or in Independent Data Monitoring Committees and Steering Committees* from AAA International, Amgen, Bayer, Bristol-Myers Squibb, Modra Pharmaceuticals, MSD, Novartis, Orion, Pfizer, Roche, Telixpharma Tolero Pharmaceuticals; *other honoraria* from Silvio Grasso Consulting.
- **Non-financial interests:** Menarini Silicon Biosystems; Aranda
- Co-inventor on patent application (WO 2009138392 A1) for a method for biomarker discover (granted in China, Europe, Japan and the US)
- Deputy of the ESMO guidelines committee for GU cancers, member of the scientific committee of ESMO guidelines, member of the EAU guideline panel for prostate cancer, past chair of the EORTC GU group; Member of the STAMPEDE trial management group

Why a Consensus Conference for Advanced Prostate Cancer

Several topics in this setting with:

- No evidence
- Sparse or low-level evidence
- Conflicting evidence
- Different interpretation of evidence
- Evidence generated only in a selected population

NOT Guidelines

Recommendations from experts for areas with no or only sparse evidence or conflicting evidence or different interpretation of evidence.

What is new at APCCC 2022

- More than 190 consensus questions have been developed by the APCCC expert panel
- For logistical reasons the voting took place prior to APCCC 2022

Topics of APCCC 2022

1. Intermediate/High-risk and locally advanced prostate cancer
2. Biochemical recurrence and PSA persistence
3. Metastatic hormone-sensitive prostate cancer (mHSPC)
4. Non-metastatic, castration-resistant prostate cancer (nmCRPC)
5. Importance of lifestyle and prevention of complications in advanced prostate cancer
6. Management of metastatic CRPC
7. Oligometastatic and oligoprogressive prostate cancer

**APCCC 2022
 PANEL MEMBERS**

- Antonarakis, Emmanuel**
United States
- Aparicio, Ana**
United States
- Armstrong, Andrew**
United States
- Beer, Tomasz M.**
United States
- Beltran, Himisha**
United States
- Cheng, Heather**
United States
- Efstathiou, Eleni**
United States
- Efstathiou, Jason**
United States
- Evans, Christopher**
United States
- Feng, Felix Y.**
United States
- George, Dan**
United States
- Halabi, Susan**
United States
- Higano, Celestia**
United States
- Hussain, Maha**
United States
- Logothetis, Chris J.**
United States
- Mahal, Brandon A.**
United States
- Morgans, Alicia K.**
United States
- Morris, Michael**
United States
- Nguyen, Paul**
United States
- Oh, William K.**
United States
- Pritchard, Colin C.**
United States
- Rathkopf, Dana**
United States
- Reiter, Robert E.**
United States
- Ryan, Charles J.**
United States
- Sartor, Oliver A.**
United States
- Scher, Howard I.**
United States
- Sharifi, Nima**
United States
- Shore, Neal**
United States
- Small, Eric**
United States
- Smith, Matthew**
United States
- Soule, Howard**
United States
- Spratt, Daniel E.**
United States
- Srinivas, Sandy**
United States
- Sternberg, Cora**
United States
- Sweeney, Christopher**
United States
- Taplin, Mary-Ellen**
United States
- Vapiwala, Neha**
United States
- Yamoah, Kosj**
United States
- Yu, Evan**
United States

- Chi, Kim N.**
Canada
- Gleave, Martin**
Canada
- Klotz, Laurence**
Canada
- Saad, Fred**
Canada
- Blanchard, Pierre**
France
- Bossi, Alberto**
France
- Fizazi, Karim**
France
- Gravis, Gwenaelle**
France
- Mottet, Nicolas**
France
- Walz, Jochen**
France
- Castellano, Daniel**
Spain
- Castro, Elena**
Spain
- Duran, Ignacio**
Spain
- Mateo, Joaquin**
Spain
- Zapatero, Almudena**
Spain

- Attard, Gerhardt**
United Kingdom
- Bristow, Rob**
United Kingdom
- Chowdhury, Simon**
United Kingdom
- Fonteyne, Valerie**
Belgium
- Ost, Piet**
Belgium
- Tombal, Bertrand**
Belgium
- Mrabti, Hind**
Morocco
- Ekeke, Onyeanunam Ngozi**
Nigeria
- Maluf, Fernando**
Brazil
- Sade, Juan Pablo**
Argentina

