PROSTATE CANCER FOUNDATION

PCF

CURING TOGETHER

2026 ASCO®

ANNUAL MEETING

ASCO 2026: Highlights for Patients

Phillip J. Koo, MD

Executive Vice President

Chief Medical Officer

Prostate Cancer Foundation

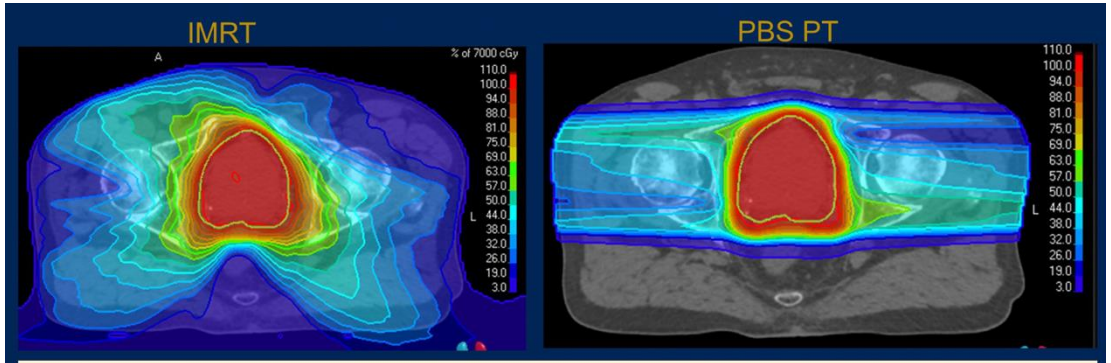
Zachary Klaassen, MD, MSc

Associate Professor

Department of Urology

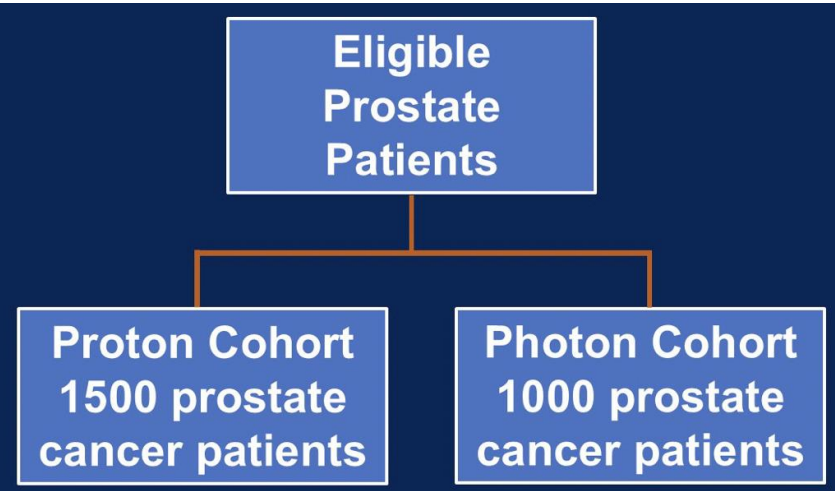
Wellstar MCG Health

Localized PCa: COMPPARE



- Photon IMRT ***redistributes*** integral dose to non-targeted tissue
- PT ***reduces*** dose to non-targeted tissue by ~50%

- Funded by PCORI
- COMPPARE
- Prospective comparison of outcomes of Proton and Photon radiation in all de novo prostate cancer except very high risk and metastatic
- 51 PT & IMRT centers
- 2524 accrued from July 2018 – October 2022



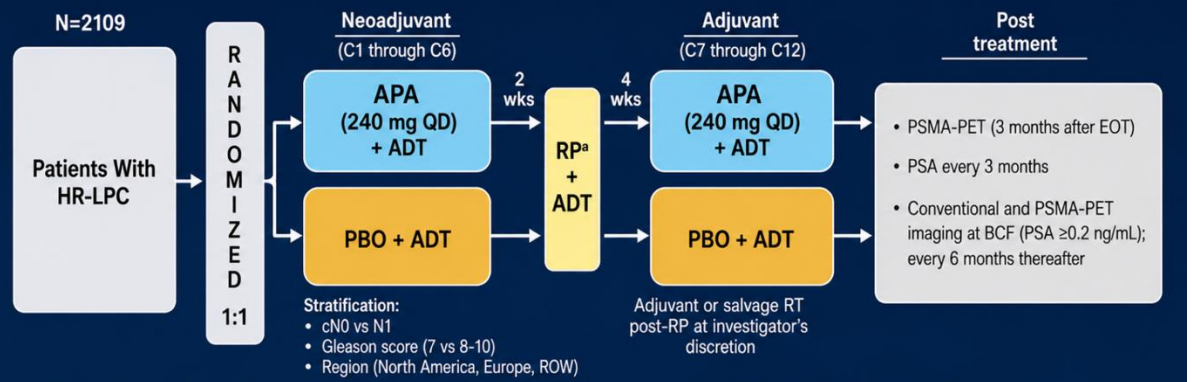
Outcomes	Tool	Hypothesized			Actual		
		IMRT	PT	Power	IMRT	PT	P-value
Bowel Urgency	EPIC	15%	7%	90%	6%	5.7%	0.28
Bowel Frequency	EPIC	10%	4%	90%	4%	3.5%	0.43
GI Toxicity	CTCAEv5 ≥ 2	29%	20%	90%	5.6%	5.2%	0.60
Freedom from Disease Progression at 3-years	PSA	89%	91%	exploratory	97.9%	98.0%	0.90

Characteristic	2-year cumulative CTCAE V5 GI Grade 2+ Toxicity	P-value*
Rectal Spacer		0.009
IMRT, no	7.2% (5.0%, 9.9%)	
Proton, no	8.7% (5.0%, 14%)	
IMRT, yes	4.4% (2.8%, 6.4%)	
Proton, yes	4.7% (3.6%, 6.0%)	

