

Why carry out this study?

- Prostate cancer treatment can incur significant costs due to hospitalizations, outpatient visits, and treatment medications including prescriptions to treat adverse events related to treatment.
- Limited real-world data have been published evaluating the treatment costs of secondary antiandrogen therapies enzalutamide and abiraterone acetate with prednisone (abiraterone) in men with chemotherapy-naïve metastatic castration-resistant prostate cancer (mCRPC).

This summary slide represents the opinions of the authors. This study was funded by Pfizer Inc. (New York, NY, USA), and Astellas Pharma, Inc. (Northbrook, IL, USA). Medical writing assistance for this study was provided by Stephanie Vadasz, PhD, and Dena McWain of Ashfield Healthcare Communications (Middletown, CT, USA). For a full list of acknowledgments and disclosures for all authors of this article, please see the full text online.
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What was learned from the study?

- We evaluated economic outcomes in men with chemotherapy-naïve mCRPC treated with enzalutamide or abiraterone in the Veterans Health Administration (VHA) database to determine if the healthcare resource utilization (HCRU) and costs were different between enzalutamide- and abiraterone-treated patients.

What were the study outcomes/conclusions?

- Men with chemotherapy-naïve mCRPC treated with enzalutamide had less HCRU and incurred lower total healthcare costs than those treated with abiraterone.

What has been learned from the study?

- This is the first study to report real-world data on the HCRU and costs for patients with chemotherapy-naïve mCRPC taking enzalutamide and abiraterone using the VHA database, which includes a large patient population that is distinct from patients enrolled in clinical trials or who are commercially insured.
- These results support the hypothesis that the long-term HCRU and costs of enzalutamide may be lower compared with abiraterone.

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