
ThermoFisher
SCIENTIFIC
Oncology
Do you want to refine your view?
B·R·A·H·M·S CgA II KRYPTOR
as new opportunity in prostate cancer!
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# Prostate cancer:

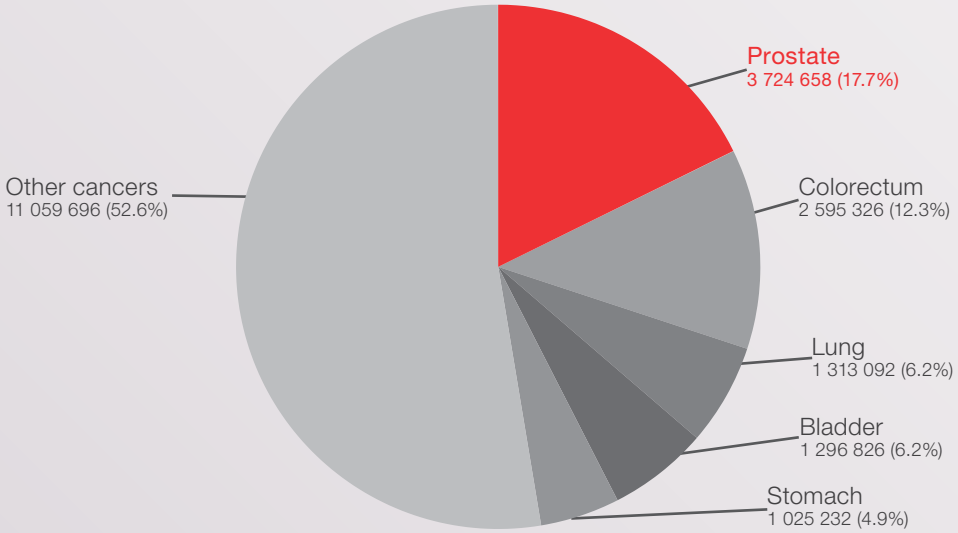
## Relevant for lives, important to have on screen

### Most prevalent cancer

in men worldwide

Standard therapeutic approaches (depending on disease status):

- Watchful Waiting
- Chemo-/Radiotherapy/Surgery
- Hormonal therapy/Androgen Deprivation Therapy (ADT)




**Number of prevalent cancer cases in 2018, male, all age**[1]

### Neuroendocrine prostate cancer

Neuroendocrine prostate cancer (NEPC) is an aggressive subtype of prostate cancer characterized by neuroendocrine differentiated cells.

When progressing up to **40 %** of PCs develop neuroendocrine differentiation (NED).[2]

Prostate cells are stimulated by androgens.

ADTs target androgen receptor signaling and thus suppress proliferation. (chemical castration)

ADT promotes developement of NEPC by neuroendocrine differentiation.

NEPC can proliferate independently from androgen receptor signaling and is usually resistant to ADT (Castration resistant prostate cancer = CRPC).