*Gray's Test

High-Risk Localized PCa: PROTEUS

PROTEUS: A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study in HR-LPC

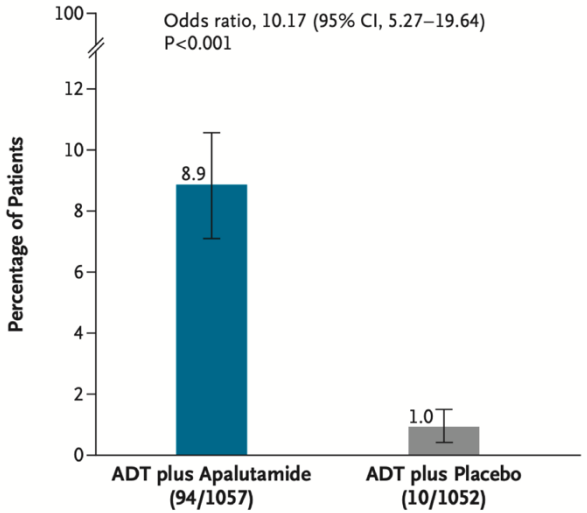


- To complement these data, a substudy is ongoing to further inform on the role of APA + ADT + RP versus RP alone

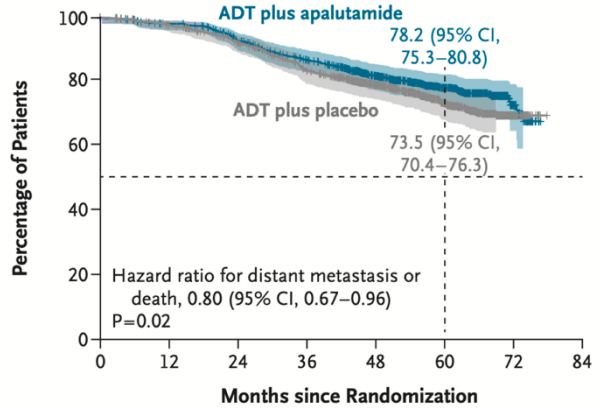
Patients randomized from July 15, 2019, to June 30, 2022.
Protocol Amendment 7 for including PSMA-PET mb MFS assessment (April 14, 2022).

APA, apalutamide; BCF, biochemical failure; C, cycle; EOT, end of treatment; PBO, placebo; PSA, prostate-specific antigen; PSMA-PET, prostate-specific membrane antigen positron emission tomography; QD, daily; ROW, rest of the world; RT, radiation therapy.
[a] Post-RP and then resumption of treatment 4 weeks after RP. Carfilzomib, rucaparib cesium-131/k propyhexxi, and venous thromboembolism prophylaxis given based on risk.

pCR or Minimal Residual Disease

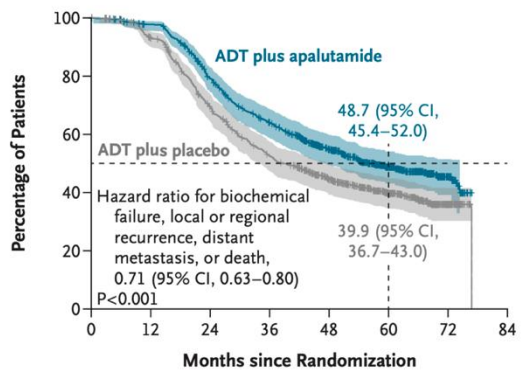


MFS



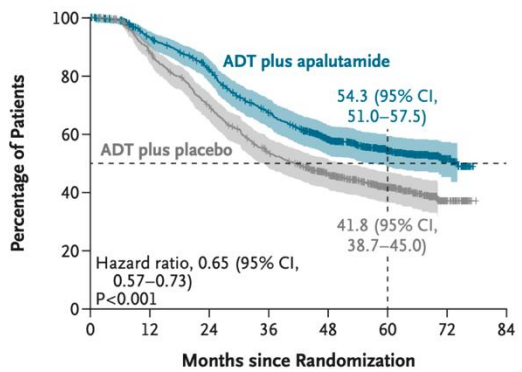
No. at Risk								
ADT plus apalutamide	1057	992	922	837	659	382	62	0
ADT plus placebo	1052	1000	924	812	634	385	61	0

Event-Free Survival



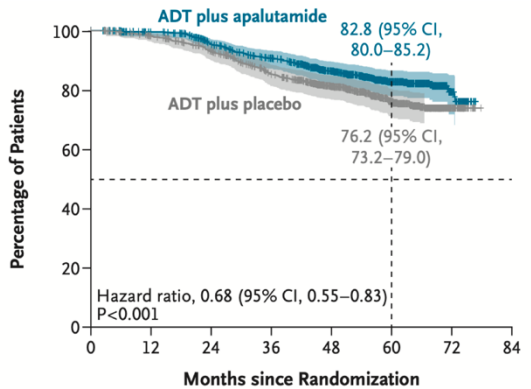
No. at Risk								
ADT plus apalutamide	1057	988	788	625	452	246	45	0
ADT plus placebo	1052	952	699	522	382	223	48	0

First Subsequent Local or Systemic Therapy



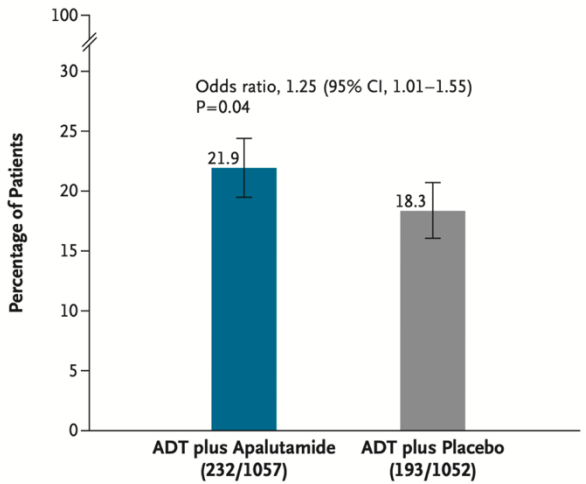
No. at Risk								
ADT plus apalutamide	1057	934	810	651	490	295	68	0
ADT plus placebo	1052	907	714	541	410	242	48	0

Distant Metastasis on Conventional Imaging or PSMA PET



No. at Risk								
ADT plus apalutamide	1057	984	907	831	657	379	61	0
ADT plus placebo	1052	995	919	807	629	381	61	0

Freedom from Disease (NED) at 4 Years



mHSPC: A-DREAM

Study Design

mAPMS on ADT + ARPI
PSA<0.2 (stable/falling)
after 18-24 mo ADT
(at least 12 mo ARPI)

