

Name: Marian Ibrahim, PharmD
Company/Organization: Sanofi
Address: 55 Corporate Drive, Bridgewater, NJ 08807
Phone: (908) 981-3736
Email: marian.ibrahim@sanofi.com
Date of request: March 23, 2020
NCCN Guidelines Panel: Prostate Cancer

In follow-up to the publication of the *NCCN Prostate Cancer Guidelines, Version 1.2020* and the reference to the results of the CARD study on PROS-16, 16A, and PROS-H 1 of 2, we wish to request further consideration of the results of the CARD study for the Discussion Section for which the update remains in progress.

Specific Changes: Recommend that reference to ‘cabazitaxel’ (as subsequent therapy to docetaxel) in the Discussion Section (MS-44, 45) of the NCCN Guidelines Version 1.2020 be cited with the results from the CARD Study as presented at the European Society of Medical Oncology (ESMO) 2019 Meeting and as published in the print edition of the *New England Journal of Medicine*, December 26, 2019. A summary of results is included in the ‘Rationale’ section below.

FDA Clearance: “JEVTANA®(cabazitaxel) injection, is a microtubule inhibitor indicated in combination with prednisone for treatment of patients with metastatic castration-resistant prostate cancer previously treated with a docetaxel-containing treatment regimen.” Jevtana Prescribing Information 2018

Rationale: In support of the specific request for the guideline update/change:

- The multicenter CARD study, a randomized, open-label clinical trial of 62 sites across 13 European countries compared cabazitaxel (n=129) with an androgen-signaling-targeted inhibitor (abiraterone or enzalutamide) (n=126) in patients with mCRPC who had previously received docetaxel and progressed within 12 months while receiving an androgen-signaling-targeted inhibitor
 - Patients received cabazitaxel 25 mg/m² intravenously every 3 weeks, plus prednisone daily and G-CSF from cycle 1
 - Patients received either abiraterone 1000 mg (plus prednisone daily), or enzalutamide 160 mg daily
- CARD met its primary objective; cabazitaxel more than doubled radiographic PFS (rPFS) vs abiraterone or enzalutamide (8.0 vs 3.7 months, HR=0.54, p<0.0001)
- Cabazitaxel reduced the risk of death by 36% vs abiraterone or enzalutamide (13.6 vs 11.0 months, HR=0.64, p=0.008)

A copy of the publication of the CARD study is submitted with this request:

1. deWit r et al. Cabazitaxel versus abiraterone or enzalutamide in metastatic prostate cancer. *N Engl J Med*. 2019 Dec 26;381(26):2506-2518
2. Eisenberger MA, Antonarakis ES. Hormonal therapy or chemotherapy for metastatic prostate cancer – playing the right CARD. *N Engl J Med*. 2019 Dec 26;381(26):2564-2516
3. Supplementary Appendix to: deWit et al, *N Engl J Med*. 2019 Dec 26;381(26):2506-2518

We appreciate the opportunity to provide this information for consideration by the NCCN Prostate Cancer Panel. Thank you for your time and consideration of this request.

Sincerely,

Marian Ibrahim, PharmD