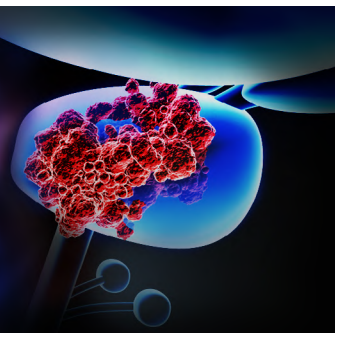
ASCO 2026
Conference Review™
Focus on Prostate Cancer



Making Education Easy

29 May to 2 June, 2026

In this review:

Abbreviations used in this review:

ADC = antibody-drug conjugate;
AR(PI) = androgen receptor (pathway inhibitor);
BAT = bipolar androgen therapy;
CARG = Cancer & Aging Research Group;
GAD-7 = General Anxiety Disorder 7-item scale; **Lu^{177}** = lutetium^{177};
mCRPC = metastatic castration-resistant prostate cancer;
MDS = myelodysplastic syndrome;
mHSPC = metastatic hormone-sensitive prostate cancer;
NASA-TLX = NASA Task Load Index;
ORR = overall response rate;
OS = overall survival;
PSMA = prostate-specific membrane antigen;
(r)PFS = (radiological) progression-free survival;
(TE)AE = (treatment-emergent) adverse event.

Welcome to our review of the 2026 ASCO Annual Meeting Conference held in Chicago.

This year's meeting featured a number of interesting developments in prostate cancer research, and here I have discussed ten presentations which were particularly noteworthy. We begin with a randomised study which found that an AI-supported preoperative communication system alleviated anxiety in patients undergoing radical prostatectomy, while reducing physician workload and consultation time. This is followed by a valuable study on the influences that smoking, comorbidity burden and baseline laboratory markers have on survival outcomes among real-world patients with prostate cancer treated with Lu^{177} vipivotide tetraxetan. We also feature preliminary data from ProTACT, a first-in-human phase 1 trial led by Australian authors, which is investigating the tolerability, safety and activity of [^{225}Ac]Ac-FL-020 in patients with advanced PSMA-positive mCRPC.

I hope you enjoy this conference review and find it clinically valuable. I look forward to reading your feedback.

Kind Regards,

Professor Anthony Joshua
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AI-assisted preoperative communication in prostate cancer

Speaker: Zheng Liu (Fudan University Shanghai Cancer Center, Shanghai, China)

Summary: In this single-blinded phase 2 trial, newly diagnosed prostate cancer patients undergoing radical surgery were randomised to receive AI-assisted preoperative communication (n=138) or standard preoperative communication (n=130). Patients in the AI-assisted arm were able to interact with a large language model-based AI system, prior to routine face-to-face preoperative communication with a physician. Across both treatment arms, patients asked an average of 13 questions. Patients in the AI-assisted arm had lower levels of anxiety versus controls (GAD-7 3.5 vs. 7.5; p<0.001), with higher levels of satisfaction and lower negative illness perceptions. AI-assisted preoperative communication also reduced communication time (12.60 vs. 21.90 mins; p<0.001) and physician workload (NASA-TLX scores 37.0 vs. 54.0; p<0.001).

Comment: This randomised study addresses a highly practical, often under-measured part of prostate cancer care: the cognitive and emotional load borne by men before radical prostatectomy. The finding that an AI-supported question-and-answer system reduced GAD-7 anxiety scores, physician workload and consultation time suggests that well-governed digital tools may improve care without replacing the clinician. Its importance is not merely operational; it recognises that treatment quality includes comprehension, reassurance and preparedness. For Australia, the relevance is substantial across high-volume public urology units, regional centres and culturally diverse communities where pre-operative education is uneven. Implementation would require local validation, consumer co-design, translation capability, privacy safeguards, escalation pathways for distress, and careful medico-legal oversight. Used appropriately, AI could become a scalable adjunct to prostate cancer nurse-led education and shared decision-making.

Abstract #5024
Abstract

ASCO 2026 Conference Review™ Focus on Prostate Cancer

Independent commentary by Professor Anthony Joshua

Professor Anthony Joshua MBBS PhD FRACP, completed his medical oncology training at the Royal Prince Alfred hospital in Sydney, Australia before moving to Toronto, Canada to complete a PhD under the supervision of Dr Jeremy Squire in prostatic carcinogenesis, and a clinical Fellowship under Dr Ian Tannock. He joined the Department of Medical Oncology at Princess Margaret Cancer Centre in Toronto as a staff oncologist in late 2008, specialising in genito-urinary malignancy and melanoma with research interests in circulating tumour DNA, tumour heterogeneity, mechanisms of enzalutamide resistance and autophagy. He returned to Australia, joining the Kinghorn Cancer Centre and the Garvan Institute of Medical Research in late 2015. He is currently a conjoint Professor at UNSW Sydney.

