

**856P Differences in treatment recommendations for advanced prostate cancer according to region and medical specialization: Analysis of the APCCC 2017 voting results**

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**Background:** Development of new agents & therapy combinations in prostate cancer has led to uncertainty in best management approaches. The widely-attended Advanced Prostate Cancer Consensus Conference (APCCC) 2017 convened in Mar-2017 to provide expert opinions on open questions.

**Methods:** The 52 invited APCCC 2017 panelists were 15 urologists, 26 medical oncologists (onc), 11 radiation onc (incl. 4 clinical onc), from the following regions: 19 Europe, 24 N America, 9 other incl. Australia. We assessed the relationship of panelists specialization & regions with the responses to the consensus questions.

**Results:** Voting results of 3 APCCC 2017 consensus questions (Table) cover adding docetaxel to androgen deprivation (ADT) in low-volume (LV) castration-naïve metastatic PCa (mCNPC), adding radium-223 in men with progression on treatment with abiraterone/enzalutamide and first-line treatment for castration-resistant prostate cancer (CRPC) after chemo-hormonal therapy. There was a confirmed difference in preference for docetaxel in LV pts by region; there may be differences on other matters by region of practice and specialization. Results of further questions will be presented.

**Conclusions:** This dataset allows exploration of expert recommendations by region and medical specialization. Our data suggests that there are substantial differences highlighting the importance of international and multidisciplinary representation in consensus conferences.

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**Table: 856P**

Question	Region			Speciality		
	Europe	North America	Other	Urology	Medical Oncology	Radiation Oncology
N	19	24	9	15	26	11
Do you recommend docetaxel plus ADT in de novo low-volume mCNPC?						
In majority	53%	13%	22%	27%	23%	45%
In selected minority	47%	79%	67%	67%	69%	55%
No	0%	8%	11%	7%	8%	0%
In mCRPC pats on abi/enza with progress only in the bone, do you recommend the addition of radium-223?						
In majority	28%	52%	50%	50%	29%	64%
In selected minority	39%	39%	38%	36%	46%	27%
No (inc stop abi/enza)	33%	9%	13%	14%	25%	9%
Preferred first-line mCRPC treatment in symptomatic men with PD within 6 m after chemo-hormonal therapy for CNPC?						
Abi/Enza	37%	70%	71%	62%	56%	55%
Cabazitaxel	42%	13%	29%	38%	28%	9%
Docetaxel	0%	0%	0%	0%	0%	0%
Radium-223	16%	4%	0%	0%	4%	27%
Other or no pref.	5%	13%	0%	0%	12%	9%