

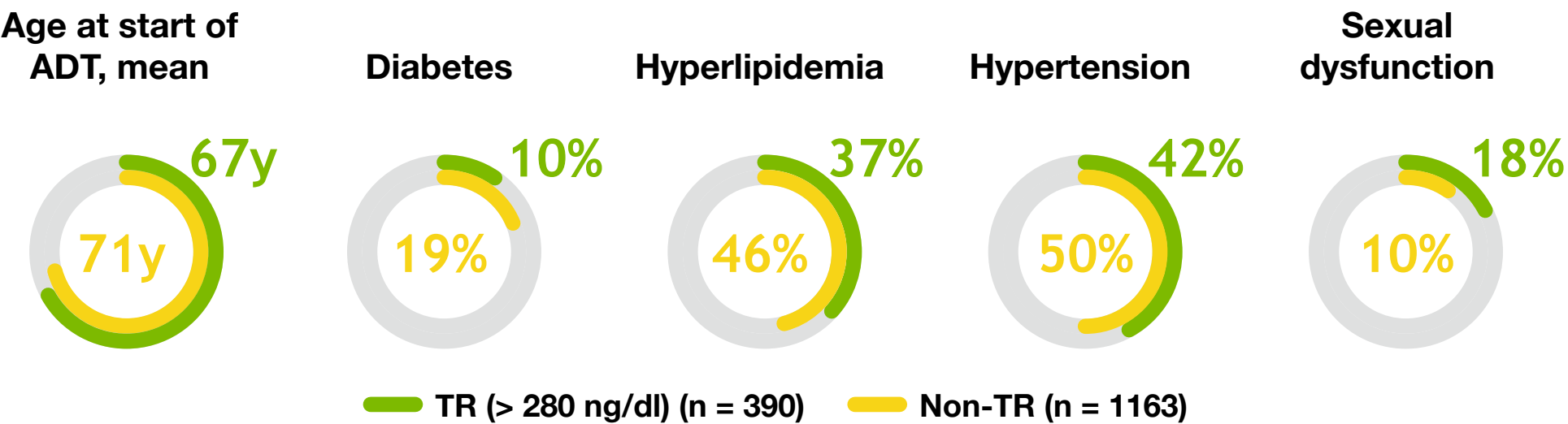
Testosterone recovery post discontinuation of androgen deprivation therapy for the treatment of advanced prostate cancer

Neal D. Shore, MD¹; Alicia K. Morgans, MD²; Ronald F. Tutrone, MD³
¹Carolina Urologic Research Center, Myrtle Beach, SC, USA; ²Dana-Farber Cancer Institute, Boston, MA, USA; ³Chesapeake Urology, Towson, MD, USA
Future Oncology

Real-world retrospective analysis¹

Of 3875 patients with PC who initiated and discontinued ADT, **1553 (40%)** received ≥1 testosterone-level test; of those **1553, 390 (25%)** achieved TR.

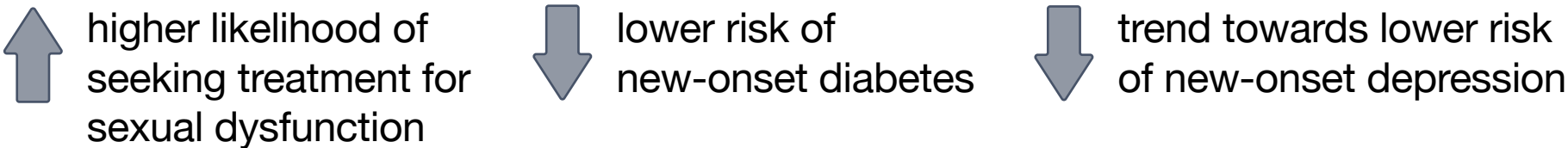
Baseline characteristics:



Clinical outcomes at 12 months after ADT discontinuation with adjusted Cox analyses[†]



Compared with non-TR patients, TR patients had:



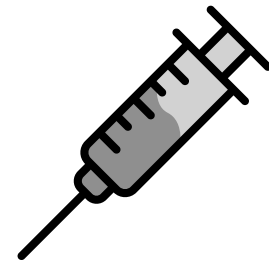
[†]Adjusted for demographic characteristics, 1L ADT, length of 1L ADT, and baseline clinical characteristics including treatment use, clinical or comorbid conditions, and Charlson Comorbidity Index.

