Baseline disease characteristics of participants enrolled on ENZARAD (ANZUP 1303) and DASL-HiCaP (ANZUP 1801) trials of highly effective androgen receptor antagonists in high-risk localized or locally advanced prostate cancer (PCa)

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1. Background

- Metastases-free survival (MFS) and overall survival (OS) of patients with high risk localized PCa treated with 18 to 36 months of androgen deprivation therapy (ADT) and primary radiation therapy (RT) is very variable (Ravi et al ICECaP ESMO 2023).

  5yr MFS rate with 1 NCCN risk factor^ (RF) ~ 83%, 2-3 RF ~ 78% and cN1 ~ 68%.
- ENZARAD investigates the addition of enzalutamide or conventional nonsteroidal anti-androgens (NSAA) to RT and ADT for high-risk localized PCa.
- DASL-HiCaP investigates the addition of darolutamide or placebo to RT and ADT for very-high-risk localized PCa as either primary definitive therapy, or as early salvage treatment after prostatectomy where PSA has persisted or becomes detectable within 12 months.

2. Aim

Detail baseline characteristics of ENZARAD and DASL-HiCaP

3. Methods

- The eligibility of DASL-HiCaP differed from ENZARAD by only including patients with very high risk disease either de novo as well as included patients with very high risk early biochemical recurrence (BCR) post prostatectomy.
- Participants in ENZARAD were randomized 1:1 to enzalutamide 160mg daily for 24 months or conventional NSAA for 6 months, plus LHRHA for 24 months, and EBRT.
- Participants in DASL-HiCaP were randomized 1:1 to darolutamide 600mg twice daily or placebo plus LHRHA for 96 weeks; all received external beam radiotherapy.
- Brachytherapy boost was allowed in both trials and pelvic nodal radiation was at investigator's discretion in ENZARAD but required in DASL-HiCaP.
- Primary end point for both trials is MFS (time from randomization to first evidence of metastasis or death from any cause).
- MFS events are based on conventional imaging with Tc bone scan and CT, and/or MRI. Lesions evident only on PSMA PET are not counted as MFS events.

4. Results

- Median age for all patients across both trials: 71 years
- Baseline characteristics are summarized in Table 1.

ENZARAD

- Randomized 802 participants across 8 countries.
- 54% had Gleason score 9-10
- 11% had Gleason score 7
- 45% had cT3
- 42% had cT2
- 11% were cN1

DASL-HiCaP

- Randomized 1,107 participants across 6 countries
- 73% had Gleason score 9-10
- 4% had Gleason score 7
- 41% had cT3
- 33% had cT2
- 29% were cN1

Characteristic, n (%)	ENZARAD N = 802 (%)	DASL-HiCaP N = 1107 (%)
Accrual dates	Mar 2014 - Jun 2018	Mar 2020 - Aug 2023
Nodal involvement	88 (11)	317 (29)
Gleason Score		
10	18 (2)	37 (3)
9	419 (52)	768 (69)
8	279 (35)	253 (23)
7	85 (11)	45 (4)
Clinical T Stage		
cT2	335 (42)	355 (32)
cT3	358 (45)	455 (41)
cT4	21 (3)	31 (3)
PSA > 20ng/mL	283 (35)	256 (23)
^NCCN risk factors in primary RT cohort	N = 802	N = 936
Missing	1 (0.1)	3 (0.3)
1 risk factor	313 *[49% GG5*]* (39)	281 *[78% GG5*]* (30)
2 – 3 risk factors	400 (50)	424 (45)
cN1	88 (11)	228 (24)
Planned adjuvant docetaxel	NA	15 (1)
Prostatectomy	NA	171 (15)
Region		
AUS/NZ	503 (63)	621 (56)
US/CAN	106 (13)	391 (35)
Europe	193 (24)	95 (9)

Table 1: Baseline characteristics
^ NCCN Risk Factors include Gleason score 8-10, cT3-4, PSA >20ng/mL.
* GG5 - grade group 5.

5. Conclusions

ENZARAD and DASL-HiCaP will define the efficacy of more potent hormonal therapy in the adjuvant setting of patients with both high- and very-high-risk disease and in both primary and salvage radiation settings.

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In collaboration with:

DASL-HiCaP SCAN ME

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