Real-world overall survival outcomes of lutetium (Lu^{177}) vipivotide tetraxetan treatment in prostate cancer

Speaker: Elshad Hasanov (The Ohio State University Comprehensive Cancer Center, Ohio, US)

Summary: Lutetium (Lu^{177}) vipivotide tetraxetan received US FDA approval in March 2022 for advanced prostate cancer. These researchers evaluated the real-world outcomes of Lu^{177} vipivotide tetraxetan in a cohort of 6464 patients (median age 74.0 years; IQR 38–100 years; 75.2% White) with prostate cancer in the Epic Cosmos database. OS outcomes were relatively similar to results from the phase 3 VISION trial, with OS probabilities of 85.4% at 6 months, 67.2% at 12 months, 42.8% at 24 months and 23.8% at 36 months. Survival outcomes were poorer for patients with higher Charlson Comorbidity Index scores (HR 1.04; 95% CI 1.02–1.06) and those with a history of smoking (HR 1.22; 95% CI 1.11–1.33). A number of baseline laboratory markers were prognostic of worse survival, including higher basophil-to-lymphocyte ratio (HR 2.10; 95% CI 1.17–3.78), red cell distribution width (RDW; HR 1.16; 95% CI 1.14–1.19) and neutrophils (HR 1.06; 95% CI 1.04–1.08). Markers associated with better outcomes included higher albumin (HR 0.39; 95% CI 0.35–0.43), total protein (HR 0.81; 95% CI 0.74–0.89), haemoglobin (HR 0.77; 95% CI 0.75–0.79), red blood cell count (HR 0.53; 95% CI 0.49–0.57) and mean corpuscular haemoglobin concentration (MCHC; HR 0.88; 95% CI 0.86–0.91), alongside higher eosinophils (HR 0.38; 95% CI 0.25–0.58) and lymphocytes (HR 0.69; 95% CI 0.64–0.76). Survival was also improved with higher levels of electrolytes, such as potassium, chloride and sodium.

Comment: This large real-world analysis is reassuring because survival after Lu^{177} vipivotide tetraxetan appears broadly consistent with pivotal trial expectations, despite the difficulties of routine practice. The more interesting message is that outcomes were strongly shaped by host factors: albumin, haemoglobin, lymphocytes, inflammatory indices, comorbidity and smoking history. This reinforces that radioligand therapy is not simply a question of PSMA avidity; marrow reserve, nutrition, inflammation and functional status are central determinants of benefit. In Australia, where PSMA PET and radioligand therapy have particular clinical and historical strength, these data support multidisciplinary selection beyond a binary scan result. They also argue for prehabilitation, anaemia optimisation, dietetic input, smoking cessation and prospective registries that capture laboratory and patient-reported outcomes. Equitable access must be matched by intelligent triage and supportive care.

Abstract #5033
Abstract

Clonal hematopoiesis-related outcomes associated with radioligand therapy in prostate cancer

Speaker: Robert Yuan (UMass Memorial Medical Center, Worcester, Massachusetts, US)

Summary: In this retrospective analysis of real-world data from the TriNetX database (2010–25), investigators assessed the incidence of clonal cytopenia of undetermined significance among patients with prostate cancer treated with radioligand therapy. The analysis included patients with advanced cancer treated with radium-223 alone (n=2007) or Lu^{177} alone (n=2569), and patients were compared to unexposed controls. Following propensity score matching, the risk of clonal cytopenia of undetermined significance was increased with exposure to radium-223 (RR 2.62; 95% CI 1.45–4.73; p<0.001), whereas there was no increase in clonal cytopenia of undetermined significance or MDS with Lu^{177}. In direct comparison to radium-223, Lu^{177} was associated with a lower risk of clonal cytopenia of undetermined significance (RR 0.41; 95% CI 0.20–0.81; p=0.008) and a lower risk of pancytopenia (RR 0.46; 95% CI 0.37–0.56; p<0.001). According to unadjusted analysis, patients who were treated with both radium-223 and Lu^{177} had an increased risk of clonal cytopenia of undetermined significance versus Lu^{177} alone (RR 3.64; 95% CI 1.87–7.07; p<0.001), and an increased risk of MDS versus either drug when used alone.

