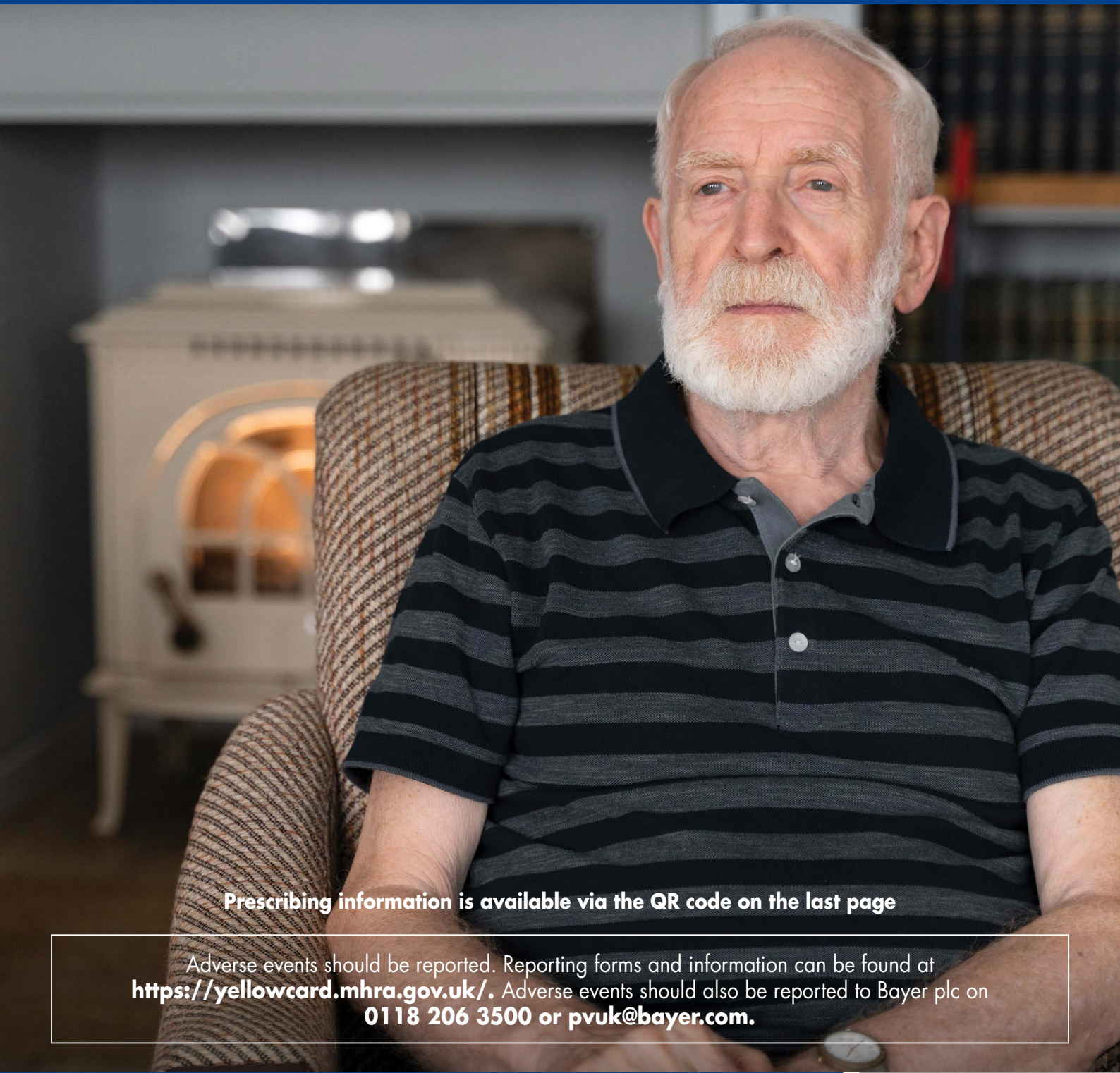
ARE YOUR PATIENTS WITH ADVANCED PROSTATE CANCER TOO TIRED TO PARTICIPATE IN LIFE'S DAILY ACTIVITIES?