No significant differences in risks for hot flashes, myocardial infarction, or cerebral vascular accident were observed between TR and non-TR patients.

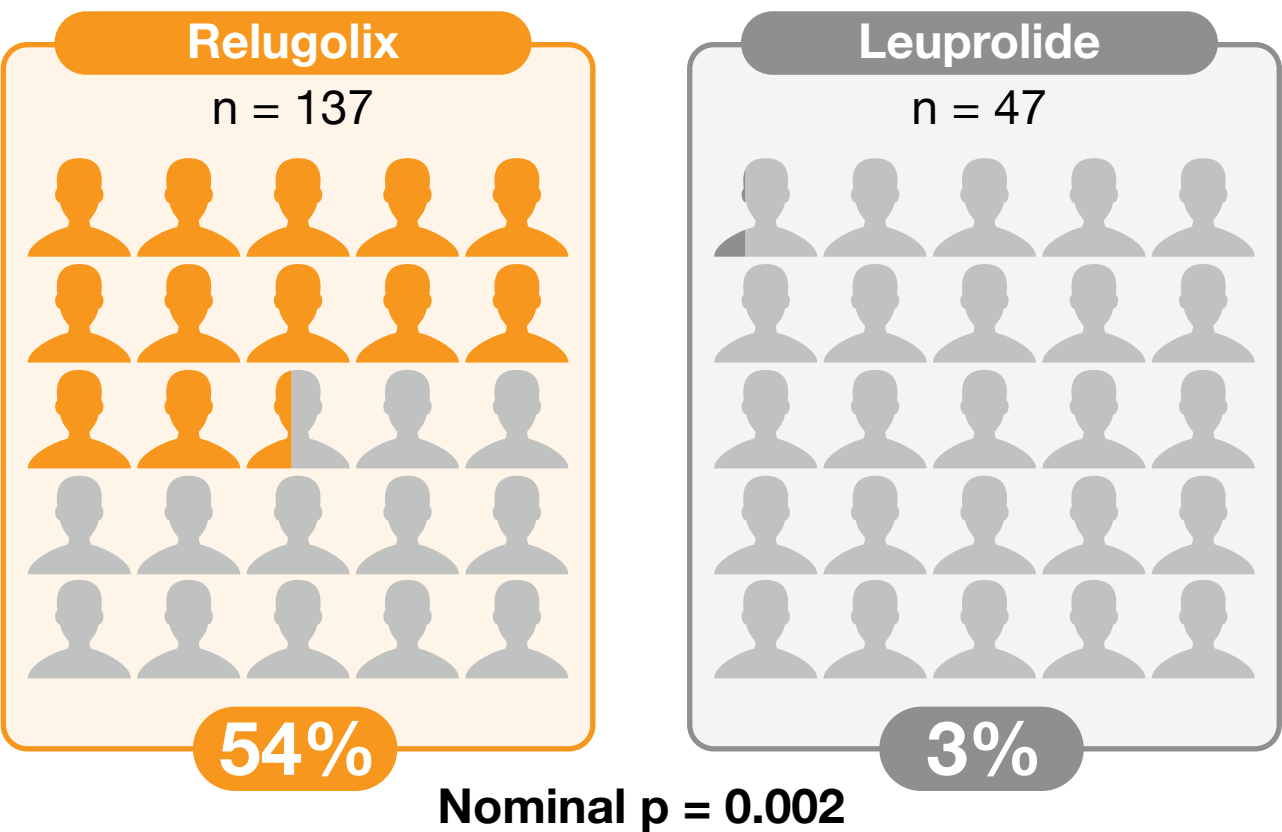
Subgroup analysis of phase III HERO trial²



Patients with advanced PC received **oral relugolix** 120 mg once daily (after a loading dose of 360 mg) versus **leuprolide intramuscular or subcutaneous injections** every 3 months for 48 weeks.



