



# ABS014

## A STUDY ON THE CLINICAL OUTCOME OF ABIRATERONE ACETATE IN CASTRATION-RESISTANT PROSTATE CANCER PATIENTS

**Aloysius James**<sup>1\*</sup>,  
Akhila Sivadas<sup>2</sup>,  
K Pavithran<sup>3</sup>  
<sup>1</sup> Pharm.D final year,  
Amrita School of  
Pharmacy, Kochi

<sup>2</sup> Clinical Pharmacist,  
Department of Oncology,  
Amrita Institute of  
Medical Sciences,  
Kochi

<sup>3</sup> Head of the  
Department Medical  
Oncology & Hematology,  
AIMS, Kochi

**INTRODUCTION:** Abiraterone acetate is a selective inhibitor of androgen biosynthesis that potently and irreversibly blocks CYP17, a crucial enzyme in testosterone and oestrogen synthesis, resulting in virtually undetectable serum and intratumoral androgens.

**AIM:** To study the clinical outcome of Abiraterone Acetate in castration resistant prostate cancer patients, by measuring their PSA (Prostate specific antigen) value.  
To find out the effect of Abiraterone acetate on lab parameters (Serum Creatinine, Potassium, CBC) by administering this drug.

**METHODS:** This is a retrospective analysis to evaluate the efficacy and safety of abiraterone acetate in castration resistant prostate cancer patients. 14 men with CRPC who experienced treatment failure with one or more lines of treatment (hormonal manipulation or chemotherapy) were given abiraterone acetate (1,000 mg daily) with prednisone (5 mg twice daily)

**RESULTS AND DISCUSSION:** 42% patients shows good response in reduction in PSA value and 16% had progression and 42% had stable disease. Haemoglobin, Potassium and Serum Creatinine levels were not affected by Abiraterone. One patient had severe GI intolerance and the drug had to be stopped. In this study the final analysis shows that abiraterone acetate significantly lowered the PSA value and prolonged progression free survival in patients with metastatic castration-resistant prostate cancer who have progressed after first line or second line treatment. The median duration of drug exposure and overall average median survival of CRPC who received AA was found to be 11.1 months [range 3–18]. Abiraterone plus prednisone therapy can be given orally in an outpatient setting, providing an additional benefit for both patients and clinicians.

**Keywords:** *Abiraterone acetate (AA), Prostate-specific antigen (PSA), Castration-Resistant Prostate Cancers (CRPC).*