FATIGUE is a common side effect of advanced prostate cancer treatment.[1]



Prescribing information is available via the QR code on the last page

Adverse events should be reported. Reporting forms and information can be found at **https://yellowcard.mhra.gov.uk/.** Adverse events should also be reported to Bayer plc on **0118 206 3500 or pvuk@bayer.com.**

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NUBEQA (darolutamide) is indicated for the treatment of adult men with non-metastatic castration-resistant prostate cancer (nmCRPC) who are at high risk of developing metastatic disease, or with metastatic hormone-sensitive prostate cancer (mHSPC) in combination with docetaxel.[2]

Intended for UK healthcare professionals only.

PP-NUB-GB-1908 | February 2025

NUBEQA® (darolutamide) 300 mg tablets

Treatment-related fatigue impacts many men with advanced prostate cancer[1]

UP TO 68%

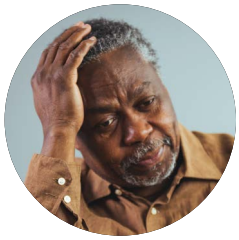
of men with advanced prostate cancer experience treatment-related fatigue, which substantially affects their daily activities and their physical, mental, and social health[1]

- **Diminished ability to do activities or work[1]**
- **Reduced ability to care for oneself and keep relationship dynamics[1]**
- **Cognitive difficulties[1]**
- **Insomnia can lead to depression which can further exacerbate fatigue[1]**

"In the midst of a two-day training workshop that I was giving, my legs just gave away. They turned to jelly. That was embarrassing enough, [then I had] to cope to continue through the planned session… **I had to change my way of earning a living because I just could not cope at that point with the fatigue of doing training courses."**

–David (patient with treatment-related fatigue)*

Quote taken from roundtable discussion, Cornford et al. 2024.



The quality of life of patients is an important factor when considering treatment options[1]

3 QUESTIONS TO START A DISCUSSION ABOUT FATIGUE WITH YOUR PATIENTS[1]

1. Are you experiencing "brain fog"?
2. Are you struggling with daily tasks or the ability to work?
3. Are you having any difficulties keeping up with your hobbies and your social life?

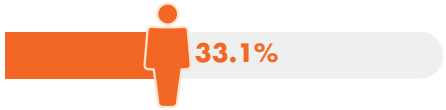
* Patient name is fictitious. This is an individual case, other experiences may vary

Efficacy that doesn't compromise your patient's QoL. Choose NUBEQA in mHSPC and nmCRPC[2-6†]

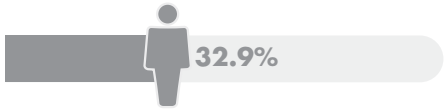
MINIMAL INCREASE IN FATIGUE BETWEEN TREATMENT ARMS WHEN ADDING NUBEQA[2,4,7]

mHSPC

NUBEQA + DOCETAXEL + ADT (N=1,305)



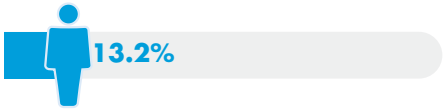
PLACEBO + DOCETAXEL + ADT



66.9% OF MEN on NUBEQA + DOCETAXEL + ADT reported NO FATIGUE[4]

nmCRPC

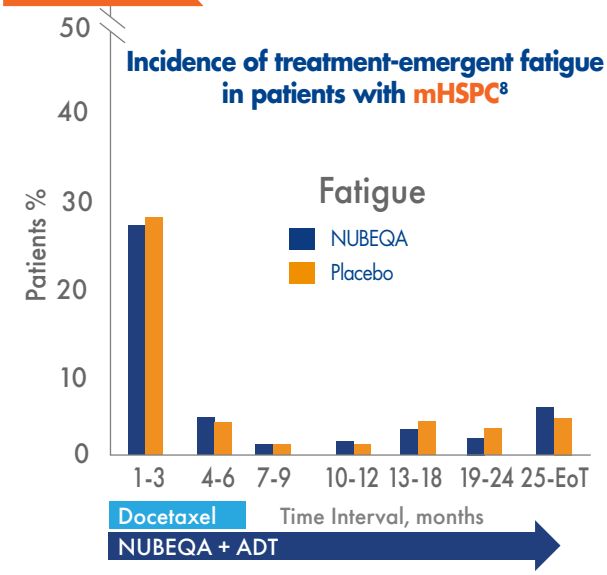
NUBEQA + ADT (N=1,509)