N=75

Interrupt ADT + ARPI

Re-initiation triggers:
- *PSA ≥ 5 ng/ml*
- *Radiographic change (PCWG3)*
- *PrCa-related sx*

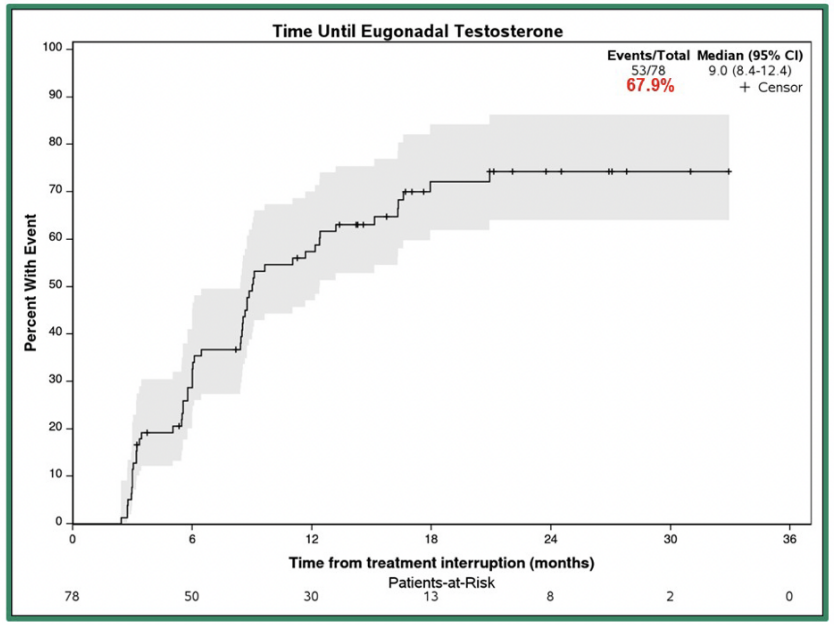
PSA / T q3 mo
Scans at least q6 mo (q3mo w/ rising PSA)
QOL q6 mo

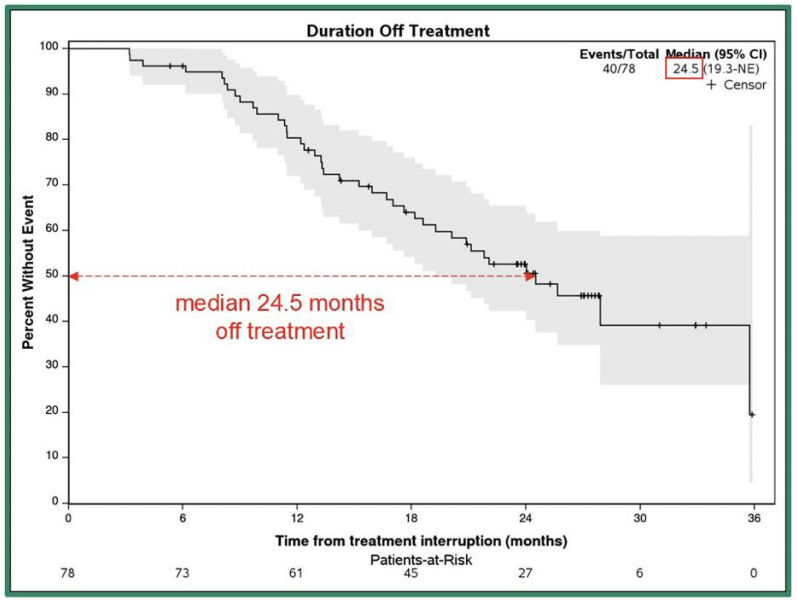
Primary Endpoint: Treatment-free (w/ eugonadal T ≥ 150 ng/dl) at 18 months