**For CRPC a change of therapy is necessary.**

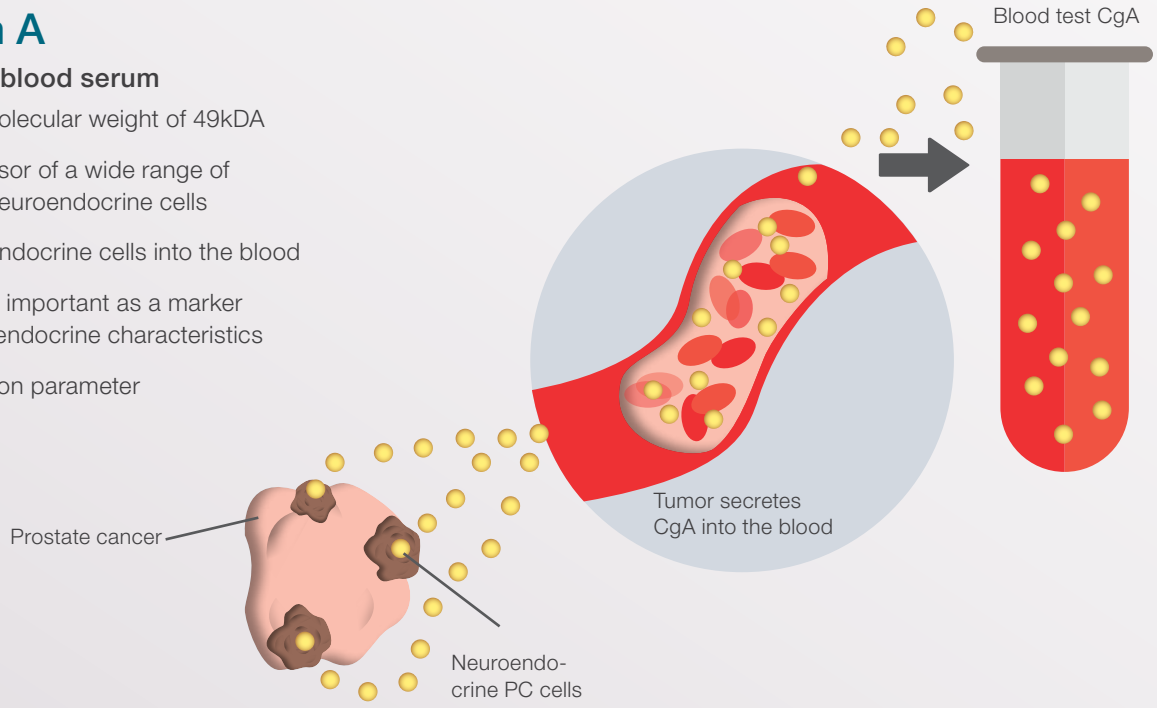
### Monitoring is necessary to detect:

- Neuroendocrine differentiation
- Treatment-emergent resistance to ADT
- Risk of progression

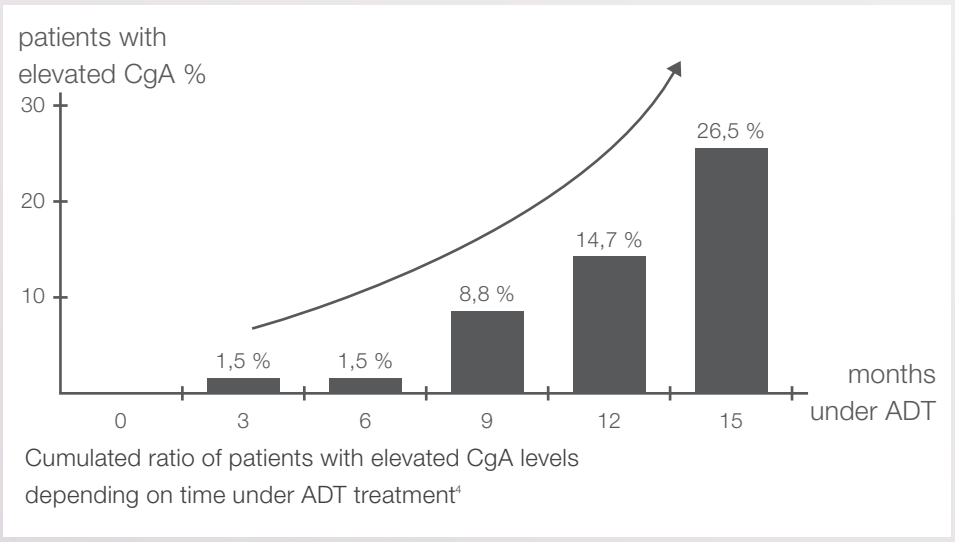
# Chromogranin A

**A sensitive marker in blood serum**

- Glycoprotein with a molecular weight of 49kDA
- Produced as a precursor of a wide range of different hormons in neuroendocrine cells
- Secreted from neuroendocrine cells into the blood
- Therefore increasingly important as a marker for tumors with neuroendocrine characteristics
- Serves as a progression parameter




Neuroendocrine prostate cancer cells usually do not secrete PSA but CgA, and thus NEPC patients often show disproportionately low PSA values and CgA is elevated.[3]