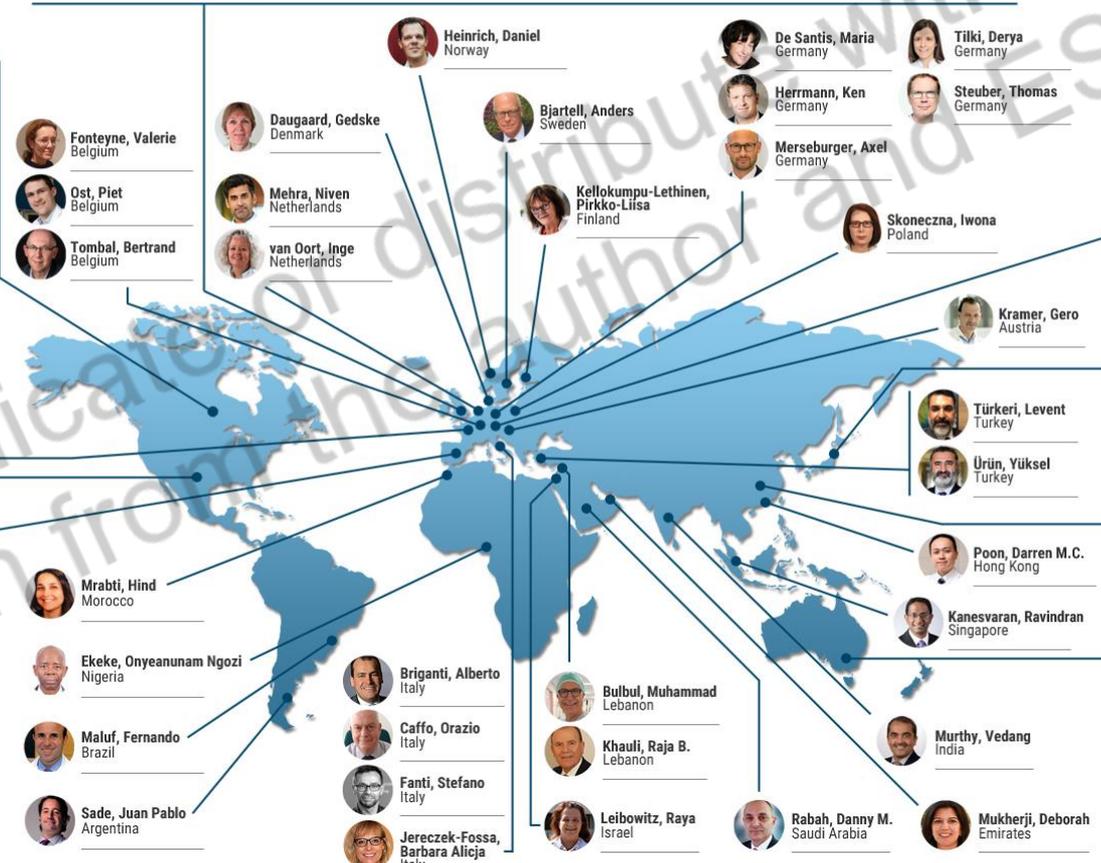
- Clarke, Caroline S.**
United Kingdom
- Clarke, Noel**
United Kingdom
- de Bono, Johann**
United Kingdom
- Daugaard, Gedske**
Denmark
- Mehra, Niven**
Netherlands
- van Oort, Inge**
Netherlands
- Briganti, Alberto**
Italy
- Caffo, Orazio**
Italy
- Fanti, Stefano**
Italy
- Jareczek-Fossa, Barbara Alicja**
Italy

- Eeles, Ros**
United Kingdom
- James, Nicholas D.**
United Kingdom
- Jones, Rob**
United Kingdom
- Heinrich, Daniel**
Norway
- Bjartell, Anders**
Sweden
- Kellokumpu-Lethinen, Pirkko-Liisa**
Finland
- Bulbul, Muhammad**
Lebanon
- Khauli, Raja B.**
Lebanon
- Leibowitz, Raya**
Israel

- Matheson, David**
United Kingdom
- O'Sullivan, Joe M.**
United Kingdom
- Padhani, Anwar R.**
United Kingdom
- De Santis, Maria**
Germany
- Herrmann, Ken**
Germany
- Merseburger, Axel**
Germany
- Kramer, Gero**
Austria
- Türkeri, Levent**
Turkey
- Ürün, Yüksel**
Turkey
- Murthy, Vedang**
India
- Rabah, Danny M.**
Saudi Arabia

- Pezaro, Carmel**
United Kingdom
- Sydes, Matthew R.**
United Kingdom
- Vale, Claire**
United Kingdom
- Tilki, Derya**
Germany
- Steuber, Thomas**
Germany
- Skoneczna, Iwona**
Poland
- Poon, Darren M.C.**
Hong Kong
- Kanesvaran, Ravindran**
Singapore
- Mukherji, Deborah**
Emirates

- Fossati, Nicola**
Switzerland
- Gillesen, Silke**
Switzerland
- Omlin, Aurelius**
Switzerland
- Rubin, Mark A.**
Switzerland
- Zilli, Thomas**
Switzerland
- Suzuki, Hiroyoshi**
Japan
- Uemura, Hiroji**
Japan
- Uemura, Hirotugu**
Japan
- Ye, Dingwei**
China
- Davis, Ian**
Australia
- Frydenberg, Mark**
Australia
- Hofman Michael**
Australia
- Horvath, Lisa**
Australia
- Murphy, Declan G.**
Australia



APCCC Publications – available (open access)

Management of Patients with Advanced Prostate Cancer: Report of the Advanced Prostate Cancer Consensus Conference 2019

Eur Urol 2020 Apr;77(4):508-547. doi: 10.1016/j.eururo.2020.01.012. Epub 2020 Jan 27.