Comment: This abstract is important because it shifts radiopharmaceutical toxicity discussions from short-term cytopenias to longer-term marrow biology. The signal that radium-223, but not Lu^{177} PSMA therapy, was associated with increased clonal cytopenia of undetermined significance is biologically plausible, given radium's bone-seeking distribution and marrow-adjacent radiation exposure, although slightly at odds with the recent data on the increased prevalence of clonal haematopoiesis after lutetium treatment. The observation that sequential exposure to radium and lutetium may increase clonal cytopenia and MDS risk should be interpreted cautiously, because of retrospective confounding and incomplete marrow genotyping, but it is a warning. For Australian practice, where sequencing of ARPIs, chemotherapy, radium and PSMA radioligand therapy is increasingly complex, baseline blood counts are insufficient. We need survivorship-minded monitoring, documentation of prior radionuclide exposure, low thresholds for haematology review, and prospective registries incorporating clonal haematopoiesis assays.

Abstract #5045
Abstract

Safety and efficacy of QLC5508 (MHB088C) in heavily-treated patients with metastatic castration-resistant prostate cancer

Speaker: Xinan Sheng (Peking University Cancer Hospital & Institute, Beijing, China)

Summary: This session reported updated results from this phase 1/2 trial, which examined the efficacy and safety of QLC5508 (an ADC targeting B7-H3) in patients with solid tumours, including mCRPC. At the time of data cut-off, the trial had enrolled 59 patients (74.6% ≥3 prior lines; 84.7% prior taxane). Common grade ≥3 TEAEs included decreased neutrophils (25.4%), anaemia (23.7%) and increased white blood cells (20.3%). There was one case of interstitial lung disease, and TEAEs led to dose reductions in six patients (10.2%) and discontinuation in one patient (1.7%). The 12-month rPFS rate was 71.7% (95% CI 52.55–84.26), and median rPFS was not reached (95% CI 13.11–not evaluable). A PSA50 response was achieved by 13 patients (22.8%). Among 31 patients with target lesions at baseline, the disease control rate was 96.8% (95% CI 83.3–99.9), and the ORR was 22.6% (95% CI 9.6–41.1).

Comment: QLC5508 adds to the accelerating ADC landscape in prostate cancer, this time by targeting B7-H3 with a highly potent topoisomerase payload. The reported disease control and prolonged rPFS in heavily pre-treated mCRPC are important, particularly in a population largely exposed to ARPIs and taxanes. However, the modest PSA50 rate reported so far and haematologic toxicity profile remind us that ADC activity may not always track neatly with PSA biology, and that marrow reserve remains a limiting issue in late prostate cancer. The 12-month PFS rate of 71.7% in all patients was encouraging. For Australia, this is a trial-access issue: there are at least two large phase 3 trials testing B7-H3 ADCs open, both versus docetaxel in first-line mCRPC.

Abstract #5046
Abstract

Earn CPD

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Royal Australian & New Zealand College of Radiologists (RANZCR) members can claim reading related to their practice as a CPD activity under the category 'journal reading and web based no certificate *reflection required'. More info.

Nursing and Midwifery Board of Australia (NMBA) Journal reading and watching videos (including Research Reviews) may be considered a self-directed activity set out in the NMBA Registration Standard: Continuing Professional Development. One hour of active learning will equal one hour of CPD. Details at NMBA CPD page.

Adverse effects observed in clinical studies including the ARCHES, ENZAMET and EMBARK trials included: Very common (≥10%): asthenia, fatigue, fracture, fall, hot flush, hypertension. Common (≥1% and <10%): cognitive disorders, dry skin, gynaecomastia, headache, ischaemic heart disease, pruritus, restless legs syndrome, anxiety, dysgeusia.[1]

PBS information: Authority required for various advanced prostate cancer indications. Refer to www.pbs.gov.au and search 'XTANDI' for full authority information.

Please review full Product Information before prescribing, available from https://rss.medsinfo.com.au/ax/pi.cfm?product=axpxtand or by scanning the QR code.

SCAN QR CODE to see full XTANDI Product Information.

ADT=androgen deprivation therapy; ARPI = androgen receptor pathway inhibitor; BCR=biochemical recurrence; HSPC=hormone-sensitive prostate cancer; mHSPC=metastatic hormone-sensitive prostate cancer; nmHSPC=nonmetastatic hormone-sensitive prostate cancer.