Cumulated ratio of patients with elevated CgA levels depending on time under ADT treatment[4]

**Experts recommend measurement of serum CgA levels in 3-month intervals in patients under hormonal treatment.[4]**

# B·R·A·H·M·S CgA II KRYPTOR:

## Complementary detection tool in prostate cancer

### Documented utility of circulating CgA in NEPC

Studies have shown:

CgA indicates neuroendocrine differentiation (NED) in prostate cancer[2]

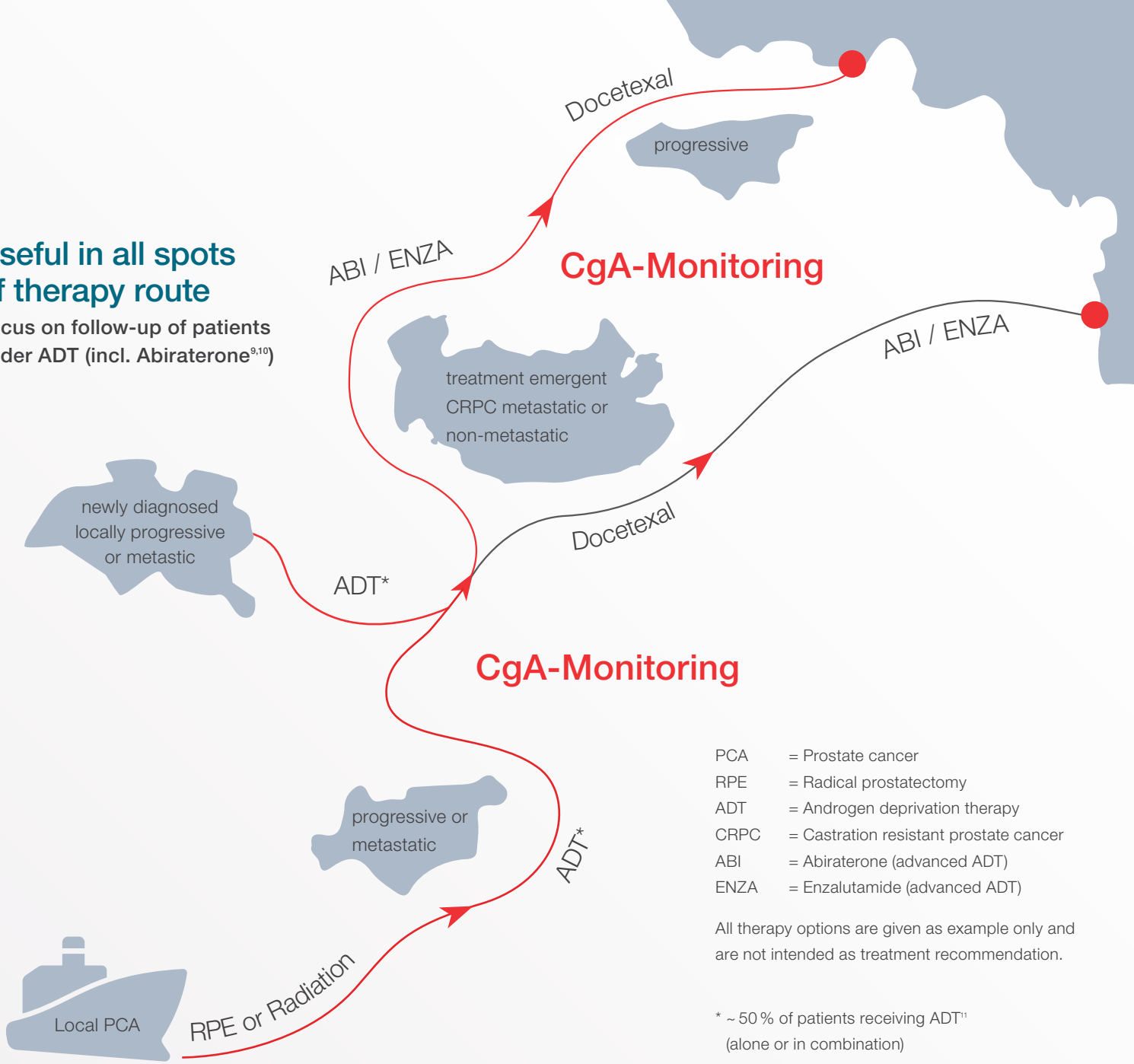
CgA is useful in identification of emerging resistance to hormonal therapy[4,5]