Lack of consensus identifies important areas for future clinical research: Advanced Prostate Cancer Consensus Conference (APCCC) 2019 findings

Eur J Cancer 2022 Jan;160:24-60. doi: 10.1016/j.ejca.2021.09.036

What Experts Think About Prostate Cancer Management During the COVID-19 Pandemic: Report from the Advanced Prostate Cancer Consensus Conference 2021

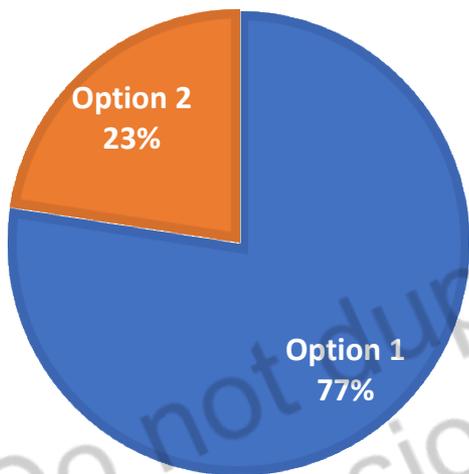
Eur Urol 2022 Feb 17;S0302-2838(22)01650-5. doi: 10.1016/j.eururo.2022.02.010.

Management of Patients with Advanced Prostate Cancer: Report from the Advanced Prostate Cancer Consensus Conference 2021

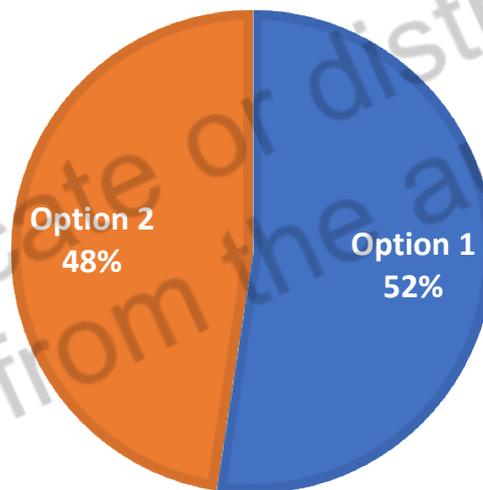
Eur Urol 2022 Apr 18;S0302-2838(22)01807-3. doi: 10.1016/j.eururo.2022.04.002.

Q 2 - 4 Do you recommend a PSMA PET in the majority of patients with clinically localised prostate cancer?

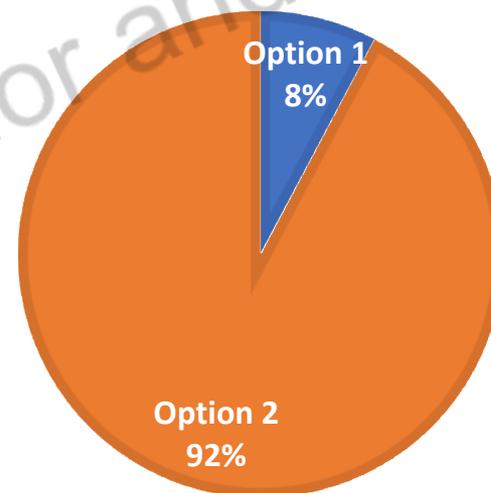
High-risk Localized



Intermediate unfavourable risk



Intermediate favourable risk

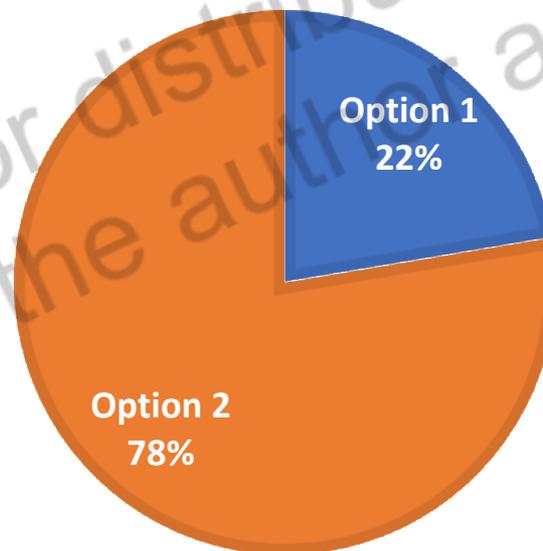


1. Yes
2. No
3. Abstain/unqualified to answer

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

Q5 If you recommend a PSMA PET for systemic staging of clinically localised prostate cancer, what do you recommend (in addition to the MRI of the prostate)?

