SYNOPSIS

Name of Sponsor/Company	Janssen Research & Development*
Name of Active Ingredient(s)	Abiraterone Acetate

* Janssen Research & Development is a global organization that operates through different legal entities in various countries. Therefore, the legal entity acting as the sponsor for Janssen Research & Development studies may vary, such as, but not limited to Janssen Biotech, Inc.; Janssen Products, LP; Janssen Biologics, BV; Janssen-Cilag International NV; Janssen, Inc; Janssen Infectious Diseases BVBA; Janssen R&D Ireland; or Janssen Research & Development, LLC. The term "sponsor" is used to represent these various legal entities as identified on the Sponsor List.

Status: Approved

Date: 2 October 2018

Title of Study: Open-label Study of Abiraterone Acetate plus Prednisone in Asymptomatic or Mildly Symptomatic Subjects with Metastatic Castration-Resistant Prostate Cancer (Early Access Protocol)

Clinical Registry No.: NCT01834209

Study Center(s): Brazil – 5 sites

Publication (Reference): None

Study Period: June 06, 2013 – October 03, 2014

Phase of Development: not applicable

Objectives:

The objective of this study was to collect additional safety data during treatment with abiraterone acetate plus prednisone or prednisolone among subjects with asymptomatic or mildly symptomatic mCRPC, who reside in areas in which abiraterone acetate was not yet available for this indication through local healthcare providers, and who were not eligible for enrollment into an available ongoing clinical study of abiraterone acetate.

Methodology: This was a national, multicenter, single-arm, open-label study (expanded access protocol) in order to assess adverse events that occur during treatment with abiraterone acetate plus prednisone or prednisolone and within 30 days after discontinuation of treatment. It was planned that approximately 60 subjects would participate in this study, although the number was ultimately determined by the timing of health authority approvals for the use of abiraterone acetate and nineteen eligible subjects from 5 Brazilian sites were enrolled into the study, according to inclusion and exclusion criteria.

Number of Subjects (planned and analyzed): The planned number of subjects enrolled into the trial was approximately 60. The study ended with 19 enrolled subjects.

Data Sets Analyzed: All Subjects Analysis Set

	Total (N=19) n (%)
Planned	60
Enrolled	19 (31.67%)
Safety population	19 (100%)

Safety population includes all randomized subjects who received at least 1 dose of study agent.

Diagnosis and Main Criteria for Inclusion: Asymptomatic or mildly symptomatic metastatic castration-resistant prostate cancer (mCRPC) subjects aged 18 years and older, who had not received cytotoxic chemotherapy regimens for mCRPC and had PSA progression according to PCWG2 (Prostate Cancer Working Group 2).

Test Product, Dose and Mode of Administration, Batch No.: Abiraterone acetate, 1,000 mg/day (four 250 mg tablets) given orally and prescribed oral prednisone 5 mg twice a day. Each cycle consisted of 28 days.
Abiraterone acetate Batch numbers: 4367080 and 4368622. Prednisone Batch numbers: 205, 206 and 315.

Reference Therapy, Dose and Mode of Administration, Batch No.: not applicable.

Duration of Treatment: Subjects should be maintained on treatment until confirmed radiographic progression and⁄or clinical progression.

Criteria for Evaluation: All serious adverse events and all Grade 3 and higher adverse events, including laboratory adverse events (hematology, potassium), with the exception of liver function test abnormalities, was graded and reported according to the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE), Version 4.0. Adverse events of abnormalities in liver function tests was be graded and reported using NCI-CTCAE Version 3.0. Grade 1 and 2 adverse events will also be reported if they result in dose reduction or treatment discontinuation.

Statistical Methods: The sample size for this study was not powered to statistical calculation. Summary statistics for categorical variables (frequency and percentage) and continuous variables (n, mean (SD), median (min-max)) were used to summarize outcomes measure at the baseline and the treatment period.

RESULTS:
A total of 19 mCRPC subjects were enrolled into the study and statistical analysis. Demographics data are following.

Demographic Data		
		Total (N=19) n(%)
Age (years)	N	19
	Mean (Std)	74.29 (9.94)
	Median (range)	76 (52-88)
	<65	3 (15.79%)
	65-75	6 (31.58%)
	>75	10 (52.63%)
Race	White	15 (78.95%)
	Black	3 (15.79%)
	Other	1 (5.26%)
Ethnicity	Hispanic / Latino	13 (68.42%)
	Caucasian	6 (31.58%)

SAFETY RESULTS:

Seven subjects reported at least one adverse event. The total number of adverse events reported was 14.

Subjects With Adverse Events*		
	Total (N=19)	
	n	(%)
One or more adverse events	7	(37)
One or more serious adverse events	5	(26)
Deaths	2	(11)
Treatment** stopped due to adverse events	3	(16)

*Only grade 3 or grade 4 and serious adverse events were reported in this study.
** Abiraterone acetate and prednisone were stopped.

The number of subjects with at least one adverse event codified according to MedDRA's sytem and organs class and preferred term are summarized following.

System Organ Class (MedDRA)	**Preferred Term (MedDRA)**	**n (%)**
Blood and lymphatic system disorders	Anaemia NOS	2 (10.53%)
Investigations	Blood alkaline phosphatase increased	2 (10.53%)
Bacterial infectious disorders	Erysipelas	1 (5.26%)
Blood and lymphatic system disorders	Hyperbilirubinaemia	1 (5.26%)
Blood and lymphatic system disorders	Hypocoagulable state	1 (5.26%)
Endocrine disorders	Hyperglycaemia NOS	1 (5.26%)
Gastrointestinal disorders	Gastroenteritis NOS	1 (5.26%)
Investigations	Aspartate aminotransferase increased	1 (5.26%)
Investigations	Blood bilirubin increased	1 (5.26%)
Renal and urinary disorders	Haematuria	1 (5.26%)
Renal and urinary disorders	Renal failure acute	1 (5.26%)
Respiratory, thoracic and mediastinal disorders	Pulmonary sepsis	1 (5.26%)

* grade 3 or grade 4 and serious adverse events were reported.

The frequency and nature of AE in this protocol are compatible with Abiraterone Acetate pharmacologic profile and also corroborates the findings from the other pivotal trials for Abiraterone Acetate, such as COU-301 and COU-302.

STUDY LIMITATIONS: This protocol was not created to text any hypothesis, so its results are only descriptive data.

CONCLUSION: As this is an early access protocol, no hypotheses were tested. The purpose of this protocol to provide access to abiraterone acetate to patients and collect additional safety information until the market authorization of use in asymptomatic or mildly symptomatic metastatic castration-resistant prostate cancer (mCRPC) patients who had not received cytotoxic chemotherapy regimens for mCRPC was achieved.

Disclaimer

Information in this posting shall not be considered to be a claim for any marketed product. Some information in this posting may differ from, or not be included in, the approved labeling for the product. Please refer to the full prescribing information for indications and proper use of the product.