

NEW FDA APPROVAL FOR CABAZITAXEL (JEVTANA®) IN PATIENTS WITH ADVANCED PROSTATE CANCER

Oliver Sartor, M.D.
Piltz Professor for Cancer Research
Medical Director, Tulane Cancer Center
Tulane University School of Medicine

On June 17, 2010 the FDA approved a new agent cabazitaxel (Jevtana®) for the treatment of advanced prostate cancer patients with progressive disease despite prior docetaxel (Taxotere®) treatment. The indication for cabazitaxel is quite specific and based on the TROPIC trial, sponsored by sanofi-aventis. These data were presented at the March 2010 GU ASCO meeting (Sartor et al, Abstract #9) and again at the June 2010 ASCO meeting (De Bono et al, Abstract #4508) but have yet to be published in peer-reviewed form. The FDA package insert is accurate and forms a good basis for those interested in learning more about this agent. Dr. Johann De Bono and I served as co-principal investigators for the trial.



Oliver Sartor, M.D.

Cabazitaxel is a chemotherapy that is similar to but distinct from docetaxel. It is chemically modified and in various model systems has been shown to be active in killing cancer cells even when resistance has developed to other chemotherapy agents.

Patients with metastatic “hormone-refractory” prostate cancer progressing after docetaxel have had few therapeutic options. Most of these patients have been treated with off-label chemotherapeutics such as mitoxantrone (Novantrone®), steroids such as dexamethasone (Decadron®), palliative external beam radiation, radiopharmaceuticals such as samarium-153 (Quadramet®), or sought novel agents through various clinical trials.

In the TROPIC trial, all patients progressed despite prior treatment with docetaxel at a dose of at least 225 mg/meter squared. A total of 755 patients enrolled on the trial in 26 countries. All men had a low level of serum testosterone (<50 ng/dL) and clear evidence of metastatic disease. Many of these patients were quite advanced with typical PSAs over 100 and evidence not only of bone metastases but also lymph node and/or organ involvement.

Patients were randomized to either cabazitaxel or mitoxantrone; all patients were treated with low dose prednisone (5 mg twice daily) and treatment with LHRH analogues (Lupron®, Zoladex®, Eligard®, Trelstar®, etc.) was maintained. Both cabazitaxel and mitoxantrone are administered intravenously once every three weeks. Cabazitaxel is administered over one hour. Because of the risk of allergic type reactions to cabazitaxel, it is administered after intravenous steroids and various other pre-treatments as described in the package insert.

Patients on the cabazitaxel treatment lived longer than those randomized to mitoxantrone treatments. The median overall survival was 12.7 months for the mitoxantrone group and 15.1 months for the cabazitaxel group. Time to progression, PSA response rates, and tumor response rates also favored the cabazitaxel arm.

Toxicities for cabazitaxel are important. Low white blood cell counts were extremely common and the risk of “febrile neutropenia” was 7.5%. Severe diarrhea was encountered in approximately 6% of patients. Approximately 5% of the worldwide treated patients died from side effects attributable

to the drug however in North America the death rate was less than 1% of the treated patients.

Infections and kidney failure were responsible for the majority of the deaths. Cabazitaxel should only be administered by those familiar with chemotherapy side effects and management. Good communication with the physician and physician’s office is essential for management of side effects and complications. Careful and prompt management of fevers and infections after cabazitaxel is essential.

Growth factors such as G-CSF (Neulasta, Neupogen, etc.) are appropriate to use particularly in those patients over age 65, those with prior episodes of febrile neutropenia, those with poor nutrition, or those with prior extensive radiation.

Cabazitaxel is the first and only agent to be FDA approved for patients with progressive prostate cancer despite prior docetaxel treatments. It is a tribute to both the sanofi-aventis team and the FDA reviewers that FDA approval was granted only 78 days after the data were submitted to the FDA. This is the third fastest oncology drug approval in recent history.



Working together for a cure

How to Contribute to PCRI

Direct Donations

Cash, check, or credit card; stock or real estate.

Memorials

Honor a loved one with a memorial or commemorative gift in their name.

Payroll Deductions

Federal employees can contribute to the Combined Federal Campaign in their workplace. Look in the Cancer Cures section of the CFC directory or call PCRI for the number.

Planned Giving

Naming PCRI in your will or as beneficiary of your IRA or life insurance policy.

Gifts in Honor and Memorials

A gift to the PCRI is a special way to give tribute allowing individuals, organizations, businesses and groups to honor someone while supporting PCRI’s mission.

Planned Giving Opportunities

For information on Planned Giving opportunities or how to put PCRI in your will, please contact PCRI at (310) 743-2116, or by e-mail at: PCRI@pcri.org.

Please Donate Today

Your tax-deductible gift of cash, stocks or real estate, as well as Gifts in Honor and Memorial Gifts, should be made payable to PCRI and mailed to:

Prostate Cancer Research Institute
5777 W. Century Blvd Suite 800
Los Angeles, CA 90045

Credit card donations can be made at www.pcri.org or by calling (310) 743-2116.