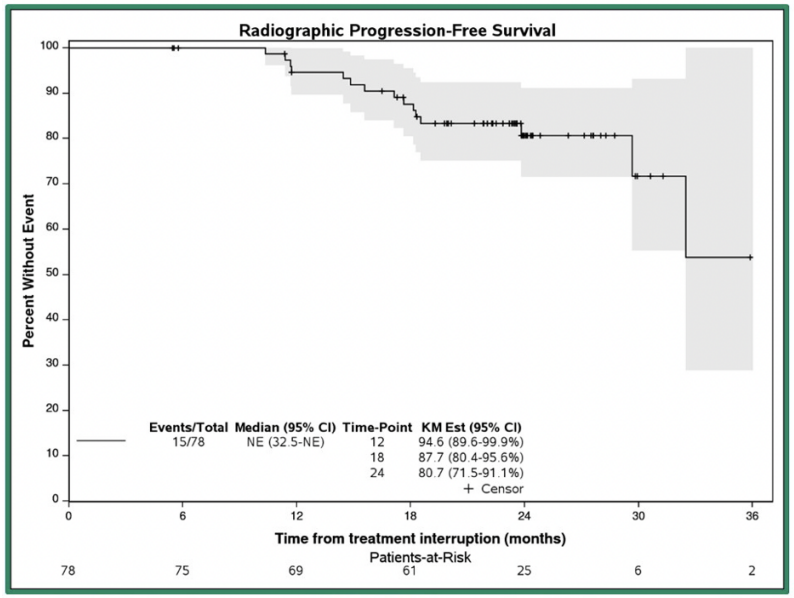
Physician Discretion

Exploratory Endpoints:
- rPFS, TTNT
- OS (CSS/NCSS)
- Cost

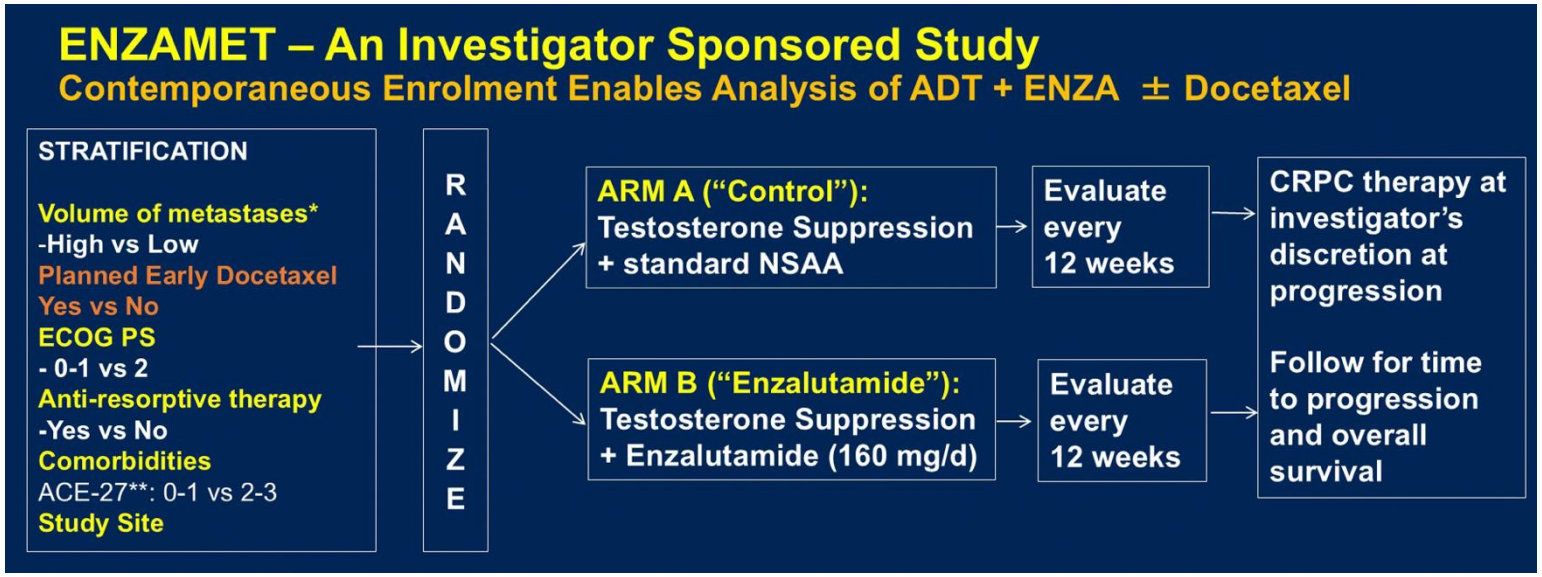
Secondary Endpoints:
- Time to eugonadal T
- Duration off-tx
- QOL

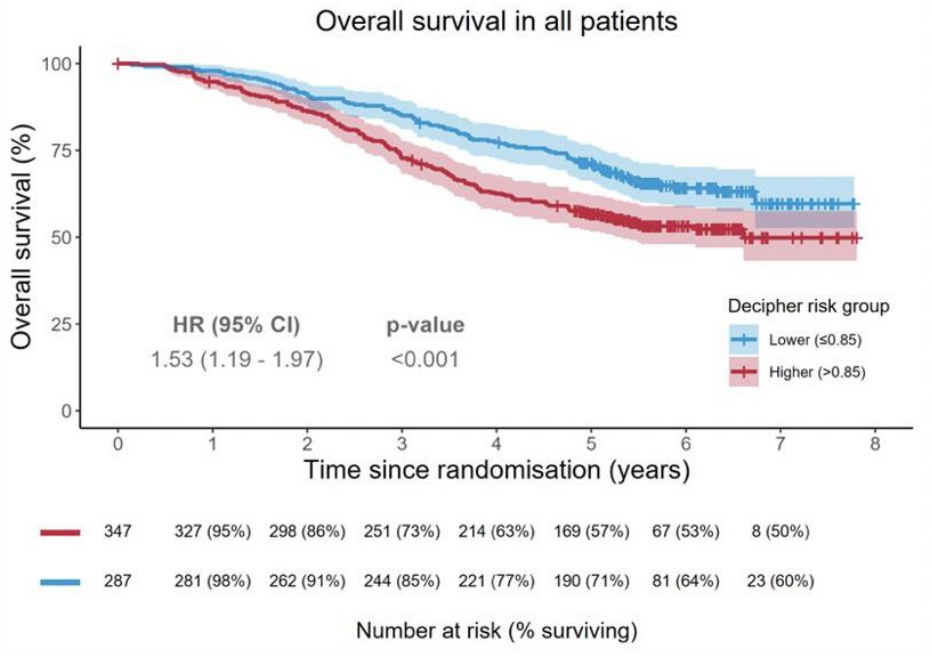






mHSPC: ENZAMET Decipher





- **Decipher Test > 0.85**
  - Prognostic for worse OS with ADT + enzalutamide
  - Evidence of benefit from adding Doce to ADT plus ENZA
- **Decipher Test ≤ 0.85**
  - Less evidence of benefit for adding Doce to ADT + ENZA
  - Evidence that docetaxel can be avoided with DPMC ≤0.85

mHSPC: TALAPRO-3

TALAPRO-3: Trial Design

Key eligibility criteria
- HRR gene-altered mCSPC
- Metastatic disease confirmed by positive bone scan or metastatic lesion by CT or MRI scan
- ECOG PS 0 or 1
- Ongoing ADT
- ≤3 months of prior ADT with/without ARPI for mCSPC
- Prior docetaxel for mCSPC not permitted†

Stratification factors
- De novo vs relapsed mCSPC
- High- vs low-volume disease
- *BRCAm* vs non-*BRCAm*

1:1 N=599

TALA 0.5 mg* + ENZA 160 mg QD

PBO + ENZA 160 mg QD

Data cutoff: February 18, 2026

Primary endpoint
- rPFS by investigator assessment

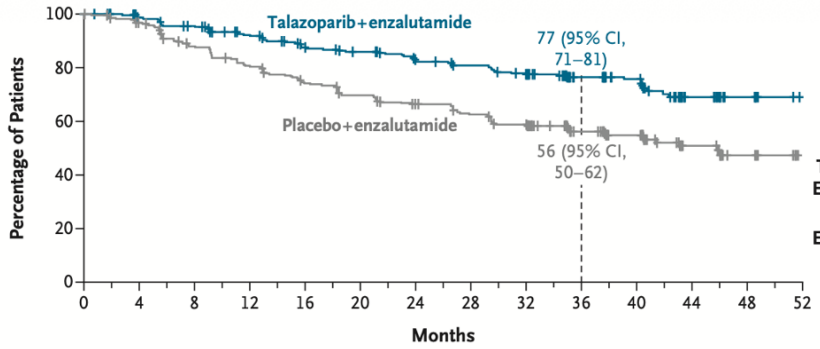
Key secondary endpoint
- OS (alpha-protected)