PLACEBO + ADT

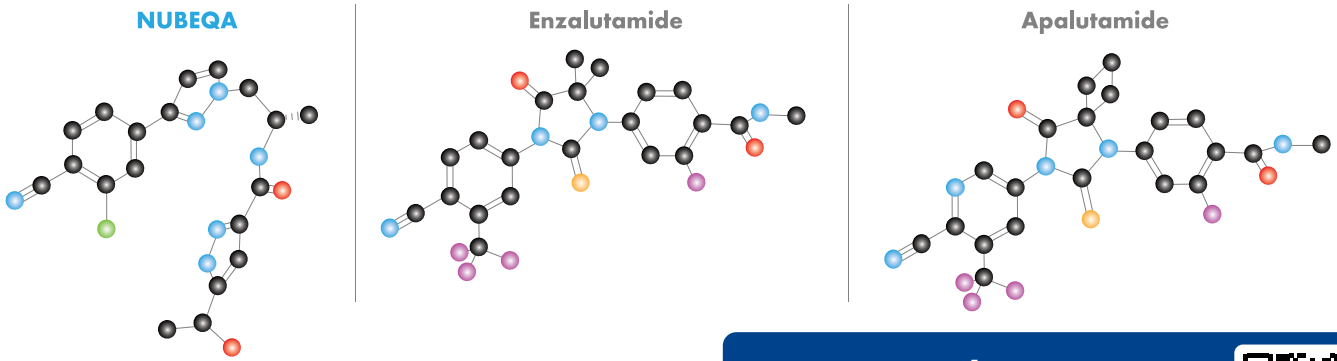
86.8% OF MEN on NUBEQA + ADT reported NO FATIGUE[7]

mHSPC



After completing all docetaxel cycles, patients with mHSPC who received continued therapy with NUBEQA and ADT experienced a reduced incidence of AEs vs during docetaxel therapy[2]

Treatment with NUBEQA should be continued until disease progression or unacceptable toxicity even if a cycle of docetaxel is delayed, interrupted, or discontinued[2]



NUBEQA's distinct molecular structure is key to its mechanism of action[2,5,6]

Learn more about NUBEQA's mechanism of action

This QR code will take you to a promotional Bayer website.

†ARASENS trial. Men with mHSPC. NUBEQA + ADT + docetaxel (n=651) vs. placebo + ADT + docetaxel (n=654). Primary endpoint was OS. 32.5% reduction in risk of death vs. placebo + ADT + docetaxel (HR: 0.68; 95% CI: 0.57-0.80; p<0.001). Median OS: NE months vs. 48.9 months with placebo + ADT + docetaxel. Number of patients with events 229/561 (35.2%) vs. 304/654 (46.5%) with placebo + ADT + docetaxel. Docetaxel 75 mg/m2 q3w x 6 cycles.[4]
§ARAMIS trial. Men with high-risk nmCRPC. NUBEQA + ADT (n=955) vs. placebo + ADT (n=554). Primary endpoint was median MFS. Median MFS for NUBEQA + ADT was 40.4 months (n=955) vs. 18.4 months for placebo + ADT (n=554) (HR: 0.41; 95% CI: 0.34–0.50; p<0.001). Secondary endpoint was OS. 31% reduction in risk of death vs ADT alone. OS for NUBEQA + ADT was NR (95% CI: 56.1-NR) vs NR (95% CI: 46.9-NR) for placebo + ADT (HR: 0.69 (95% CI: 0.53-0.88), p=0.003). Number of patients with OS events 148/955 (15.5%) vs. 106/554 (19.1%) with placebo + ADT. Final analysis for OS was conducted after 254 deaths.[3,7]