References:
1. XTANDI (enzalutamide) Approved Product Information.
2. Zytiga (abiraterone) Approved Product Information.
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4. Nubeqa (darolutamide) Approved Product Information.
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MAT-AU-XTD-2025-00297
November 2025

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ProTACT: Preliminary data from a first-in-human, phase 1 study evaluating the safety, tolerability, and anti-tumor activity of [^{225}Ac]Ac-FL-020, a PSMA-targeted radioconjugate, in patients with mCRPC

Speaker: Alison Yan Zhang (Macquarie University, Sydney, NSW, Australia)

Summary: This multicentre, phase 1, first-in-human trial (ProTACT) is assessing the tolerability, safety and preliminary activity of [^{225}Ac]Ac-FL-020 in patients with advanced PSMA-positive mCRPC. At the time of data cut-off, 15 patients had been administered [^{225}Ac]Ac-FL-020, at a maximum dose per cycle of 5 MBq, and no dose-limiting toxicities have been reported. The most common AEs included fatigue (n=10), dry mouth (n=7), nausea (n=7), anaemia (n=4) and constipation (n=4), while six patients experienced grade ≥3 AEs. Treatment was discontinued in four patients, due to disease progression (n=3) and grade 2 dry mouth (n=1). There were no declines in renal function or renal toxicities. At 5 MBq, two of six patients achieved a PSA50 response following 1 cycle. At 3 MBq, one of three patients achieved a PSA80 response following 3 cycles. The recommended phase 2 dose was not yet reached, and the trial is continuing its dose escalation phase.

Comment: These early ProTACT data are preliminary but strategically important, especially with Australian authors leading the trial. Actinium-225 PSMA therapy offers the theoretical advantage of high-linear-energy-transfer alpha radiation with short path length, potentially overcoming resistance in some tumours while limiting off-target exposure. The absence of dose-limiting toxicities to 5 MBq, low-grade xerostomia, no observed renal signal and early PSA declines are encouraging, although patient numbers are small and the recommended phase 2 dose is not yet defined. The central pathophysiological issue is how to deliver more lethal DNA damage to PSMA-expressing disease without exhausting salivary, renal and marrow tolerance. Australia has exceptional theranostics expertise and could be a leader in alpha-emitter trials, but this will require dosimetry capacity, isotope supply chains, radiation safety infrastructure, and rational sequencing after beta-emitter PSMA therapy.

Abstract #5050
Abstract

Genomic biomarkers of sensitivity to bipolar androgen therapy (BAT) in metastatic castration-resistant prostate cancer (mCRPC)

Speaker: Diogo Assed Bastos (Hospital Sírio-Libanês, São Paulo, Brazil)

Summary: These authors conducted a multicentre, retrospective study to identify predictive biomarkers of response to bipolar androgen therapy (BAT) in patients with mCRPC. Among 104 patients (median age 72 years; 49.4% with metastases at diagnosis), 39.4% achieved PSA50, median OS was 28.5 months, and median time to treatment failure was 3.7 months. PSA50 was more likely with AR amplification (OR 4.6; 95% CI 1.7–13.9; p=0.003), *TP53* alterations (OR 5.3; 95% CI 1.9–15.4; p=0.002) and double-hit tumour suppressor alterations involving *TP53*/*RB1*/*PTEN* (OR 4.4; 95% CI 1.4–13.6; p=0.013). Multivariate analysis revealed that PSA50 was associated with AR amplification (OR 4.00; 95% CI 1.23–13.01; p=0.021) and *TP53* alterations (OR 5.18; 95% CI 1.71–15.71; p=0.0037). According to survival analyses, low-affinity AR-LBD mutations (L702H, W742C, T878A/S) were associated with earlier treatment failure (HR 2.19; 95% CI 1.15–4.18; p=0.017).

Comment: This study helps move BAT from an intriguing biological manoeuvre toward a genomically selected treatment strategy. BAT exploits persistent AR dependence by shocking prostate cancer cells with supraphysiologic testosterone, inducing AR dysregulation, replication stress and DNA damage. The association of PSA response with AR amplification, *TP53* alteration and combined tumour-suppressor loss is provocative, because these features usually signal aggressive disease, yet may also mark vulnerability to androgen cycling. Conversely, low-affinity AR ligand-binding-domain mutations appear to predict early failure, a clinically useful negative biomarker. For Australian practice, BAT remains investigational, but the abstract supports incorporating contemporary tissue or ctDNA profiling into BAT trials. There is currently an open BAT trial, WOMBAT, open through ANZUP nationally for non-mCRPC post darolutamide. It also encourages rational combinations with ARPIs, DNA-damage response strategies and quality-of-life endpoints, particularly for men seeking chemotherapy-sparing approaches.