Other secondary endpoints
- ORR per RECIST v1.1
- Duration of soft tissue response
- PSA response
- Time to PSA progression
- Time to subsequent antineoplastic therapy
- Time to first SSE
- Safety
- PROs

Exploratory endpoint
- PFS2

HRRm: *ATM, ATR, BRCA1, BRCA2, CDK12, CHEK2, FANCA, MLH1, MRE11A, NBN, PALB2, RAD51C*‡

A Intention-to-Treat Population



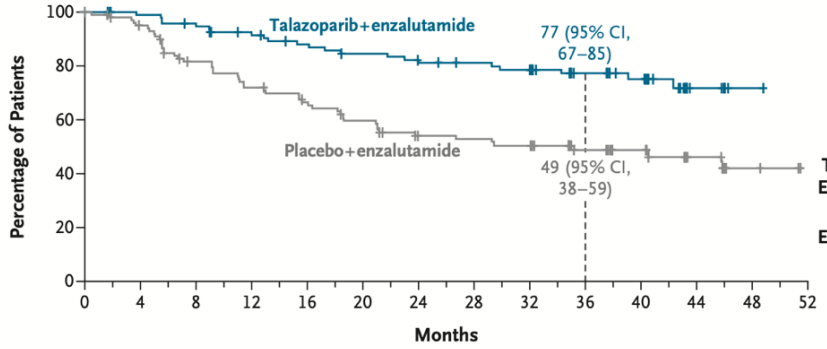
	No. of Events/ No. of Patients	Median Imaging-Based Progression-free Survival (95% CI)
		mo
Talazoparib+ Enzalutamide	67/300	NC (NC–NC)
Placebo+ Enzalutamide	126/299	45.8 (37.7–NC)

Stratified hazard ratio for disease progression or death, 0.48 (95% CI, 0.36–0.65)
P<0.001

No. at Risk														
Talazoparib+ enzalutamide	300	271	260	241	222	213	196	189	178	126	96	32	14	0
Placebo+ enzalutamide	299	276	243	222	203	188	175	163	151	98	74	32	12	0

ITT Population

B *BRCA* Subgroup



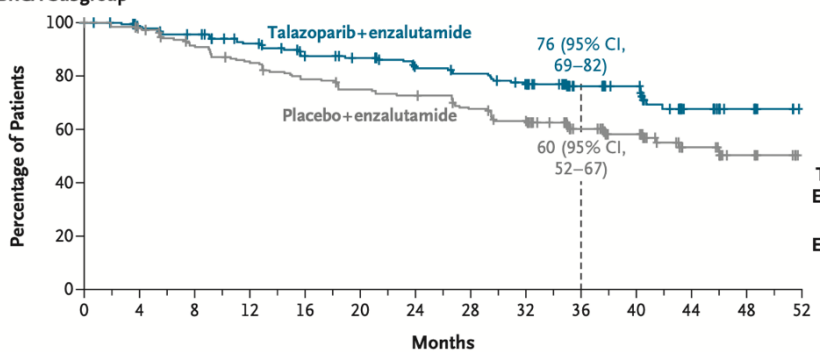
	No. of Events/ No. of Patients	Median Imaging-Based Progression-free Survival (95% CI)
		mo
Talazoparib+ Enzalutamide	22/104	NC (NC–NC)
Placebo+ Enzalutamide	49/103	35.1 (18.6–NC)

Unstratified hazard ratio for disease progression or death, 0.37 (95% CI, 0.22–0.61)

No. at Risk														
Talazoparib+ enzalutamide	104	93	89	82	77	73	69	66	64	46	35	10	4	0
Placebo+ enzalutamide	103	93	76	67	60	53	44	43	41	29	23	12	4	0

***BRCA* Subgroup**

C Non-*BRCA* Subgroup



	No. of Events/ No. of Patients	Median Imaging-Based Progression-free Survival (95% CI)
		mo
Talazoparib+ Enzalutamide	45/196	NC (NC–NC)
Placebo+ Enzalutamide	77/196	NC (40.5–NC)

Unstratified hazard ratio for disease progression or death, 0.57 (95% CI, 0.39–0.82)

No. at Risk														
Talazoparib+ enzalutamide	196	178	171	159	145	140	127	123	114	80	61	22	10	0
Placebo+ enzalutamide	196	183	167	155	143	135	131	120	110	69	51	20	8	0

