GUSTAVE ROUSSY AT ASCO

PRESS RELEASE

30 MAY
03 JUNE
2014

CANCER DE LA PROSTATE

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THE FRENCH GETUG 12 STUDY SUGGESTS THAT CHEMOTHERAPY IS OF BENEFIT IN LOCALLY ADVANCED PROSTATE CANCER OR AT A HIGH RISK OF RELAPSE

Gustave Roussy’s medical researchers will be presenting their clinical and translational research papers at the 50th Annual Meeting of the American Society of Clinical Oncology (ASCO), the world’s biggest oncology gathering. This year there will be 18 oral papers presented by the Institute’s physician-researchers, including 10 on work carried out and 37 posters.

ABOUT GUSTAVE ROUSSY
Gustave Roussy in 2013:
First comprehensive cancer centre in Europe
2 630 professionals dedicated to care, research and learning
356 beds et 89 beds/chairs in day-care
47 000 patients
of which 11,200 first visits
3 690 patients included in a clinical trial
366 clinical studies
321 patients included in phase-1 early trials
88 patients included in phase-2-3 early trials
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Latest news from Gustave Roussy at ASCO from May 30th on www.gustaveroussy.fr/asco2014
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CANCER OF THE PROSTATE

Prof. Karim Fizazi, specialist oncologist in genito-urinary tumours and Head of the Department of Oncological Medicine at Gustave Roussy (Villejuif), presented on Sunday June 1st, during the 50th ASCO Congress in Chicago, the results of GETUG 12: a phase III randomized multicentric French study sponsored by UNICANCER, undertaken in 413 patients suffering from a locally advanced prostate cancer or at high risk of relapse. The results, with 8 years of follow-up, suggest that the association of chemotherapy (docetaxel and estramustine) with benchmark treatment reduces the risk of relapse or of death.

The objective of the GETUG 12 study was to quantify the impact of chemotherapy on survival without progression of cancer of the prostate in patients suffering from locally advanced or at a high risk of relapse types on benchmark treatment. The patients were therefore treated with radiotherapy and hormone therapy (gosereline) administered over 3 years.

The cohort was randomly divided into two groups of which one alone received chemotherapy. Initiated with hormone therapy, this chemotherapy included 4 cycles of a docetaxel and estramustine combination.

The median survival time of patients was close to 8 years (7.6 years).

The results of GETUG 12 suggest that chemotherapy combined with benchmark treatment reduces the risk of relapse or of death: survival without relapse at 8 years was 62% for patients treated with chemotherapy versus only 53% in the control group.
In this study, patients who were suffering from a particularly bulky form of their cancer or who presented with a high blood marker level (PSA), (>20 mg/mL), benefited even more from chemotherapy.

In patients having been given chemotherapy, the incidence of long term secondary effects was not any greater. These effects were most often slight to moderate.

Published in the European Journal of Cancer in 2012, the preliminary results of GETUG 12 showed that the addition of the chemotherapy to the standard treatment, without changing the quality of life of patients at 1 year, significantly reduced their PSA levels (Prostatic Specific Antigen) at 3 months.

The results of GETUG 12 are the first to suggest a favorable impact of chemotherapy in patients suffering from a localized prostate cancer at high risk of relapse.

However a longer follow-up as well as the subsequent publication of other similar studies will be necessary prior to its widespread use.

These results support interest in the International PEACE 2 (GETUG-AFU 23) trial launched in December 2013.

This trial, which will include over 1,000 patients, aims to evaluate the efficacy of neoadjuvant chemotherapy with cabazitaxel and that of pelvic radiotherapy in combination with hormone therapy in patients at very high risk of relapse.

The GETUG 12 study has benefited from financing from The League Against Cancer and from Sanofi-aventis France.
GETUG TRIALS
Cancers of the bladder, prostate, kidney and testes form part of the tumours of the urogenital tract.

The Uro-Genital Tumour Study Group (GETUG) which includes the Centers for the fight against cancer and hospital centers in France, are currently carrying out 12 trials requiring in total the participation of over 6,000 patients.

The research department of the UNICANCER group is actively participating in the GETUG group in the piloting of a specific research on these tumours.

The League Against Cancer supports the large therapeutic strategy trials undertaken by GETUG.