MAKE A DIFFERENCE WITH ZYTIGA®

NERVOUS SYSTEM DISORDERS

mCRPC patients can still drive whilst taking ZYTIGA® as it is not associated with **nervous system disorders** such as seizures.[1]

86%

of patients with mCRPC said they felt less **reliant/dependent on others** after taking ZYTIGA®.[5*]

* Patient survey of 57 L2+ patients with mCRPC and 43 L1 patients with mCRPC.[5]

ZYTIGA® (abirateronacetat)

Tablett: ZYTIGA 250 mg tabletter, avsett för oralt bruk. Vita till benvita, ovala tabletter, präglade med AA250 på en sida. Varje tablett innehåller 250 mg abirateronacetat. Den rekommenderade dosen är 1000 mg (fyra tabletter på 250 mg) dagligen som en engångsdos, som inte får intas tillsammans med mat. ZYTIGA ska användas tillsammans med lågdos prednison eller prednisolon. Den rekommenderade dosen av prednison eller prednisolon är 10 mg dagligen. **ATC-kod:** L02BX03. Zytiga är receptbelagt och ingår i läkemedelsförmånen. **Indikation:** ZYTIGA är en endokrin terapi som tillsammans med prednison eller prednisolon är indicerat för: • behandling av metastaserad kastrationsresistent prostatacancer hos vuxna män som är asymtomatiska eller har milda symtom efter svikt av androgen deprivationsterapi hos vilka kemoterapi ännu inte är indicerad • behandling av metastaserad kastrationsresistent prostatacancer hos vuxna män vars sjukdom har progredierat under eller efter en docetaxelbaserad kemoterapiregim **Trafikvarning:** ZYTIGA har ingen eller försumbar effekt på förmågan att framföra fordon och använda maskiner. Datum för senaste översyn av produktresumé 2016-11. För fullständig produktinformation och aktuellt pris, se www.fass.se

References:

1. ZYTIGA® (abiraterone acetate) Summary of Product Characteristics, November 2016.
2. Ryan CJ, Smith MR, Fizazi K et al. Abiraterone acetate plus prednisone versus placebo plus prednisone in chemotherapy-naive men with metastatic castration-resistant prostate cancer (COU-AA-302): final overall survival analysis of a randomised, double-blind, placebo-controlled phase 3 study. Lancet Oncol. 2015;16:152–60.
3. Miller K, Caries J.E, Geschwend H et al. Poster presentation at the 31st Annual European Association of Urology (EAU) Annual Congress, 11-15 March 2016, Munich, Germany. Poster no. 775.
4. Rathkopf DE, Smith MR, de Bono JS et al. Updated interim efficacy analysis and long-term safety of abiraterone acetate in metastatic castration-resistant prostate cancer patients without prior chemotherapy (COU-AA-302). Eur Urol. 2014;66:815–25.
5. Naim A, Aapro M, Subbarao R et al. Supportive Care Considerations for Older Adults With Cancer. J Clin Oncol. 2014:32(24): 2627-2634.

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THE LONGEST PUBLISHED LIFE EXTENSION DATA FOR DRUGS LICENSED IN mCRPC[1-3*]

* In the COU-AA-302 study, in which asymptomatic or mildly symptomatic patients with mCRPC post-ADT were treated with ZYTIGA® plus low-dose prednisone vs. placebo plus low-dose prednisone, 4.4 months median survival benefit was reported in the overall population ($P=0.0033$); in a *post-hoc* analysis, patients with BPI-SF 0–1, PSA <80 ng/ml and GS <8 showed 11.8 months median survival benefit ($P=0.0055$).[2,3]

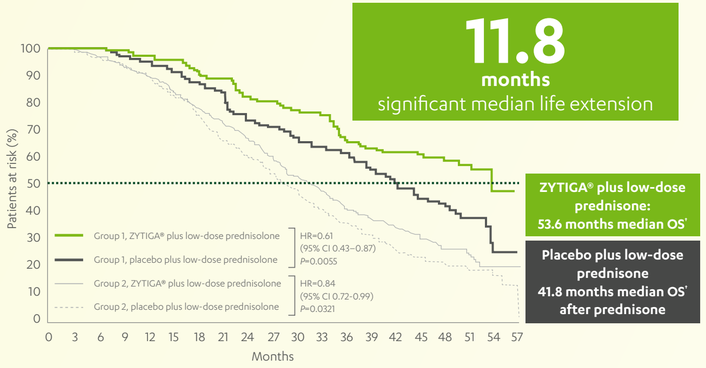
Prescribing information is available on the final page.