Non-*BRCA* Subgroup

mCRPC: AcTION

Open-label Phase 1 dosage-escalation/expansion

Patient population

- ≥18 years
- Confirmed mCRPC
- ECOG 0-2
- Positive ^{68}Ga-PSMA-11 PET/CT scan

Group A
- Prior taxane + ARPI
- Naïve to ^{177}Lu-PSMA RLT

Group B
- No prior taxane or ARPI
- Naïve to ^{177}Lu-PSMA RLT

Group C
- Prior ^{177}Lu-PSMA RLT
- No prior taxane or ARPI required

Endpoints

Primary
- RP2D

Secondary
- Safety/tolerability
- Confirmed PSA50
- RECIST v1.1
- HRQOL

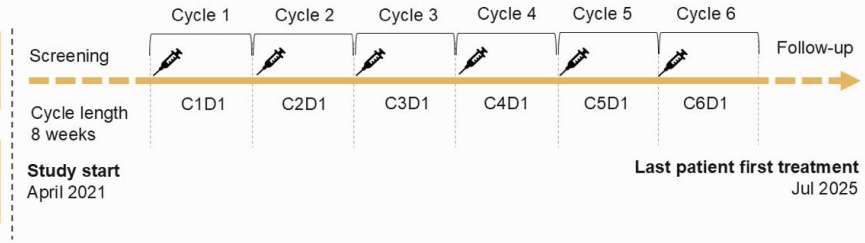
Dosage and treatment schedule

Screened N=132

Total treated: N=101

Dosage escalation (N=58)
4 and 6 MBq: ≥3 patients
8 and 10 MBq: 6 patients each

Dosage expansion (N=43)
8 and 10 MBq:
Up to 10 additional patients



Study start
April 2021

Last patient first treatment
Jul 2025

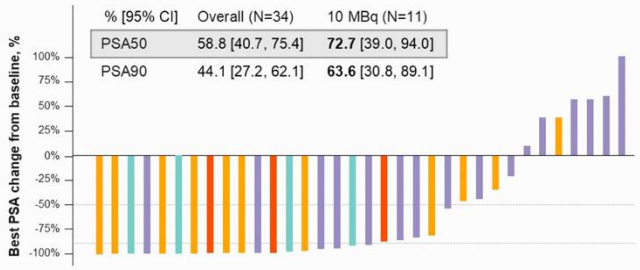
	Group A (N=34) Prior taxane+ARPI		Group B (N=27) Taxane/ARPI-naive		Group C (N=40) Prior ^{177}Lu-PSMA RLT	
Category, n (%)	**All grades**	**Grades ≥3**	**All grades**	**Grades ≥3**	**All grades**	**Grades ≥3**
Any TEAE	34 (100)	16 (47.1)	26 (96.3)	4 (14.8)	39 (97.5)	13 (32.5)
Any TRAEs	34 (100)	8 (23.5)	26 (96.3)	3 (11.1)	39 (97.5)	6 (15.0)
TEAEs leading to dosage reduction[a]	5 (14.7)	2 (5.9)	3 (11.1)	3 (11.1)	5 (12.5)	4 (10.0)
TEAEs leading to discontinuation	1 (2.9)	1 (2.9)	0	0	4 (10.0)	2 (5.0)
TEAEs reported in >25% of patients in any group						
Dry mouth	33 (97.1)	0	26 (96.3)	0	36 (90.0)	0
Fatigue	18 (52.9)	0	4 (14.8)	0	27 (67.5)	0
Anemia	9 (26.5)	6 (17.6)	4 (14.8)	4 (14.8)	16 (40.0)	6 (15.0)
Nausea	9 (26.5)	0	3 (11.1)	0	16 (40.0)	1 (2.5)
Decreased appetite	7 (20.6)	0	8 (29.6)	0	8 (20.0)	0
Weight decreased	6 (17.6)	1 (2.9)	8 (29.6)	0	8 (20.0)	1 (2.5)
Other selected TEAEs						
Dry eye	3 (8.8)	0	3 (11.1)	0	6 (15.0)	0
Lymphopenia	1 (2.9)	1 (2.9)	0	0	0	0
Neutropenia	4 (11.8)	0	0	0	6 (15.0)	1 (2.5)
Thrombocytopenia	2 (5.9)	0	2 (7.4)	1 (3.7)	5 (12.5)	0
Renal impairment	1 (2.9)	1 (2.9)	0	0	3 (7.5)	1 (2.5)

There were no Grade 4 or 5 TRAEs[b] or DLTs reported and MTD not reached in any group up to 10 MBq.

AEs were coded by MedDRA™ Version 28.1 and graded by CTCAE v5.0; [a]One 50% dosage reduction due to treatment-related toxicity is allowed; [b]One fatal AE of cardiac failure reported in patient with

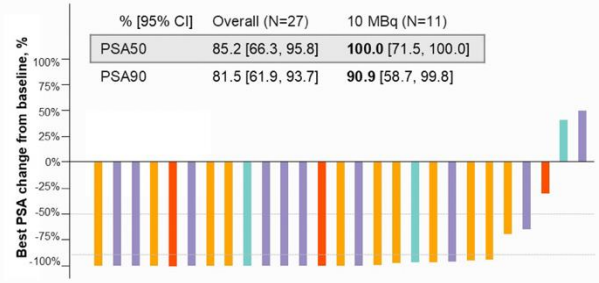
Group A (Prior taxane + ARPI; N=34)

% [95% CI]	Overall (N=34)	10 MBq (N=11)
PSA50	58.8 [40.7, 75.4]	**72.7** [39.0, 94.0]
PSA90	44.1 [27.2, 62.1]	**63.6** [30.8, 89.1]



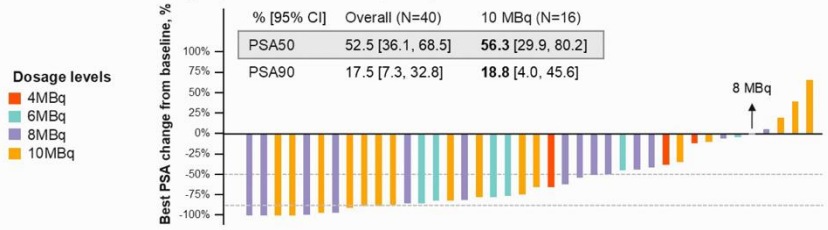
Group B (Taxane/ARPI-naive; N=27)

% [95% CI]	Overall (N=27)	10 MBq (N=11)
PSA50	85.2 [66.3, 95.8]	**100.0** [71.5, 100.0]
PSA90	81.5 [61.9, 93.7]	**90.9** [58.7, 99.8]



Group C (Prior ^{177}Lu-PSMA RLT; N=40)

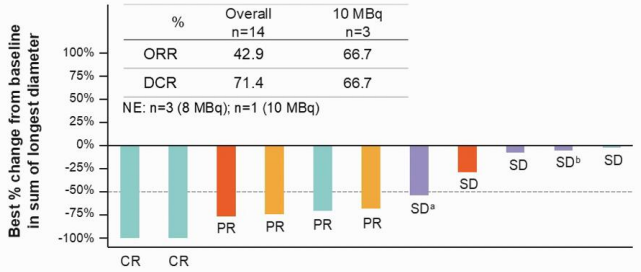
% [95% CI]	Overall (N=40)	10 MBq (N=16)
PSA50	52.5 [36.1, 68.5]	**56.3** [29.9, 80.2]
PSA90	17.5 [7.3, 32.8]	**18.8** [4.0, 45.6]



Group A (Prior taxane + ARPI; n=18)

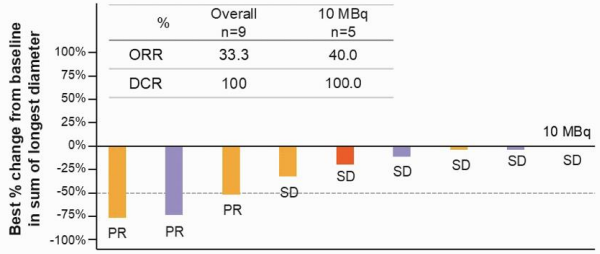
%	Overall n=14	10 MBq n=3
ORR	42.9	66.7
DCR	71.4	66.7