1. PSMA PET only after conventional imaging negative or indeterminate
2. **Upfront PSMA PET with or without subsequent conventional imaging**
3. Abstain/unqualified to answer (including: I do not recommend PSMA PET for staging)



| Option | Votes |
|-------------|-------|
| Option 1 | 19 |
| Option 2 | 66 |
| Option 3 | 20 |
| Total votes | 105 |

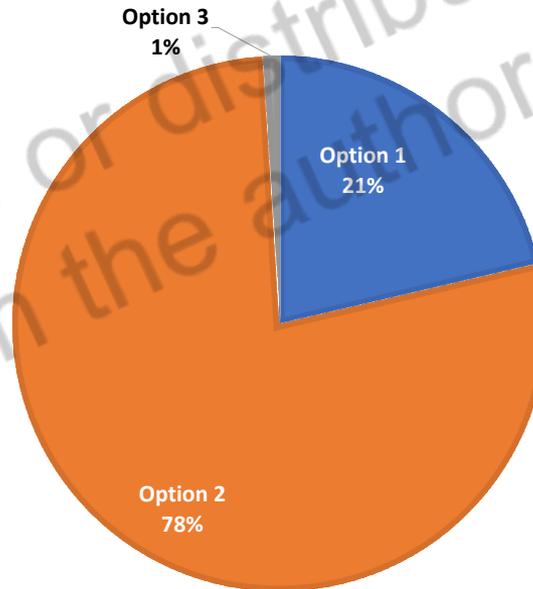
Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

Discussion: Is it the end of conventional imaging for high-risk patients?

Do not duplicate or distribute without permission from the author and ESO

15. In the majority of patients with high-risk localised (STAMPEDE definition) prostate cancer (≥ 2 out of 3 criteria: cT3/T4, PSA ≥ 40 , Gleason 8-10) and N0 M0 on next-generation imaging, what is your recommended systemic therapy in combination with local radiation therapy?

1. ADT alone for 2-3 years
2. **ADT 2-3 years plus abiraterone for 2 years**
3. ADT 2-3 years plus docetaxel 6 cycles
4. Abstain/unqualified to answer



| Option | Votes |
|-------------|-------|
| Option 1 | 22 |
| Option 2 | 80 |
| Option 3 | 1 |
| Option 4 | 2 |
| Total votes | 105 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCC 2022

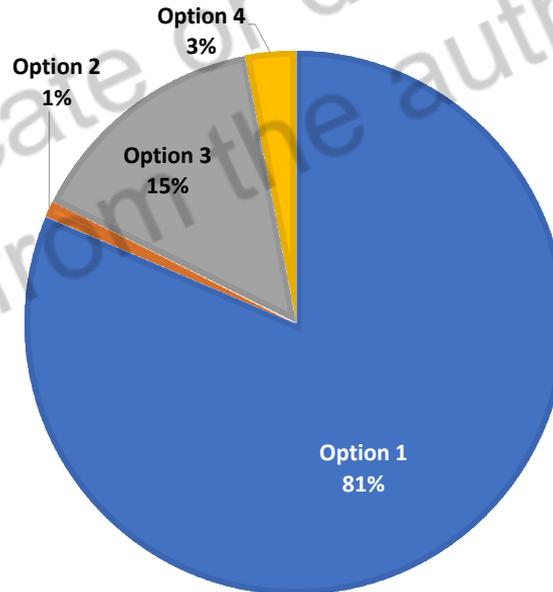
Discussion: What is the breaking point for recommending ADT + ARPI in M0 disease... Is one trial enough to change practice?

Do not duplicate or distribute without permission from the author and ESO

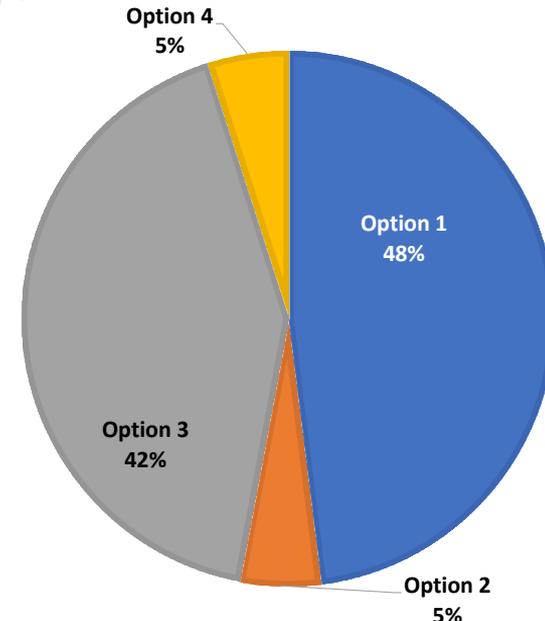
23 and 24 For the majority of patients with 1 or 2 pathologically involved pelvic lymph nodes following radical surgery with extended PLND (pN1) without evidence of metastases on preoperative staging, with undetectable postoperative PSA, what is your recommendation provided the patient has regained continence?

1. Monitoring alone and salvage therapy in case of PSA rise
2. Adjuvant radiation therapy
3. Adjuvant radiation therapy plus systemic hormonal treatment
4. Systemic hormonal treatment alone
5. Abstain/unqualified to answer

No high-risk features (ISUP grade group 4–5 or pT3 or positive margins)



≥2 out of 3 high-risk features (ISUP grade group 4–5 or pT3 or positive margins)



Discussion: Adjuvant radiotherapy not dead (for pN1)?

