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10-2021

### **6-Month LHRH Formulations are an Optimal Choice During the COVID-19 Pandemic**

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### Poster #13

#### 6-MONTH LHRH FORMULATIONS ARE AN OPTIMAL CHOICE DURING THE COVID-19 PANDEMIC

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Presented By: Jason Matthew Hafron, MD

**Introduction:** Achieving and maintaining testosterone(T) suppression to castrate levels is the cornerstone of androgen deprivation therapy(ADT) in advanced prostate cancer(PCa). However, T may rise above castrate level(50 or 20ng/dL) between injections, especially if a dose is delayed. PCa patients are unable to self-administer treatment and need a clinic visit for injections. During COVID pandemic, visits should be minimized. 6-month formulations only require two office visits/year, and therefore, only have two opportunities to be 'late'. We present analyses of PCa patients treated with the 2 most commonly used ADTs.

**Methods:** Analysis(1/1/07-6/30/16) of US oncology/urology electronic medical records of PCa patients who received leuprolide acetate(LA): in situ gel technology(Gel-LA, subcutaneous) or microspheres technology(Msphere-LA, intramuscular). Mean late doses/year for 1,3,4,6-month LHRH agonist formulations were calculated. Late dose was defined as occurring after days 33,98,129,195, respectively. Mean T and rate of T-tests >50 and 20ng/dL were evaluated.

**Results:** Mean late doses/year for 1,3,4,6-month LHRH agonists formulations were 5.4,0.8,0.8,0.6, respectively. With late dosing, mean T was 48ng/dL(6-month Gel-LA) vs. 76ng/dL(6-month Msphere-LA). 18%(6-month Gel-LA) vs. 25%(6-month Msphere-LA) of T values were >50ng/dL, and 34%(Gel-LA) vs. 44%(Msphere-LA) of T values were >20ng/dL. All three analyses were statistically significant(p<0.05).

**Conclusion:** 6-month formulations had the least late doses/year vs.1,3,4-month formulations. Of 6-month formulations, when doses were late, subcutaneous Gel-LA had a significantly lower mean T and percent of T-tests >50 and 20ng/dL than intramuscular Msphere-LA. Clinicians should consider using 6-month formulations that demonstrate/maintain efficacy through the end of the labeled dosing interval.

**Funding:** TOLMAR Pharmaceuticals, Inc.

### Poster #14

#### MODERNIZATION OF PROSTATE BIOPSY - DOES BIOPSY TYPE AFFECT MANAGEMENT SELECTION?

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Presented By: Brandon Alexander Levin, MS

**Introduction:** Multiparametric magnetic resonance imaging (mpMRI) targeted biopsy has emerged as an augmentation to systematic prostate biopsy with improved diagnostic accuracy. The purpose of this study was to determine whether biopsy modality impacted subsequent management of prostate cancer (PCa).

**Methods:** We performed an institutional retrospective review of patients diagnosed with PCa between January 2014 and December 2020. Biopsies were performed utilizing either systematic transrectal ultrasound-guided 12-core biopsy (SBx), or SBx and  $\geq 1$  targeted mpMRI fusion biopsy cores (FBx) for patients with  $\geq$ prostate imaging and reporting system v2 (PI-RADS) 3 lesions. Patients were subdivided based on management: active surveillance, radiation therapy +/- androgen deprivation therapy, or radical prostatectomy. Logistic regression analysis was completed using demographics and clinicopathologic factors.

**Results:** We identified 597 patients (292 received SBx and 305 received FBx) for analysis. On multivariate logistic regression of all patients, method of biopsy was not a significant predictor of management selection (odds ratio [OR] 0.99; 95% confidence interval [CI] 0.65– 1.53, p = 0.975), nor was it a predictor when stratified for patients who were biopsy naive (OR 1.09; 95% CI 0.69–1.74; p = 0.713) or had history of prior negative biopsy (OR