NE: n=3 (8 MBq); n=1 (10 MBq)



Group B (Taxane/ARPI-naive; n=13)

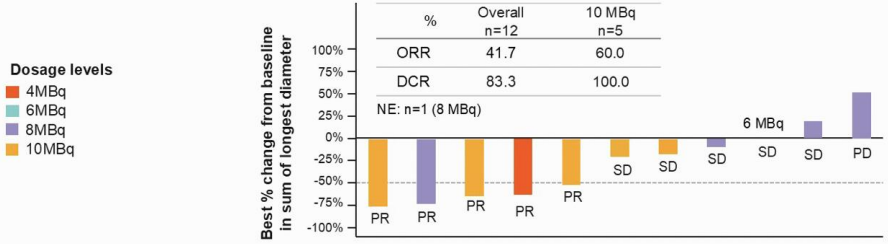
%	Overall n=9	10 MBq n=5
ORR	33.3	40.0
DCR	100	100.0



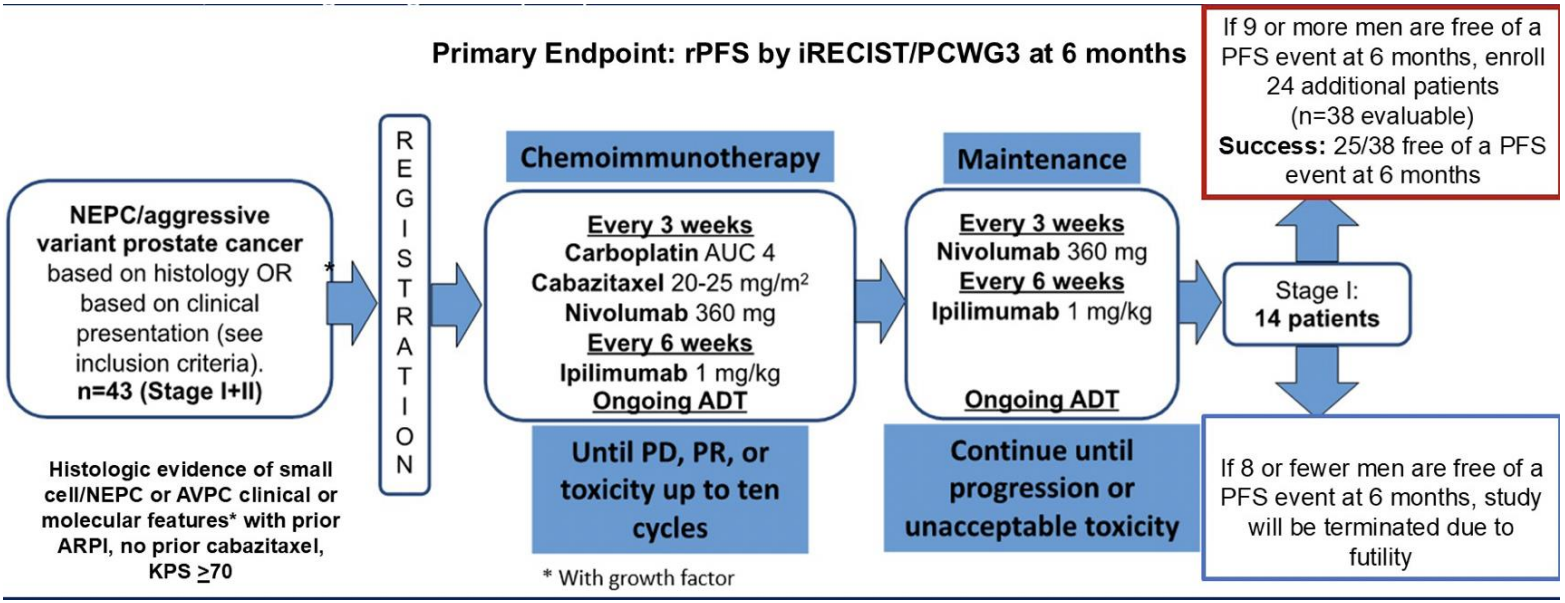
Group C (Prior ^{177}Lu-PSMA RLT; n=14)

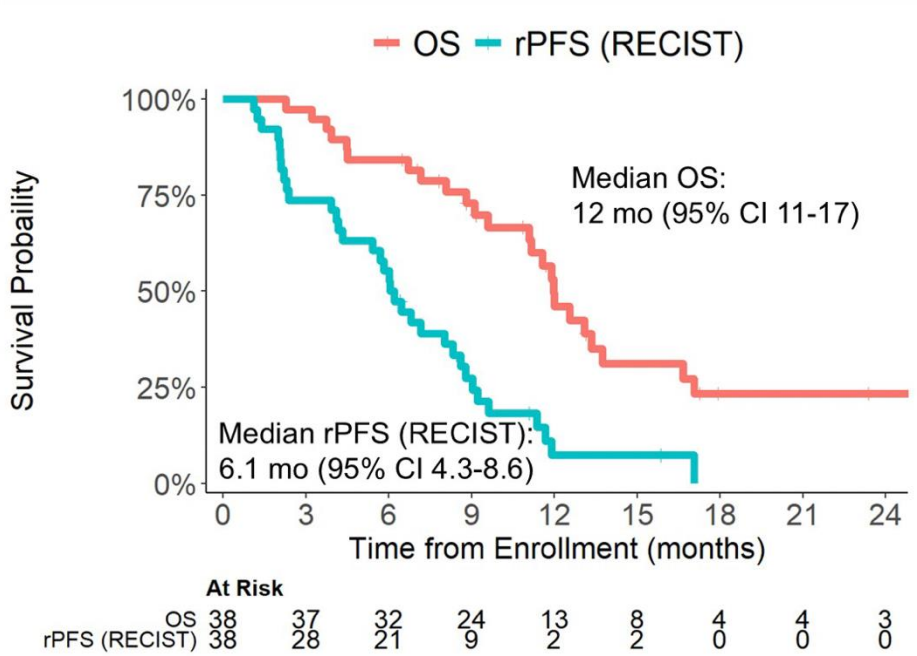
%	Overall n=12	10 MBq n=5
ORR	41.7	60.0
DCR	83.3	100.0

