¹⁷⁷Lu-PSMA-617 versus Docetaxel in Chemotherapy-naïve Metastatic Castration-

Resistant Prostate Cancer: A Randomized, Controlled, Phase 2 Non-inferiority Trial

Supplementary Material

Journal: European Journal of Nuclear Medicine and Molecular Imaging

Authors:

Swayamjeet Satapathy¹; Bhagwant Rai Mittal¹; Ashwani Sood¹; Chandan Krushna Das²;

Ravimohan Suryanarayan Mavuduru³; Shikha Goyal⁴; Jaya Shukla¹; Shrawan Kumar Singh³

Author affiliations:

¹Department of Nuclear Medicine, Post Graduate Institute of Medical Education and

Research, Chandigarh-160012, India

²Medical Oncology, Regional Cancer Centre, Post Graduate Institute of Medical Education

and Research, Chandigarh-160012, India

³Department of Urology, Post Graduate Institute of Medical Education and Research,

Chandigarh-160012, India

⁴Department of Radiotherapy, Post Graduate Institute of Medical Education and Research,

Chandigarh-160012, India

*Corresponding Author

Prof. Bhagwant Rai Mittal

Email: brmittal@yahoo.com

1

Supplementary Table 1: Eligibility criteria for patient accrual

Inclusion Criteria

- Biopsy proven adenocarcinoma prostate
- Castration resistant prostate cancer defined by castrate serum testosterone <50 ng/dl or 1.7 nmol/l plus one of the following types of progression:
 - Biochemical progression: Three consecutive rises in PSA one week apart, resulting in two 50% increases over the nadir, and PSA >2 ng/ml.
 - Radiologic progression: The appearance of new lesions: either two or more new bone lesions on bone scan or a soft tissue lesion using the Response Evaluation Criteria in Solid Tumours.
- Metastatic disease (as established by ⁶⁸Ga –PSMA-11 PET/CT)
- Significant PSMA expression in ⁶⁸Ga –PSMA-11 PET/CT defined as tracer avidity of at least 80% of the lesions being significantly (≥1.5 times) greater than that of normal liver with none of the lesions having uptake less than that of liver
- Chemotherapy naive patients; patients with prior treatment of new generation antiandrogens will however be included
- ECOG performance 0-2
- Adequate renal function Technetium-99m diethylenetriaminepentaacetate GFR ≥40 mL/min
- Stable haematological parameters:
 - Hemoglobin ≥ 9 g/dL
 - o Neutrophils ≥ 1500/mcL
 - o Platelets ≥ 75000/mcL
- Adequate liver function:
 - Bilirubin < 1.5 x ULN (or if bilirubin is between 1.5-2x ULN, must have a normal conjugated bilirubin)
 - Transaminases $\leq 1.5 \times \text{ULN}$ (or $\leq 5.0 \times \text{ULN}$ in the presence of liver metastases)
 - o Albumin ≥ 2.5 g/dL

Exclusion Criteria

- Prostate cancer with sarcomatous/spindle cell/small cell differentiation
- PSMA expression in ⁶⁸Ga PSMA PET/CT less than liver
- Sjogren Syndrome
- Prior treatment with Docetaxel/Cabazitaxel/¹⁷⁷Lu-PSMA RLT
- Active malignancy other than prostate cancer
- Concurrent illness, including severe infection
- Patients who are sexually active and not willing/able to use medically acceptable forms of barrier contraception

ECOG: Eastern Cooperative Oncology Group; GFR: Glomerular Filtration Rate; PSA: Prostate Specific Antigen; PSMA: Prostate Specific Membrane Antigen; RLT: Radioligand Therapy; ULN: Upper Limit of Normal

Supplementary Table 2: Subgroup analysis of efficacy end-points

Parameter	First-line therapy in mCRPC			≥Second-line therapy in mCRPC		
	¹⁷⁷ Lu-	Docetaxel	Difference	¹⁷⁷ Lu-	Docetaxel	Difference
	PSMA-617	(N=8)	(95% CI)	PSMA-617	(N=12)	(95% CI)
	(N=6)			(N=14)		
Best PSA-	3/6 (50%)	2/8 (25%)	25% (-	7/14 (50%)	6/12 (50%)	0% (-34–
RR, n/N (%)			21–61)			34)
ORR, n/N	3/4 (75%)	3/7 (43%)	32% (-	2/9 (22%)	3/12 (25%)	3% (-33–
(%)			23–66)			35)
MRR, n/N	2/4 (50%)	2/7 (29%)	21% (-	4/10 (40%)	4/12 (33%)	7% (-29–
(%)			28–62)			41)
PFS rate at 6	33%	12.5%	20.5% (-	17%	25%	8% (-22–
months (%)			21–58)			38)

