

Prostate Cancer [2017]

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Abstracts

How will established and emerging agents reshape the prostate cancer treatment landscape?

A multitude of novel therapies have been approved for prostate cancer over the past ten years, but what does the future hold? Key opinion leaders (KOLs) are excited about expanded approvals for hormonal therapies and personalised approaches with PARP inhibitors and PD-1/PD-L1 immunotherapies, but which therapy will stand out in an evolving and competitive landscape? Other innovative targeted agents are also in the pipeline but which segment of the market can they expect to capture?

Learn how KOLs see the market evolving, and how they expect developers to differentiate their marketed and pipeline therapies in KOL Insight: Prostate Cancer. Twelve US and European KOLs provide their candid insights on five marketed products and ten Phase III pipeline programmes.

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The key KOL quotes >

See the therapies covered >

Find out who the 6 EU & 6 US KOLs are >

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Top Takeaways

How will the LATITUDE/STAMPEDE results for Zytiga impact the treatment of prostate cancer? Will Zytiga become the new standard of care in the metastatic hormone-sensitive prostate cancer (mHSPC) space and if so, how will this impact competitor Xtandi?

Is Xtandi expected to transition up the treatment algorithm? With up to seven Phase III studies investigating Xtandi across numerous settings, find out which studies KOLs are most optimistic about.

Will next-generation antiandrogens, apalutamide and darolutamide, be able to differentiate themselves in a competitive market? How can the potential new market entrants successfully stand out from established agents?

Bone-targeted therapies set to play an important role in the future of prostate cancer? Could bone-targeted therapies shift earlier in the treatment algorithm in combination with Zytiga or Xtandi?

Is the jury still out on immunotherapies in prostate cancer? Do KOLs believe that vaccine-based therapies or PD-1/PD-L1 checkpoint inhibitors hold any opportunity in prostate cancer and if so, which approaches are the most promising?

Do PARP inhibitors represent an important advance for the personalised treatment of prostate cancer? Find out how KOLs think olaparib (Lynparza) and rucaparib (Rubraca) compare and if they can change treatment for biomarker-selected patient groups?

Which innovative mechanisms of action are KOLs most excited about? Array BioPharma/Roche's Akt inhibitor ipatasertib is also in the Phase III pipeline but how do the KOLs view this novel mechanism in prostate cancer?

How will future treatment pathways evolve for the treatment of prostate cancer? Find out if immune checkpoint inhibitors or PARP inhibitors are expected to play

an important role.

Quotes

“It is very likely that the PARP inhibitors will be approved. Out of all the new agents being tested, the PARP inhibitors are probably the most likely to be successful.”US Key Opinion Leader

“It's the treatment combinations that will have an impact, much more than the [individual] therapies themselves. What will really change the landscape is not the treatments themselves, but the way we select patients.”EU Key Opinion Leader

Sample of therapies covered

Marketed Therapies

Xtandi (enzalutamide; Astellas/Medivation)

Zytiga (abiraterone acetate; J&J)

Xofigo (radium-223 dichloride; Algeta/Bayer)

Xgeva/Prolia (denosumab; Amgen)

Provenge (sipuleucel-T; Sanpower Group)

Pipeline Therapies

apalutamide (ARN-509; J&J)

darolutamide (ODM-201; Bayer/Orion)

PROSTVAC (rilimogene galvacirepvec/ rilimogene glafolivec; Bavarian Nordic/Bristol-Myers Squibb)

DCVAC/PCa (stapuldencel-T; Sotio)

ProstAtak (aglatimagene besadenovec; Advantagene)

Tecentriq (atezolizumab; Roche)

Keytruda (pembrolizumab; Merck & Co.)

Lynparza (olaparib; AstraZeneca)

Rubraca (rucaparib; Clovis Oncology)

ipatasertib (Array BioPharma/Roche)

KOLs interviewed

KOLs from North America

Dr. Rahul Aggarwal MD, Developmental Therapeutics Specialist and Genitourinary Oncologist at the UCSF Helen Diller Family Comprehensive Cancer Center, University of California %li%San Francisco, San Francisco, CA

Dr. Tomasz M. Beer MD FACP, Professor, Division of Hematology and Medical Oncology and Deputy Director, Oregon Health & Science University Knight Cancer Institute, Portland, OR

Dr. David E. Crawford MD, Professor of Surgery, Urology, and Radiation Oncology, and Head of the Section of Urologic Oncology at the University of Colorado, Aurora, CO

Dr. Saby George MD FACP, Associate Professor of Oncology, Roswell Park Cancer Institute, Buffalo, NY

Dr. Neha Vapiwala MD, Associate Professor of Radiation Oncology at the Hospital of the University of Pennsylvania, Philadelphia, PA

Dr. Michael J. Zelefsky MD, Vice Chair, Department of Radiation Oncology, Clinical Research; Chief, Brachytherapy Service, Memorial Sloan Kettering Cancer Center, New York, NY

KOLs from Europe

Dr. Raffaele Ardito, Head of the Day Oncology Unit at Referral Cancer Center of Basilicata, Rionero in Vulture, Italy

Dr. Nicolas B Delongchamps MD, Consultant, Cochin Hospital and Professor at Paris Descartes University, Paris, France

Dr. John P Logue MB, MRCP, FRCR, Consultant Clinical Oncologist, the Christie Hospital, Manchester, UK

Dr. Chris Parker MD FRCR MRCP, Senior Lecturer and Honorary Consultant in Clinical Oncology and Prostate Cancer Translational Research at The Institute of Cancer Research and The Royal Marsden, London, UK

Anonymous German KOL, Chief Physician and Professor of Urologic Oncology at a major Hospital, Germany

Anonymous German KOL, Professor in the Department of Urology at a major University Hospital, Germany

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