

SWITCHING ORAL ANTIANDROGENIC TREATMENT IN PATIENTS WITH CASTRATE METASTATIC PROSTATE CANCER: AN ANALYSIS

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Background and importance

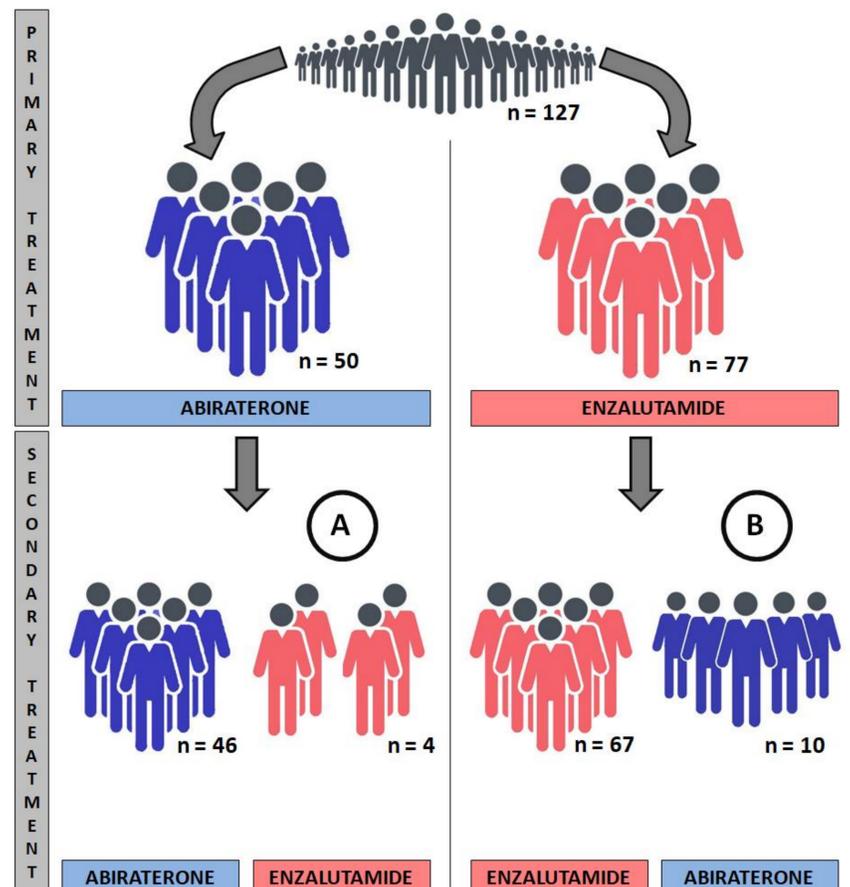
Abiraterone is used in combination with prednisone, has liver metabolism and is an enzyme inhibitor. Enzalutamide has liver metabolism and is a potent enzyme inducer. Both are used to treat castrate metastatic prostate cancer (CMPC).

Aim and objectives

To analyze the switching between two antiandrogenic drugs, abiraterone and enzalutamide, in patients with CMPC.

Material and methods

Observational, retrospective, descriptive and unicentric study. It includes 127 patients with CMPC who began treatment with abiraterone or enzalutamide from January 2015 to March 2019. Clinical data from an outpatient pharmacy database and from medical history was analyzed. The reasons to switch were classified as safety, pharmacological interactions and galenic advantages.

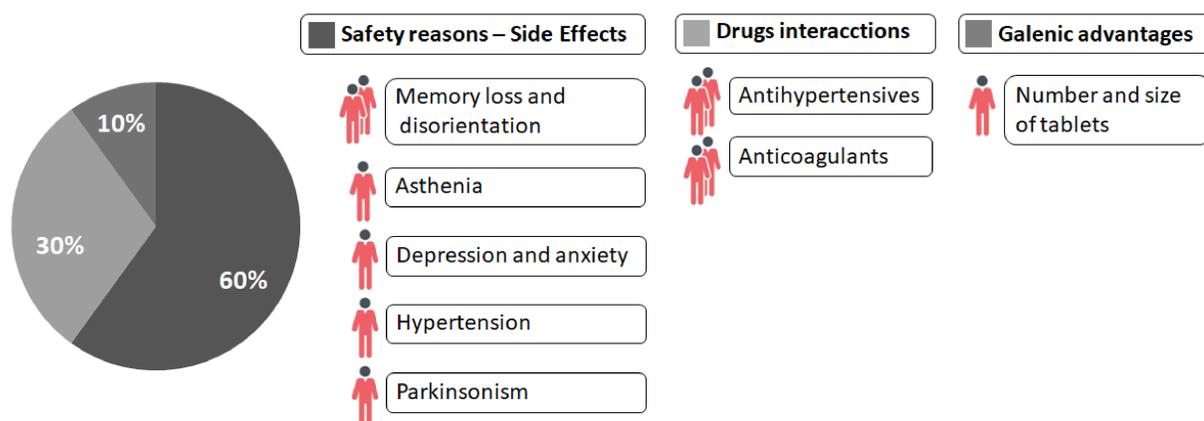


Results

A Switch of treatment with abiraterone to enzalutamide: Reasons



B Switch of treatment with enzalutamide to abiraterone: Reasons



4 of the 50 patients who started with abiraterone switched to enzalutamide (8%), due to safety reasons in all cases because of side effects. The uncontrolled diabetes probably due to prednisone.

10 of the 77 patients who started treatment with enzalutamide switched to abiraterone (13%) due to safety reasons in 6 patients because of side effects. In 3 patients switching was due to drug interactions, which modified the efficacy and safety of enzalutamide and the other drug involved. 4 drugs were involved, 2 were antihypertensives (manidipine and verapamil) and 2 anticoagulants (rivaroxaban and acenocoumarol). In 1 patient switching was due to the galenic advantage of the smaller number and size of abiraterone tablets compared to enzalutamide capsules, due to the difficulty in swallowing due to an esophageal neoplasm.

Conclusion and relevance

Switching between abiraterone and enzalutamide in our patients was mostly due to safety reasons. Some side effects of the treatment with abiraterone and prednisone may have a steroidal origin. Enzalutamide is involved in pharmacokinetic and pharmacodynamic interactions with clinical relevance, so this is an important reason to switch. The smaller number and size of tablets could be a galenic advantage.