Cumulative incidence rate of TR (> 280 ng/dl) 90 days following ADT discontinuation

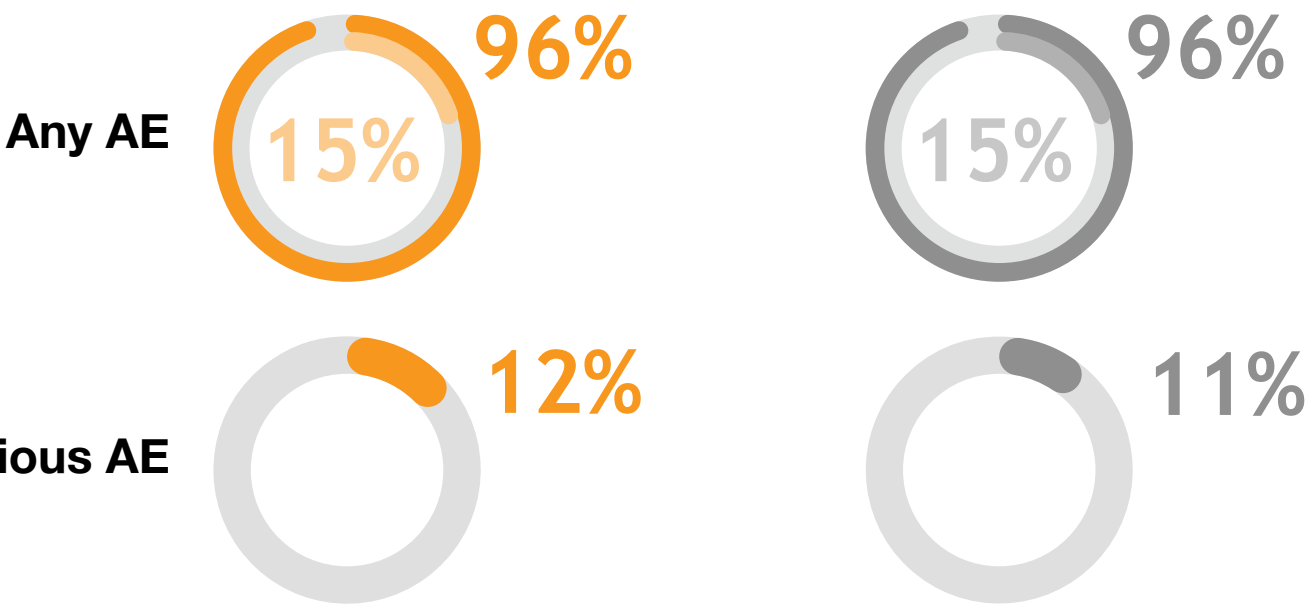


AEs at 30 days following ADT discontinuation

Relugolix n = 137 Leuprolide n = 47

Grade

Any ≥ 3 Any ≥ 3



Post hoc subgroup analyses

TR rates 90 days following ADT discontinuation		Relugolix	Leuprolide
Baseline T levels ≥ pretreatment median		71%	6%
≤ 65 years		78%	13%
> 65 years		47%	0%
Biochemical recurrence		57%	0%

Relugolix, a GnRH antagonist, is the first ADT to demonstrate shorter time to TR following treatment discontinuation versus the GnRH agonist, **leuprolide**

1. Preston MA, et al. *Eur Urol Open Sci.* 60:32–35 (2024). 2. Tutrone R, et al. *Eur Urol Oncol.* doi: 10.1016/j.euo.2023.11.024 (2023).
1L, first line; ADT, androgen deprivation therapy; AE, adverse event; CI, confidence interval; GnRH, gonadotropin-releasing hormone; IHR, hazard ratio; PC, prostate cancer; SD, standard deviation; T, testosterone; TR, testosterone recovery.
Medical writing and editorial support were provided by Michelle Mancher, MPH, and Rosie Henderson, MSc, both of Onyx (a division of Prime, London, UK), supported by Pfizer Inc. in collaboration with Sumitomo Pharma Switzerland GmbH. The HERO study was sponsored by Sumitomo Pharma Switzerland GmbH.