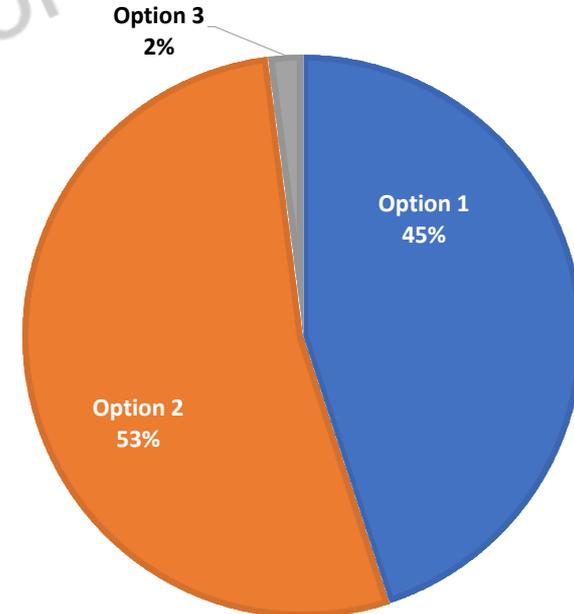
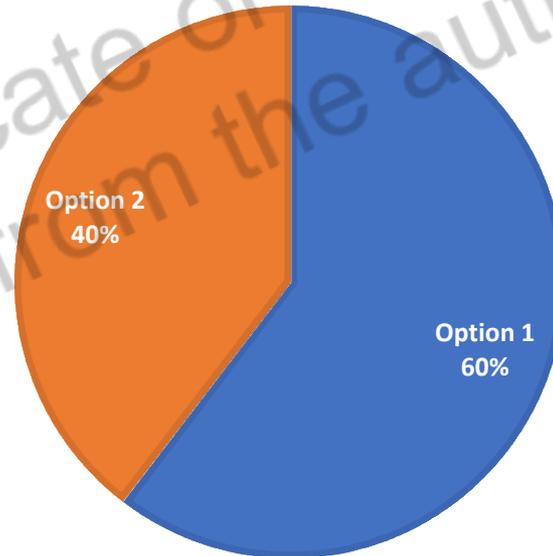
Do not duplicate or distribute without permission from the author and ESO

40 and 41 For the majority of patients with rising PSA after radical prostatectomy and PSA-DT <1 year OR pathological ISUP grade group 4–5 (EAU high-risk), what management do you recommend?

WITH risk factors for local relapse ($\geq pT3b$ and/or R1)

WITHOUT risk factors for local relapse ($\geq pT3b$ and/or R1)

1. Salvage RT (+/- systemic therapy) as early as possible (i.e. before PSA <0.2)
2. Wait until PSA ≥ 0.2 and perform imaging
3. Systemic therapy alone
4. Abstain/unqualified to answer



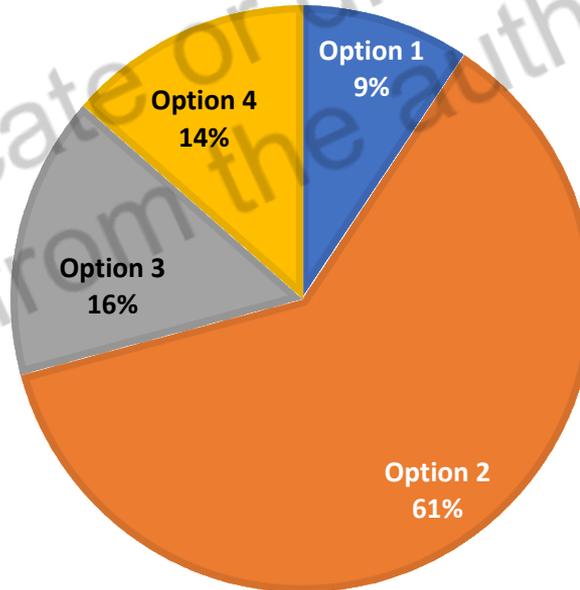
Discussion: No consensus on salvage radiotherapy

Do not duplicate or distribute without
permission from the author and ESO

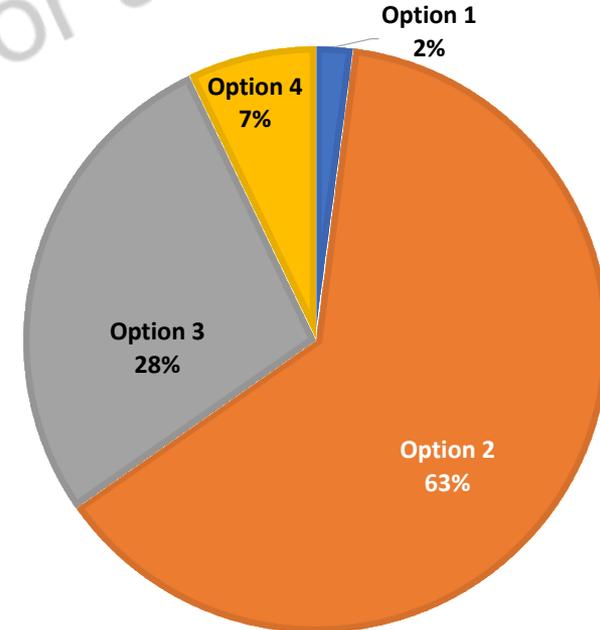
47 and 48 In the majority of patients with an early rise of PSA after RP for intermediate or high-risk localised prostate cancer what is your preferred treatment option in conjunction with early salvage radiotherapy to the prostate bed?

