

First 500 Patients of IRONMAN: International Registry for Men with Advanced Prostate Cancer

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Background: The treatment landscape for advanced prostate cancer, including metastatic hormone sensitive prostate cancer (mHSPC) and (M0)/ (M1) castration resistant prostate cancer (CRPC) is rapidly evolving. There is an urgent need to identify the optimal treatment patterns and predictive markers for advanced disease, including matching of patients to molecular subtypes to optimize overall survival (OS) and patient reported outcomes measures (PROMs).

Methods: The IRONMAN registry is an international, population-based, prospective registry set to accrue at least 5,000 men with advanced prostate cancer. Participants are recruited internationally with approximately 50% planned for North America. Detailed data are collected from patients at study enrollment and then during follow-up, for a minimum of three years. Patients are followed prospectively for OS, clinically significant adverse events, comorbidities, changes in cancer treatments, and PROMs. PROMs questionnaires are collected at enrollment, every three months for the first and second year then every six months. Physician Questionnaires are collected at enrollment, time of first change in treatment, at each subsequent change of treatment, and discontinuation of treatment. Research blood is collected at enrollment and at each change in treatment due disease progression or at one-year follow up visit if stable.

Results: The first 500 subjects were accrued between 21/JUL/17 and 10/JAN/2019 across the United States (404, 81%), Canada (59, 12%), Australia (29, 6%), and Switzerland (8, <2%). 284 (57%) men had mHSPC, 207 (41%) had CRPC and 9 (2%) are not reported. 363 (73%) men were White, 62 (12%) were Black, 32 (6%) were other races/ethnicities and 43 (9%) were not reported. Data reporting for the first treatment on study is complete in 60% of cases; of these men, 65 (47%) mHSPC and 64 (60%) CRPC men were treated with an androgen signaling inhibitor (with or without ADT) in the United States; by comparison, 8 (23%) mHSPC and 17 (85%) CRPC men were treated with an androgen signaling inhibitor (with or without ADT) in Canada, Australia and Switzerland. 46 (33%) mHSPC men and 20 (18%) CRPC men were treated with ADT alone in the United States and 19 (54%) mHSPC men and 2 (5%) CRPC men were treated with ADT alone in Canada, Australia, and Switzerland. Compliance for Physician Questionnaire completion at baseline is 79%. Compliance for baseline blood collection is 87%.

Conclusions: The study is currently active at 56 sites across 9 countries. 931 out of 5000 planned subjects have been enrolled. Accrual is greater in mHSPC patients than anticipated. Differences in treatment patterns are already emerging with more androgen signaling inhibitor use in the mHSPC setting in the US than ex-US. Minority accrual requires continued emphasis. The study is expanding into additional countries and plans to activate another 50+ sites.

Conflict of Interest:

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