Conference Abstract

Withdrawal syndrome and PSA flare in the management of mCRPC with abiraterone

Po Hui Chiang

Department of Urology, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan

A R T I C L E   I N F O

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Progression of metastatic castration-resistant prostate cancer (mCRPC) is manifested as clinical progression (pain, skeletal-related events, and other symptoms), radiological progression, or increases in prostate-specific antigen (PSA) of 25% or more and absolute increases of 2 ng/mL or more from the nadir.1 PSA flare occurs when there is an initial PSA increase of more than 25% after the initiation of therapy, followed by a PSA decrease of at least 75% compared to the maximum increase over baseline.2 Antiandrogen withdrawal syndrome describes the phenomenon of a drop in PSA with or without clinical improvement, following the withdrawal of androgen receptor (AR) inhibitors or steroids.3

This presentation featured case studies of one patient with antiandrogen withdrawal syndrome and two other patients with PSA flare. All three patients were treated with abiraterone. The PSA responses from diagnosis and throughout treatment of the three patients are captured in Fig. 1.

The first patient was an 80 year old with an initial PSA of 418.34 ng/mL who developed withdrawal syndrome after abiraterone was discontinued (Fig. 1a). Studies have shown between 6% – 23% of patients who discontinued abiraterone had antiandrogen withdrawal response.4-6 This phenomenon is, however, not well understood, and there is no evidence that clinicians should routinely withhold further systemic therapy in mCRPC patients progressing on abiraterone in anticipation of a withdrawal syndrome.

The other patients in this case series were a 62 year old with an initial PSA of 2,288 ng/mL (Fig. 1b), and a 76 year old with an initial PSA 494.8 ng/mL (Fig. 1c). The first patient developed PSA flare immediately after being treated with abiraterone, whereas patient from the second case experienced a PSA rise at the second month after an initial PSA response at first month. In the literature, it has been shown that between 6% and 8% of patients who received abiraterone post-docetaxel developed PSA flare.2,3 However, PSA flare with abiraterone can occur regardless of whether they received previous docetaxel chemotherapy. Patients who experienced PSA flare had a longer median progression free survival (PFS) than those who did not have a PSA surge (10.5 months vs. 6.3 months; p = 0.0999).2 PSA flare typically lasts 3 – 12 weeks and does not negatively impact on survival. Patients should be made aware of this effect to avoid the early cessation of treatment.2

* Corresponding author: Po Hui Chiang (cphtem@yahoo.com.tw).

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Conflict of interest

PHC has been a speaker at events sponsored by Johnson & Johnson.

References


