

# Castration-Sensitive Metastatic Prostate Cancer: Phase III Cyto-reductive Study *SIMCAP (Surgery in Metastatic Carcinoma of Prostate: SIMCAP) study*

1: 1 randomization to “surgery + systemic therapy” or “systemic therapy”

Systemic therapy: ADT ± Docetaxel 6cycles (CHAARTED Trial) or ± Abiraterone

Primary Endpoint: Progression-free survival (PFS)

Section of Urologic Oncology, Rutgers Cancer Institute of New Jersey, New Brunswick, NJ

International multi-institutional study involving US, Korea, Hong Kong and Japan (**Juntendo Univ.** etc..).

- To assess the clinical benefit of combining radical surgery – cyto-reductive radical prostatectomy - with the best systemic therapy in men with newly diagnosed clinical N1, M1a, or M1b metastatic prostate cancer.

## STRATIFICATION

Extents of Mets

- High vs. Low

Age

- ≥70 vs. <70

Androgen blockade

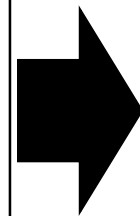
- Yes vs. No

SRE\* Prevention

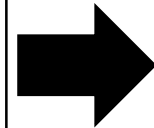
- Yes vs. No

Prior Adjuvant ADT

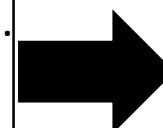
- ≤12 vs. >12 months



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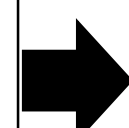


**ARM A:**  
ADT for 3 mo.  
Followed by  
Surgery

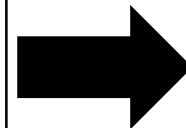


Within  
1 mons.

**ARM A: ±**  
DOC 75 mg/m<sup>2</sup>  
(Q 21 days) for  
max 6 cycles  
or **ABI 1g/day**



Follow for  
time to PFS



**ARM B:**  
ADT ± DOC 75 mg/m<sup>2</sup> (Q 21 days)  
for max 6 cycles  
or **ABI 1g/day**



\*SRE: skeletal related event