Abstract #5064
Abstract

Initial results of a phase 1 dose exploration and expansion study of xaluritamig plus abiraterone acetate (AA) in patients with mCRPC

Speaker: Christopher Joseph Sumey (Sanford Cancer Center, South Dakota, US)

Summary: The aims of this multicentre phase 1 trial were to evaluate the safety and activity of xaluritamig plus abiraterone acetate in chemotherapy-naïve pts with mCRPC. At the time of data cut-off, the trial had enrolled 39 patients (median age 68; range 43–81 years; median 2 prior therapies). The most frequent TEAEs were myalgia (all-grade 92.3%; grade ≥3 41%), cytokine release syndrome (all-grade 64.1%; grade ≥3 7.7%) and anaemia (all-grade 46.2%; grade ≥3 12.8%). The study reported two grade 4 AEs (reductions in blood calcium and lymphocyte count), and no grade 5 treatment-related AEs. A total of four patients experienced dose-limiting toxicities, including soft tissue swelling, cytokine release syndrome and myalgia. In the expansion cohort (n=20), 58% achieved PSA50, 47% achieved PSA90, and the ORR was 43%. With 12 months of follow-up, median OS had not been reached (95% CI 11.8–12.3), median rPFS was 10.5 months (95% CI 8.1–not estimable) and median PSA response was 6.7 months (95% CI 3.8–not estimable). This treatment regimen is now being investigated in the phase 3 XALience trial.

Comment: Xaluritamig plus abiraterone is a meaningful step in the maturation of T-cell engagers for prostate cancer. STEAP1 is an attractive lineage-associated surface antigen, and combining a CD3 engager with androgen-axis therapy may increase antitumour pressure before chemotherapy or radioligand exposure. The response rates are impressive for taxane-naïve mCRPC, but the toxicity pattern is distinctive: cytokine release syndrome was generally manageable, whereas myalgia was frequent and sometimes severe. The practical message is that immune redirection in prostate cancer is no longer theoretical, but it will require new workflows. For Australia, participation in phase 3 and earlier-line trials should be prioritised through experienced early-phase units. Safe delivery will need step-up dosing capability, after-hours toxicity pathways, inpatient access when required, and education for emergency departments unfamiliar with solid tumour bispecific toxicities.

Abstract #5070
Abstract

Effect of frailty measures on overall survival in prostate cancer

Speaker: Nicole Sequeira (University of Connecticut Health Center, Connecticut, US)

Summary: Nicole Sequeira shared the findings from this systematic review and meta-analysis, which explored the impacts of frailty on OS among patients with prostate cancer. Across the four studies evaluating patients with mCRPC, frailty was a strong predictor of mortality (pooled HR 2.16; 95% CI 1.34–3.49; p=0.002; I² 65%). Across the two studies in the unspecified prostate cancer cohort, which included patients with any-stage prostate cancer, frailty was not a significant predictor of mortality (pooled HR 1.74; 95% CI 0.69–4.40; p=0.24; I² 61%).

Comment: This meta-analysis confirms something clinicians recognise but often fail to measure rigorously: frailty is a powerful prognostic variable in mCRPC. A pooled mortality hazard ratio above 2 suggests that biological age, functional reserve and vulnerability to treatment complications materially shape survival, independent of tumour-directed decision-making. The weaker signal across unselected prostate cancer is unsurprising, because early-stage disease often has long natural history and competing-risk complexity. The professional impact is that frailty screening should not be an optional geriatric add-on; it should inform systemic therapy selection, dose intensity, trial eligibility, supportive care and goals-of-care discussions. In Australia, where many men with mCRPC are treated outside tertiary centres, practical tools such as G8 screening, CARG screening for chemotherapy and geriatric oncology referral pathways, and telehealth-enabled supportive care could reduce both undertreatment of fit older men, and overtreatment of vulnerable men.