1. Salvage RT alone
2. Salvage RT plus **6 months** of systemic hormonal therapy
3. Salvage RT plus **2 years** of systemic hormonal therapy
4. Perform molecular test and decision on systemic therapy based on this result
5. Abstain/unqualified to answer

With PSA <0.7



With PSA ≥0.7

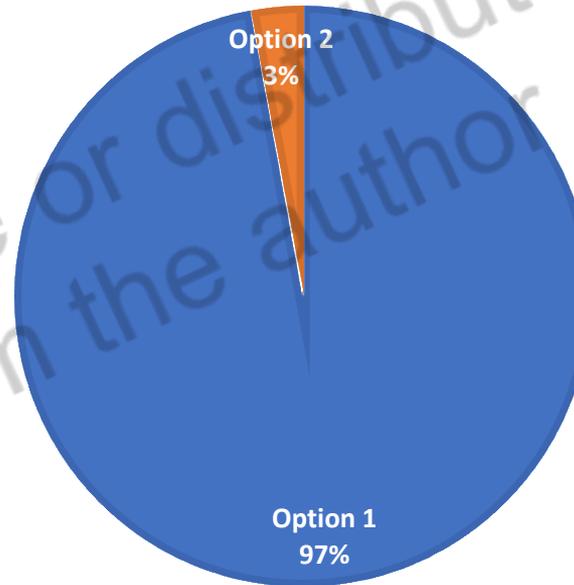


Discussion: What is the optimal length of ADT in combination with early salvage RT?

Do not duplicate or distribute without permission from the author and ESO

72. What is your general treatment recommendation for the majority of patients with mHSPC?

1. Combination therapy (ADT plus additional systemic therapy and/or local radiotherapy)
2. ADT alone
3. Abstain/unqualified to answer



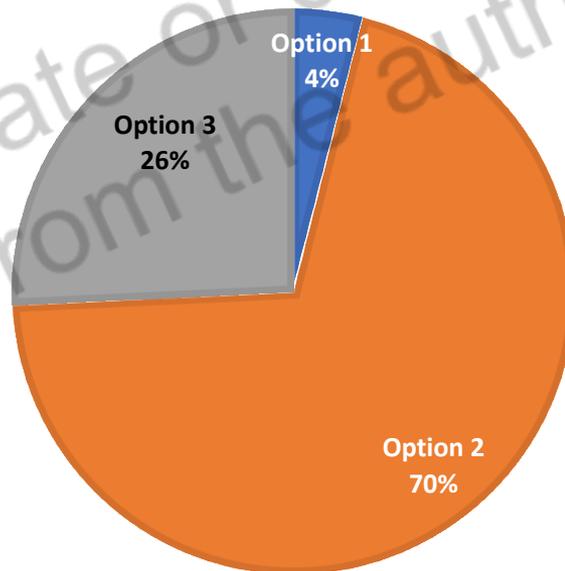
| Option | Votes |
|-------------|-------|
| Option 1 | 101 |
| Option 2 | 3 |
| Option 3 | 1 |
| Total votes | 105 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

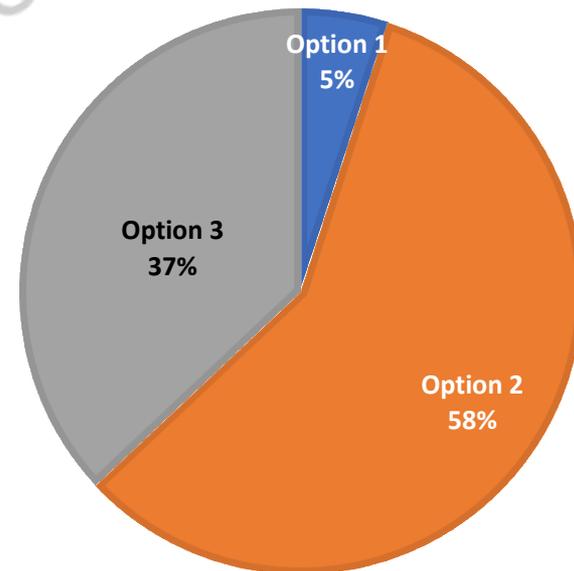
76 and 77 In which patients with mHSPC that are chemotherapy fit, do you recommend the triplet therapy ADT plus docetaxel plus AR pathway inhibitor?