Cl: Confidence Intervals; mCRPC: Metastatic Castration-Resistant Prostate Cancer; MRR: Molecular Response Rate; ORR: Objective Radiological Response Rate; PFS: Progression-free Survival; PSA-RR: prostate specific antigen-response rate

Supplementary Table 3: Univariate and multivariate analysis of potential prognostic factors for progression-free survival

Parameter	Univariate HR (95% CI)	p value	Multivariate HR (95% CI)	p value
Age	0.97 (0.93-1.01)	0.19		
Gleason score≥8 versus <8	1.34 (0.64-2.79)	0.43		
ECOG score		0.82		
ECOG 0	1			
ECOG 1	0.73 (0.28-1.90)			
ECOG 2	0.85 (0.29-2.49)			
Prior novel anti- androgens (Yes versus No)	1.03 (0.49-2.13)	0.94		
Skeletal lesions ≥20 versus <20	1.13 (0.58-2.21)	0.72		
Visceral metastasis (Yes versus No)	1.50 (0.69-3.26)	0.30		
Baseline ALP	1.002 (1.000- 1.003)	0.05	1.001 (1.000- 1.003)	0.11
Baseline PSA	0.999 (0.998- 1.001)	0.47		
Treatment (¹⁷⁷ Lu- PSMA-617 versus Docetaxel)	0.90 (0.46–1.77)	0.77		
PSA decline ≥50% (No versus Yes)	3.71 (1.73-7.92)	<0.01	4.57 (1.74-11.95) Cooperative Oncology Group; H	<0.01

ALP: Alkaline Phosphatase; CI: Confidence Intervals; ECOG: Eastern Cooperative Oncology Group; HR: Hazard Ratio; PSA: Prostate specific antigen

Supplementary Table 4: Post-study treatments in the two arms

Post-study Treatment	1//Lu-PSMA-617 arm (No.)	Docetaxel arm (No.)	
Docetaxel	5	0	
Abiraterone	1	3	
Enzalutamide	2	9	
¹⁷⁷ Lu-PSMA-617	0	1	
²²⁵ Ac-PSMA-617	1	0	

Supplementary Table 5: Pre- and post-therapy health-related quality of life scores as measured with NCCN-FACT-FPSI-17 questionnaire

Scale (maximum score)	^{1//} Lu-PSMA-617 arm (n=15)			Docetaxel arm (n=20)			p value ^b
	Pre- therapy score ^a	Post- therapy score ^a	Change in score from baseline ^a	Pre- therapy score ^a	Post- therapy score ^a	Change in score from baseline ^a	
DRS-P (40)	24 (14 – 27)	29 (17 – 33)	4 (-3 – 10)	27·5 (25 – 30)	25 (23 – 29)	-2 (-5 – 0.8)	0-023
DRS-E (4)	2 (1 – 4)	3 (2 – 4)	0 (0 – 2)	2 (1·25 – 3)	2 (2 – 3)	0 (-1 – 1)	0-043
TSE (16)	13 (10 – 15)	13 (12 – 15)	0 (0 – 1)	8 (7·25 – 9)	7 (5 – 7.8)	-2 (-4 – 0)	0-001
F/WB (8)	4 (2 – 7)	4 (3 – 7)	0 (0 – 1)	6 (3-2 – 8)	4 (4 – 7)	-0-5 (-3 – 1)	0.191
Total FPSI- 17 (68)	41 (28 – 51)	49 (33 – 58)	7 (-4 – 15)	44 (39 – 50·5)	38 (31 – 45)	-8 (-11 – 1)	0.003

^aVariables expressed as median and interquartile range (1st quartile – 3rd quartile)

DRS-E: Disease-related symptoms – emotional; DRS-P: Disease-related symptoms – physical; FPSI: FACT Prostate Symptom Index; F/WB: Function/well-being; TSE: Treatment side-effects

^bComparison of median change in scores from baseline in the two arms: p value calculated using Mann-Whitney U test

Supplementary Table 6: Efficacy end-points in patients with visceral metastases

Parameter	¹⁷⁷ Lu-PSMA-617 arm (N=5)	Docetaxel arm (N=4)		
Best PSA-RR, n/N (%)	1/5 (20%)	3/4 (75%)		
ORR, n/N (%)	0/2 (0%)	2/4 (50%)		
MRR, n/N (%)	0/2 (0%)	1/4 (25%)		
PFS rate at 6 months (%)	0%	25%		
MRR: Molecular Response Rate; ORR: Objective Radiological Response Rate; PFS: Progression-free Survival; PSA-RR:				

prostate specific antigen-response rate

Supplementary Fig.1: Waterfall plots describing the percentage changes in serum PSA values from baseline in intention-to-treat analysis. CI: confidence intervals; PSA = prostate specific antigen; PSMA = prostate specific membrane antigen