Zytiga® abiraterone acetate

THE LONGEST LIFE EXTENSION DATA IN mCRPC

ZYTIGA® plus low-dose prednisone provides 4.4 months survival benefit to patients with asymptomatic or mildly symptomatic mCRPC post-ADT.[1,2*]

Published evidence from a *post-hoc* analysis of the COU-AA-302 study reveals...



Data from a *post-hoc* analysis of the COU-AA-302 study, which used the final dataset for the intent-to-treat population (n=1088), patients were stratified into Group 1 (early and less aggressive disease, defined as BPI-SF score 0–1, PSA <80 ng/ml and GS <8) who received ZYTIGA® plus low-dose prednisone (n=124) or placebo plus low-dose prednisone (n=140), and Group 2 (late and more aggressive disease, defined as BPI-SF ≥2 and/or PSA ≥80 ng/ml and/or GS ≥8) who received ZYTIGA® plus low-dose prednisone (n=422) or placebo plus low-dose prednisone (n=402).[3]

ZYTIGA® plus low-dose prednisone has been shown to achieve an **11.8 months median life extension** compared with placebo plus low-dose prednisone when treated in early and less aggressive disease (BPI-SF 0–1, PSA <80 ng/mL and GS <8).[3]

Experience longer overall survival with ZYTIGA® plus low-dose prednisone vs placebo plus low-dose prednisone.[2,3]

* Statistically significant compared with placebo plus low-dose prednisone.[1,2]

Prednisone is a glucocorticoid pro-drug that is converted in the liver into its active form, prednisolone. While this brochure largely refers to prednisone, the information is equally applicable to prednisolone and therefore relevant to clinicians in those countries where this agent is more commonly prescribed.

WHICH PATIENTS WILL BENEFIT EVEN MORE?

For a greater impact on mCRPC, treat early in less aggressive disease[3]

The stratification criteria in the *post-hoc* analysis can be used to identify patients likely to receive a greater survival benefit from ZYTIGA® plus low-dose prednisone.[3]

BPI-SF = 0–1
+
PSA <80 ng/mL
+
GS <8
=
GREATER IMPACT WITH ZYTIGA® PLUS LOW-DOSE PREDNISONE

Than when patients are treated when BPI-SF=2-3 + PSA ≥80 ng/ml + GS ≥8

Adapted from Miller *et al.*, 2016.[3]

BPI-SF = Brief Pain Inventory Short Form; PSA = Prostate-Specific Antigen; GS = Gleason score.

Achieve an 11.8 months median life extension[3*]

* A post-hoc analysis of the COU-AA-302 study reveals an 11.8 months median life extension with ZYTIGA® plus low-dose prednisone compared with placebo plus low-dose prednisone when treated in early and less aggressive disease (BPI-SF 0–1, PSA <80 ng/mL and GS <8).[3]

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THE LONGEST LIFE EXTENSION DATA

See the difference in your patients with early and less aggressive disease[3,4*]

DELAYED CHEMOTHERAPY

In patients with mCRPC who have progressed after ADT, ZYTIGA® plus low-dose prednisone **significantly delays median time to chemotherapy** compared with placebo plus low-dose prednisone.[2,4]

In the *post-hoc* analysis, the effects on median time to chemotherapy were **greater for early and less aggressive disease compared with patients with more aggressive mCRPC**.[3*]

* Early and less aggressive mCRPC refers to patients with all the following parameters: BPI-SF = 0–1; PSA <80 ng/mL; GS <8.[3]

Prednisone is a glucocorticoid pro-drug that is converted in the liver into its active form, prednisolone. While this brochure largely refers to prednisone, the information is equally applicable to prednisolone and therefore relevant to clinicians in those countries where this agent is more commonly prescribed.