Efficacy that doesn't compromise your patient's QoL. Choose NUBEQA in mHSPC and nmCRPC[2-6†]

Extends

Extended overall survival by

>30%

across **mHSPC** (vs ADT and docetaxel alone) and **nmCRPC** (vs placebo + ADT)[4,7]

Delays

Delayed tumour progression by

22 months

vs placebo + ADT in **nmCRPC**[3††]

Maintains QoL

<1%

increase in AE incidence when added to ADT and docetaxel in **mHSPC**[4,9]

The only ARI

The only ARI with

<1%

increase in treatment discontinuation when added to ADT in a Phase 3 clinical trial in **nmCRPC**[3]

NUBEQA is the only NICE-recommended and SMC-accepted therapy in combination with ADT and docetaxel in mHSPC[2,10,11]

The first NICE-recommended and SMC-accepted ARI in high-risk nmCRPC[2,12,13]

EXTEND SURVIVAL.

MAINTAIN YOUR PATIENT'S QoL.[2-6] CHOOSE NUBEQA.

LEARN MORE ABOUT NUBEQA

This QR code will take you to a promotional Bayer website.

Prescribing information and adverse event reporting information for NUBEQA (darolutamide) is available via the QR code on the right.

Either click here or scan the QR code for prescribing information and adverse event reporting information.

For direct access to this prescribing information, please ensure your device's browser settings have automatic PDF download enabled.

The most common AEs in **mHSPC** patients receiving NUBEQA in combination with docetaxel were rash (17.3%), ALT increased (15.8%), AST increased (14.0%) and hypertension (13.8%).[2] The most common AE in **nmCRPC** patients receiving NUBEQA was fatigue/asthenic conditions (15.8%).[2] **Please refer to the NUBEQA SmPC for the full safety information.**

††The eligibility criteria for treatment with darolutamide for patients with high-risk nmCRPC is: no metastases detected in recent imaging, pelvic lymph nodes <2 cm permissible; castration-resistant prostate carcinoma (testosterone <1.7 nmol/L, PSA increase while on ADT, PSA ≥2 ng/mL); PSA doubling time of ≤10 months (this list is not exhaustive).[3,14]

ADT, androgen deprivation therapy; AE, adverse event; ALT, alanine aminotransferase; ARI, androgen receptor inhibitor; AST, aspartate transferase; CI, confidence interval; HR, hazard ratio; MFS, metasasis-free survival; mHSPC, metastatic hormone-sensitive prostate cancer; NE, not estimable; nmCRPC, non-metastatic castration-resistant prostate cancer; NICE, National Institute of Health and Care Excellence; NR, not reached; OS, overall survival; p, probability; PSA, prostate-specific antigen; QoL, quality of life; q3w, once every 3 weeks; SMC, Scottish Medicines Consortium; SmPC; summary of product characteristics.

References: 1. Cornford P, et al. Eur Urol Open Sci. 2024;63:119-125. **2.** NUBEQA (darolutamide) Summary of Product Characteristics. 2024. **3.** Fizazi K, et al. N Engl J Med. 2019;380(13):1235-1246. **4.** Smith MR, et al. N Engl J Med. 2022;386(12):1132-1142. **5.** XTANDI (enzalutamide) Summary of Product Characteristics. 2024. **6.** ERLEADA (apalutamide) Summary of Product Characteristics. 2024. **7.** Fizazi K, et al. N Engl J Med. 2020;383(11):1040-1049. **8.** Bayer. Data on file. REF-M_DAR-GB-0685. **9.** Bayer. Data on file. REF-M_DAR-GB-0641. **10.** NICE. TA903. 2023. **11.** SMC. SMC2604. **12.** NICE. TA660. 2020. **13.** SMC. SMC2297. 2020. **14.** Crawford ED. et al. Cancer Manag Res. 2020;12:5667-5676

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