NE: n=1 (8 MBq)



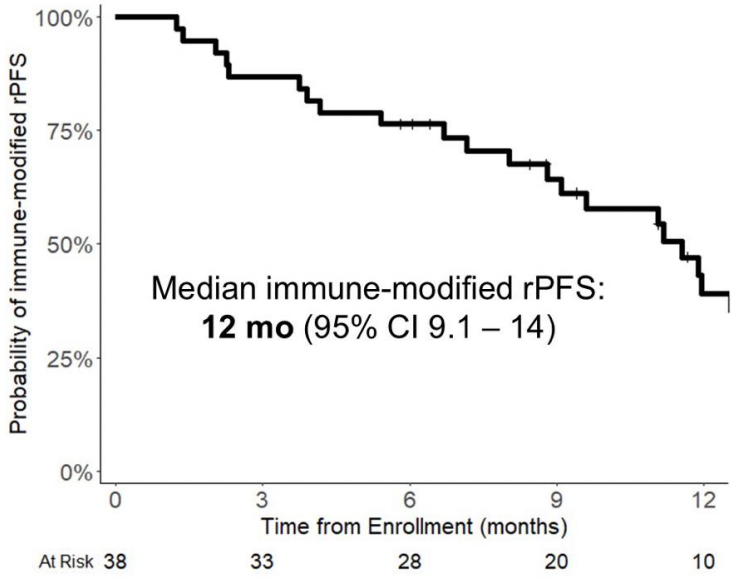
mCRPC: CHAMP





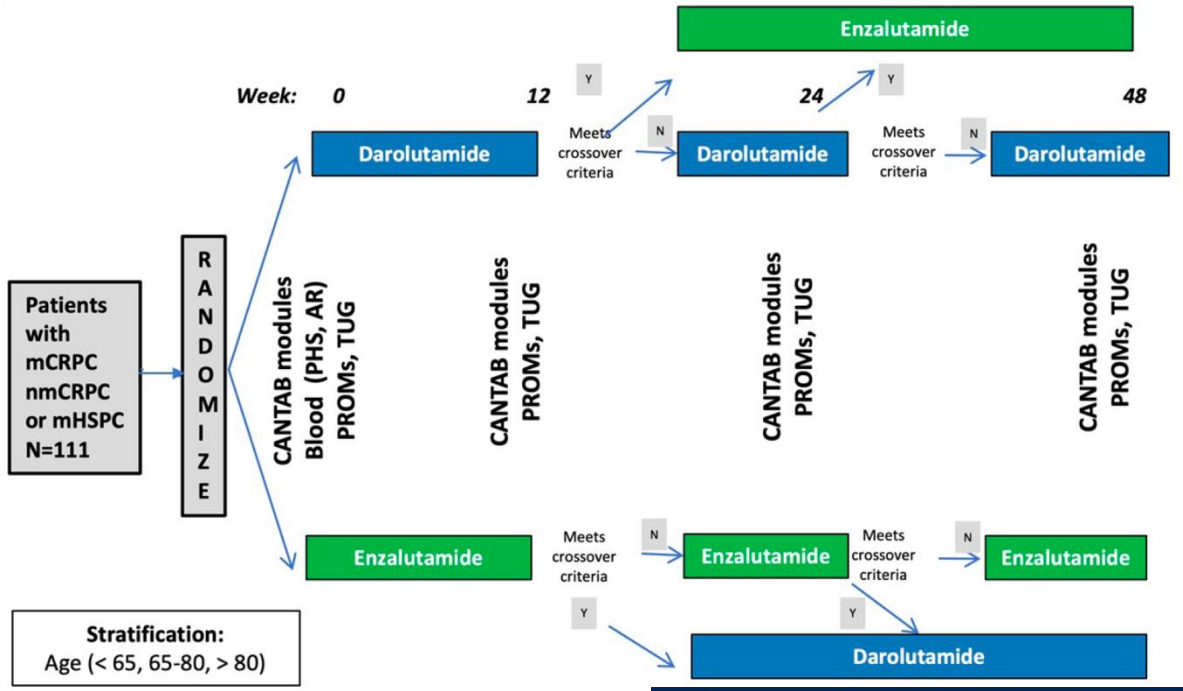
6-month immune-modified rPFS rate (iRECIST/PCWG3):
74% (28/38, 90% CI 63-100%)
p=0.013
vs. historic control (55%)*

Median f/u: 18 mo



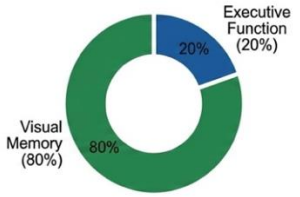
ORR (iRECIST)	N (%)
iCR	0 (0%)
iPR (**ORR**)	14 (**37%;** 95% CI 22-54%)
iSD	16 (42%)
iUPD iCPD	5 (13%) 3 (7.9%)

Survivorship: ARACOG



Darolutamide MCCD

PALFAM

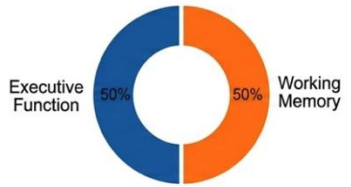


Greater change in visual memory (e.g. getting lost in a familiar parking lot) **and executive function** (reduced ability to plan steps to complete a complex task)

Enzalutamide MCCD

Greater change in working memory (e.g. losing train of thought when telling a story) **and executive function** (reduced ability to plan steps to complete a complex task)

SWM



Secondary Endpoint: Crossover

Crossover Enzalutamide to Darolutamide	Between Baseline & 12 Weeks	At 12 Weeks	Between 12 & 24 Weeks	At 24 Weeks	Total
Observed crossovers	2	16	0	12	30
Unique patients eligible for crossover	2	31	0	17 (14 previously met criteria at 12 wks)	36

Crossover Darolutamide to Enzalutamide	Between Baseline & 12 Weeks	At 12 Weeks	Between 12 & 24 Weeks	At 24 Weeks	Total
Observed crossovers	0	0	0	0	0
Unique patients eligible for crossover	0	24	0	24 (14 previously met criteria at 12 wks)	34