

The Impact of Clinical CCP Testing in Men with Localized Prostate Cancer for Expanding the Population of Men Eligible for Active Surveillance

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Disclosures

S. Stone, R. Bernhisel, and M. Brawer are employees of Myriad Genetics, Inc. and receive salary and stock options.

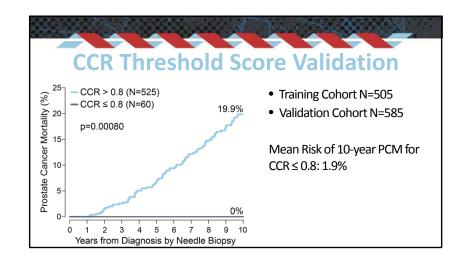
Introduction

- Active surveillance (AS) is an established treatment modality for select men with prostate cancer, but robust selection of appropriate patients is lacking.
- A validated cell-cycle progression risk (CCR) score provides significant prognostic discrimination to newly diagnosed prostate cancers by combining:
 - Molecular risk: Cell-Cycle Progression (CCP) Score
 - Clinical risk: CAPRA

Presented at AUA - May 13, 2017

Cohort and Molecular Testing

- 17,017 men were submitted by their physicians for CCP testing (Myriad Genetic Laboratories).
 - Gene expression of 31 CCP genes and 15 housekeeping genes
 - The CCR Score combines the CCP score with CAPRA.
- Clinicopathological data was obtained from physician-completed test request forms.

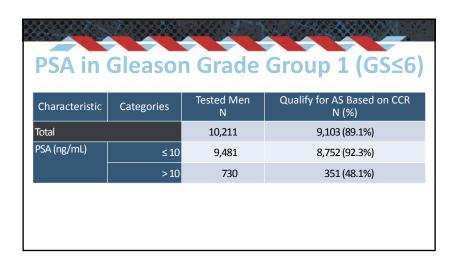


Analysis

- We evaluated the proportion of men eligible for AS based on their CCR score (≤ 0.8), including those whose clinicopathologic criteria would traditionally *disqualify* them from AS.
 - PSA > 10ng/mL
 - Gleason grade group ≥ 2 (Gleason score 3+4)
 - AUA intermediate risk or high risk

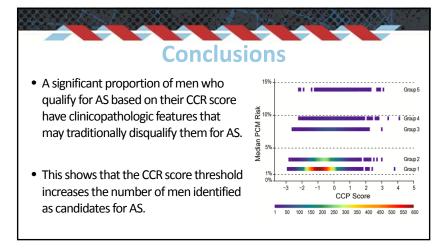
AUA Risk Category			
Characteristic	Categories	Tested Men N	Qualify for AS Based on CCR N (%)
Total		17,017	11,339 (66.6%)
AUA risk classification	Low risk	9,135	8,446 (92.5%)
	Intermediate risk	6,183	2,653 (42.9%)
	High risk	1,699	240 (14.1%)

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