Abstract #5077
Abstract

Genomic and transcriptomic correlates of deep PSA response in patients with metastatic hormone-sensitive prostate cancer (mHSPC)

Speaker: Emmanuel S Antonarakis (University of Minnesota-Twin Cities, Masonic Cancer Center, Minnesota, US)

Summary: These researchers analysed DNA and RNA data from patients with mHSPC in the Tempus multimodal database, to explore the transcriptomic and genomic determinates of undetectable PSA. Among 525 patients (median age at diagnosis 67.5 years; 69.7% White; 91% de novo metastatic disease), 285 were classified as PSA-low (<0.1ng/mL) and 240 were classified as PSA-high (≥0.1ng/mL), based on PSA levels 6 months after treatment initiation. PSA-low patients had significantly longer OS versus PSA-high patients (median not reached vs. 47 months, respectively; 36-month OS 83% vs. 66%; HR 0.51; 95% CI 0.31–0.85; p=0.01). PSA-low patients also had significantly lower baseline PSA versus PSA-high patients (median 24 vs. 36ng/mL; p=0.01), with higher frequencies of *SPOP* alterations (17% vs. 11%; p=0.04) and *ZFHX3* alterations (2.5% vs. 6%; p=0.05). There were no between-group differences in PSMA, TROP2, B7-H3 or STEAP1 expression.

Comment: This real-world clinico-genomic study reinforces the clinical value of undetectable PSA at 6 months in mHSPC, showing a substantial survival separation. The biology is also interesting: enrichment of *SPOP* alterations among deep responders is consistent with a more androgen-dependent phenotype, while *ZFHX3* enrichment among poorer responders may mark altered transcriptional control and resistance. The absence of major baseline expression differences in PSMA, TROP2, B7-H3 or STEAP1 is important, because it suggests that early PSA response is not simply explained by an abundance of emerging therapeutic targets. For Australian practice, 6-month PSA depth should be used as a dynamic risk marker after treatment intensification, not merely a reassuring laboratory result. The next step is validating whether genomic profiling at diagnosis can guide escalation, de-escalation or trial selection in mHSPC.

Abstract #5089
Abstract

Does a statin a day keep prostate cancer (PC) away?: Statin use and disease progression in patients receiving androgen deprivation therapy (ADT) after radical prostatectomy (RP) in SEARCH

Speaker: Maria P Mogollon (Cedars-Sinai Medical Center, California, US)

Summary: This retrospective cohort study sought to determine whether statin use was associated with prostate cancer outcomes among men receiving ADT following radical prostatectomy. The analysis included 9931 patients across nine Veterans Affairs hospitals in the SEARCH database who underwent radical prostatectomy between 1988–2020. Among 1274 men who received ADT, 62% were treated with statins at the time of ADT. Statin users were older than non-users (67 vs. 65 years), with higher rates of obesity (38% vs. 25%), and they had a longer duration of time between radical prostatectomy and ADT (median 39 vs. 21 months). There were no associations between statin use at ADT and time to metastasis, CRPC, prostate cancer-specific mortality or all-cause mortality. However, it was noted that approximately half of non-statin users began using statins following ADT. In time-dependent multivariable analysis which accounted for statin use over time, statin use was associated with reductions in the risk of CRPC (p=0.019), prostate cancer-specific mortality (p=0.020) and all-cause mortality (p<0.001). There was a trend towards a reduced risk of metastasis with statins, although this did not reach statistical significance (HR 0.74; 95% CI 0.55–1.01; p=0.058).

Comment: This SEARCH analysis is valuable because it tackles a common bias in pharmacoepidemiology: patients initially classified as statin non-users often start statins later. When statin exposure was modelled over time, statin use was associated with lower risks of CRPC, prostate cancer mortality and all-cause mortality, with a near-significant metastasis signal. The biological rationale is credible, involving cholesterol metabolism, steroidogenesis, inflammation and membrane signalling, but residual confounding remains a serious limitation. The conclusion should therefore be hypothesis-strengthening, not practice-changing. In Australia, the immediate implication is to optimise cardiovascular risk management in men receiving ADT, where metabolic toxicity is common and undertreated. It also builds on the retrospective work from pivotal clinical trials that suggested the benefit of statins on OS. Whilst doing a prospective clinical trial would be difficult, it behooves us to recognise that real-world data sets suggest that an estimated 20–30% of men with mHSPC have pre-existing cardiovascular disease at diagnosis, and an additional 30% may develop iatrogenic cardiovascular disease after prolonged exposure to ADT, making cardiovascular risk management critical.

Abstract #5091
Abstract