1. In the majority of patients independent of disease volume
2. Only in high-volume patients
3. I usually do not recommend this combination
4. Abstain/unqualified to answer

Synchronous mHSPC



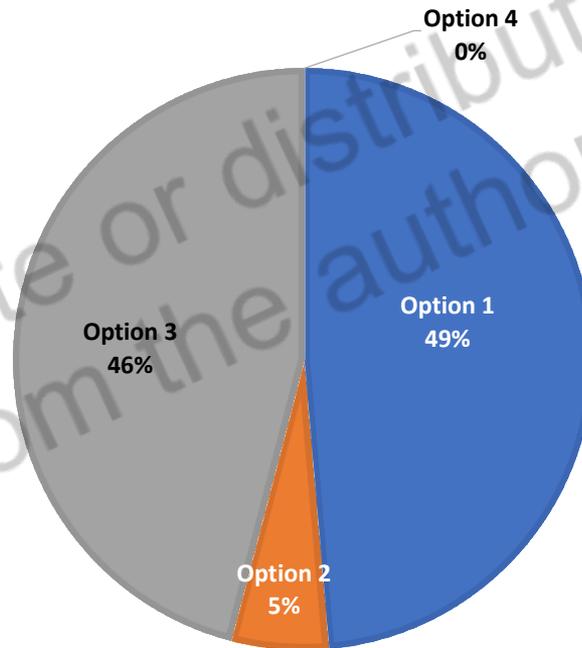
Metachronous mHSPC



Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

82. If you voted for triplet therapy in patients with synchronous mHSPC that are chemotherapy fit, which AR pathway inhibitor do you recommend for the majority of patients (in addition to ADT and docetaxel)?

1. Abiraterone
2. Apalutamide
3. Darolutamide
4. Enzalutamide
5. Abstain/unqualified to answer (including I did not vote for triplet therapy)

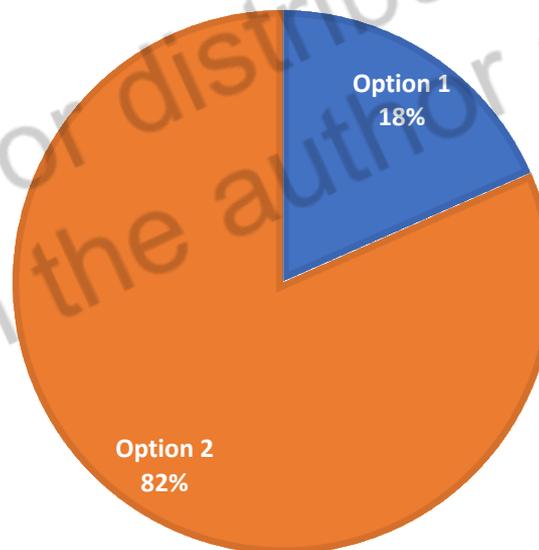


| Option | Votes |
|-------------|-------|
| Option 1 | 36 |
| Option 2 | 4 |
| Option 3 | 34 |
| Option 4 | 0 |
| Option 5 | 31 |
| Total votes | 105 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

83. If you recommend triplet therapy (ADT plus docetaxel plus an AR pathway inhibitor) in patients with mHSPC, what is your preferred strategy?

1. Sequential administration (docetaxel completed first, as for TITAN, ARCHES)
2. **Concurrent administration (as for ARASENS, PEACE-1, ENZAMET)**
3. Abstain/unqualified to answer (including I do not use triplet systemic therapy)

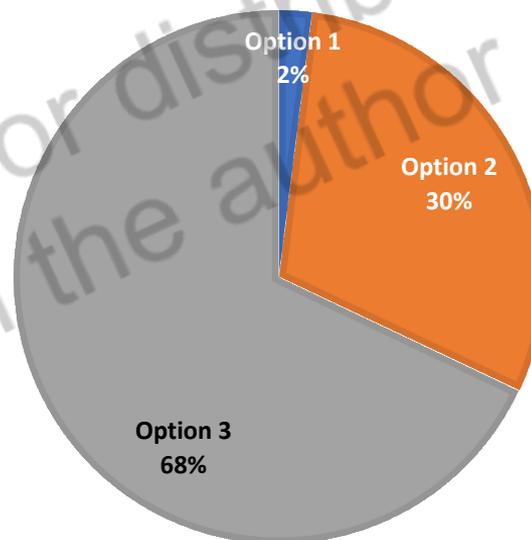


| Option | Votes |
|-------------|-------|
| Option 1 | 14 |
| Option 2 | 62 |
| Option 3 | 29 |
| Total votes | 105 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

80. In which patients with synchronous low-volume (on conventional imaging) mHSPC, do you recommend a triplet systemic therapy (ADT plus docetaxel plus AR pathway inhibitor), irrespective of a decision about local radiation therapy?