Elevated CgA indicates development of metastases and risk for aggressive prostate cancer[7,8]

CgA values are associated with tumor stage, therapy response and clinical outcome[6]

## Useful in all spots of therapy route

**Focus on follow-up of patients under ADT (incl. Abiraterone[9,10])**



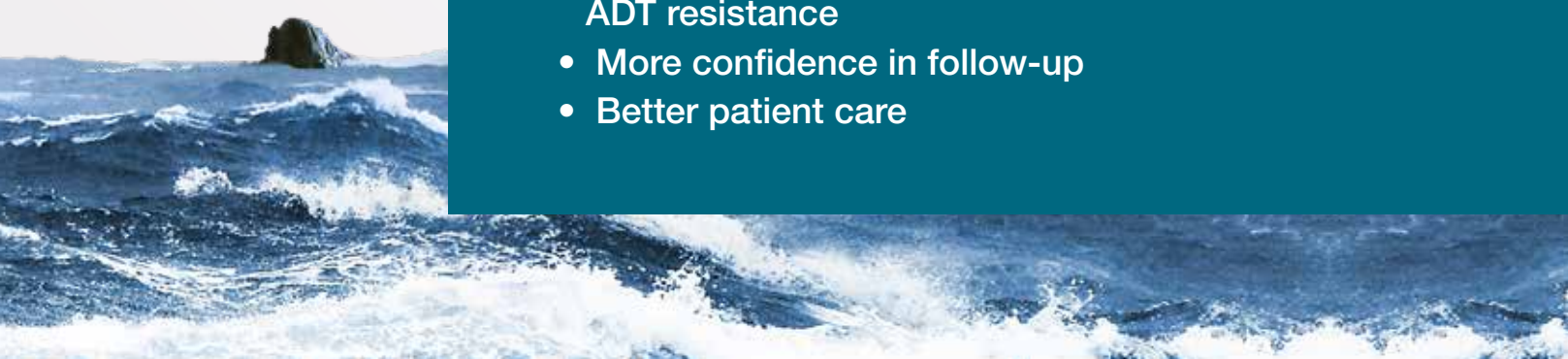

| | |
|---|---|
| PCA | = Prostate cancer |
| RPE | = Radical prostatectomy |
| ADT | = Androgen deprivation therapy |
| CRPC | = Castration resistant prostate cancer |
| ABI | = Abiraterone (advanced ADT) |
| ENZA | = Enzalutamide (advanced ADT) |

All therapy options are given as example only and are not intended as treatment recommendation.

* ~ 50 % of patients receiving ADT[11] (alone or in combination)

## Advantages of Thermo Scientific™ B·R·A·H·M·S™ CgA II KRYPTOR™ in prostate cancer:

- Earlier change of therapy by early identification of neuroendocrine differentiation and related ADT resistance
- More confidence in follow-up
- Better patient care



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## B·R·A·H·M·S CgA II KRYPTOR

The automated immunoassay for Chromogranin A is not only indicated in neuroendocrine tumors but also provides a tool to aid in the early identification of neuroendocrine differentiated prostate cancer and related ADT resistance.

- more safety for the patient
- earlier change of therapy
- more confidence in follow-up

# Refine your view in prostate cancer – NOW!

## Use serum CgA as a tool in early detection of prostate cancer transition during monitoring of all your patients under hormonal treatment.


**References:**

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**Clinical Diagnostics**

Thermo Fisher Scientific
B·R·A·H·M·S GmbH
Neuendorfstr. 25
16761 Hennigsdorf
Germany

+49 (0)3302 883 0
+49 (0)3302 883 100 fax
info.onco@thermofisher.com
www.thermoscientific.com/brahms


Learn more at **thermoscientific.com/brahms**

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