2363eP - Treatment intensification in real-world metastatic hormone-sensitive prostate cancer: contemporary patterns across four countries

Mario Uccello[1], Christine Maï[2], Hilary Worton[3], Stergios Boussios[4], Bertrand de Buhren[2], Malgorzata Gozdzik[2], Maura De Almeida[2]
[1]Royal United Hospitals Bath NHS Foundation Trust, Bath, UK; [2]APLUSA, Lyon, France; [3]Aplusa UK, London, UK; [4]UOI - University of Ioannina, Ioannina, Greece

BACKGROUND

Treatment intensification beyond androgen deprivation therapy (ADT) is now widely recommended for patients with metastatic hormone-sensitive prostate cancer (mHSPC). However, the adoption of intensified regimens in routine clinical practice remains heterogeneous. We evaluated contemporary first-line treatment patterns across four countries, with particular focus on differences according to metastatic presentation and geographic setting.

METHODS

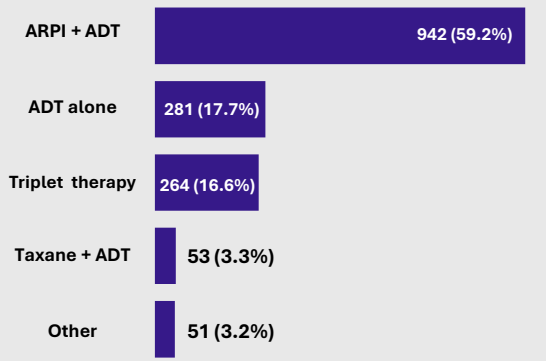
Anonymised clinical charts of patients with mHSPC treated between 2025 and 2026 were collected from oncologists in China, France, Germany and Japan. First-line systemic therapy was classified as ADT alone, androgen receptor pathway inhibitor (ARPI) + ADT, taxane + ADT, taxane + ARPI + ADT, or other. Treatment patterns were assessed overall and according to country and de novo versus recurrent metastatic presentation, with differences evaluated using chi-square tests.

Uccello M. declares no conflict of interest.
Contact: mario_uccello@hotmail.it

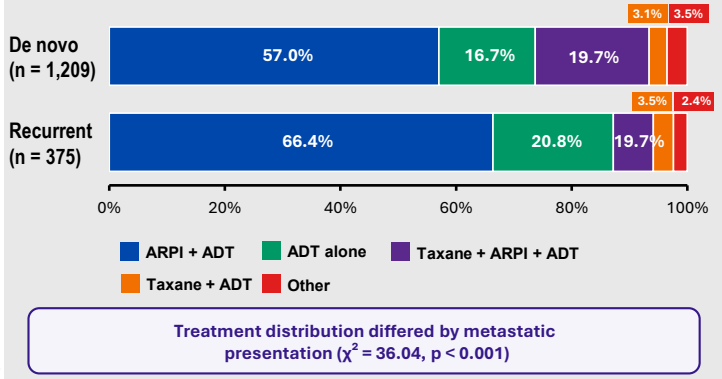
RESULTS

- 1,591 Patients
- 70 years Mean age
- De novo 1,209 (76,0%)
- Recurrent 375 (23.6%)
- Unclassified 7 (0.4%)

1st-line distribution in the overall cohort

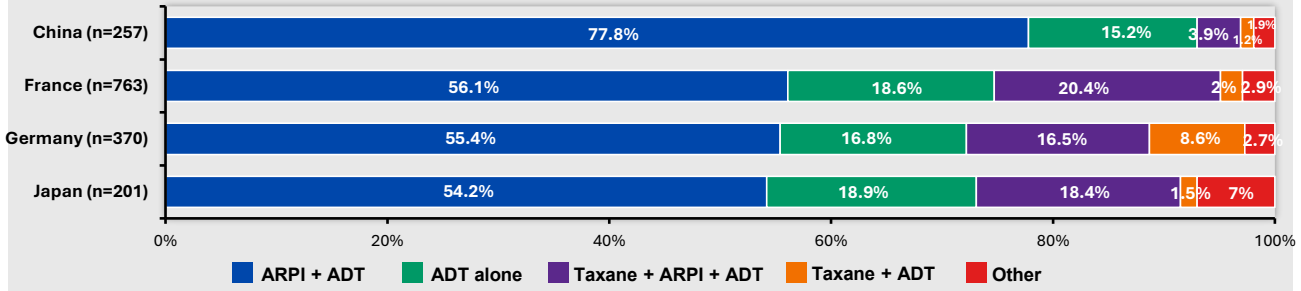


De Novo vs Recurrent mHSPC



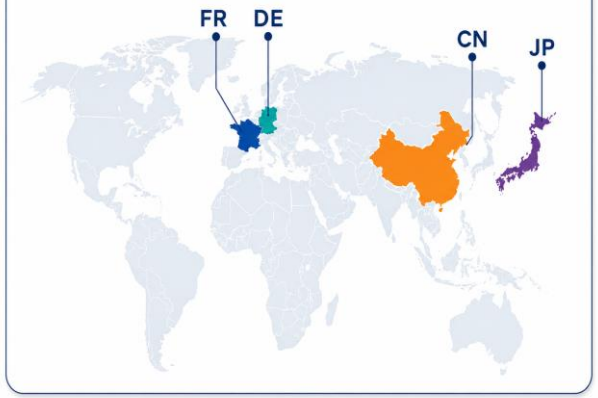
Treatment distribution differed by metastatic presentation ($\chi^2 = 36.04$, $p < 0.001$)

Treatment distribution by country



Treatment distribution differed significantly across countries ($\chi^2 = 103.89$, $p < 0.001$)
Differences persisted within the de novo subgroup ($\chi^2 = 79.78$, $p < 0.001$)

STUDY COUNTRIES



CONCLUSION

- Treatment intensification was used in most patients with mHSPC.
- ARPI + ADT was the most frequently used first-line regimen.
- Triplet therapy was more commonly used in de novo than in recurrent metastatic disease.
- Treatment patterns varied significantly across countries, indicating persistent geographic differences in real-world practice.