1. In the majority of patients
2. In low-volume but “borderline” high risk features (e.g. Gleason 8-10, 3-4 bone metastases, extensive LN, disease can not be covered by SBRT)
3. I do not recommend triplet therapy in these patients
4. Abstain/unqualified to answer



| Option | Votes |
|-------------|-------|
| Option 1 | 2 |
| Option 2 | 30 |
| Option 3 | 69 |
| Option 4 | 4 |
| Total votes | 105 |

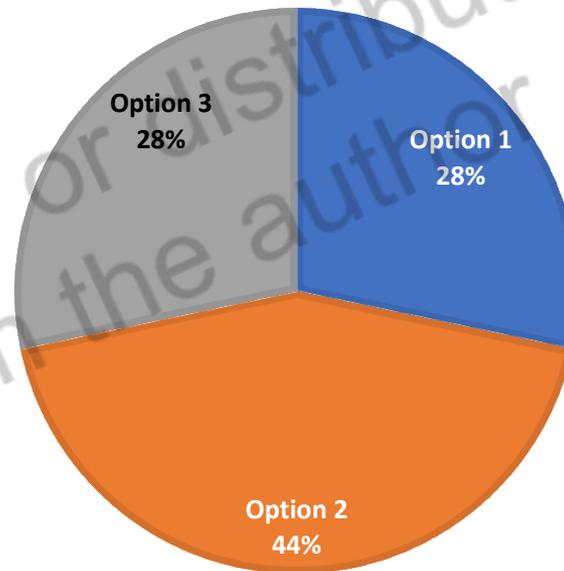
Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

Discussion: Triplet therapy for mHSPC

Do not duplicate or distribute without permission from the author and ESO

122. Do you recommend a baseline ECG in patients with mHSPC before start of a hormonal therapy?

1. Yes, in the majority of patients
2. Yes, but only in selected patients with a history of a major adverse cardiac event (MACE) or other risk factors for cardiac disease
3. No
4. Abstain/unqualified to answer

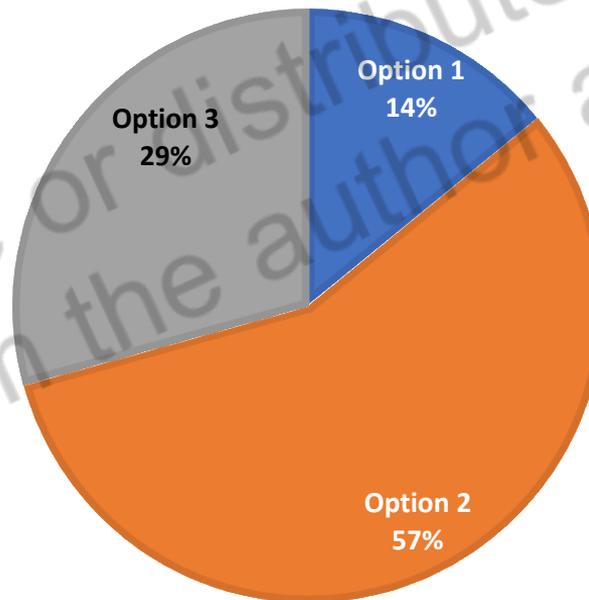


| Option | Votes |
|-------------|-------|
| Option 1 | 28 |
| Option 2 | 43 |
| Option 3 | 28 |
| Option 4 | 5 |
| Total votes | 104 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

123. Do you recommend a cardiac evaluation (including e.g. echocardiography) in patients with mHSPC before start of an AR pathway inhibitor (Abi/Apa/Daro/Enza) in addition to ADT?

1. Yes, in the majority of patients
2. Yes, but only in patients with a history of major adverse cardiac event (MACE)
3. No
4. Abstain/unqualified to answer

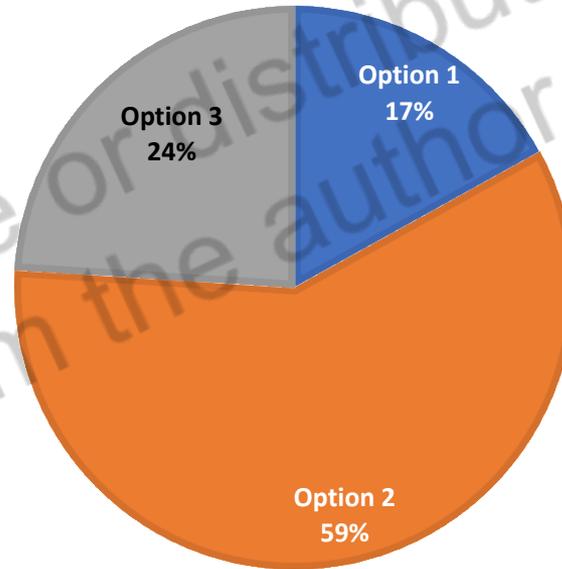


| Option | Votes |
|-------------|-------|
| Option 1 | 14 |
| Option 2 | 56 |
| Option 3 | 29 |
| Option 4 | 5 |
| Total votes | 104 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

124. For the majority of patients on AR pathway inhibitor therapy do you recommend monitoring lipid-profiles?

1. Yes baseline
2. Yes, baseline and regularly e.g. every 6-12 months
3. No
4. Abstain/unqualified to answer



| Option | Votes |
|-------------|-------|
| Option 1 | 17 |
| Option 2 | 59 |
| Option 3 | 24 |
| Option 4 | 4 |
| Total votes | 104 |

Preliminary results. For interpretation of results please refer to publication, which will follow shortly after APCCC 2022

What to check in the cardiovascular space for patients treated with systemic therapy?

Do not duplicate or distribute without permission from the author and ESO



APCCC 2024

SAVE THE DATE

25 - 27 April 2024

LUGANO, SWITZERLAND

www.apccc.org