



# Avancées thérapeutiques chez le sujet âgé

2 avril 2026

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**Niort**

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**Camille EVRARD**

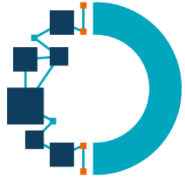
Oncologue médicale, CHU Poitiers



# Liens d'intérêts

**Camille EVRARD**

- Consultante pour Servier, Pierre Fabre, Merck Serono et Amgen
- Invitation en congrès: Merck, BMS, Pierre Fabre, MSD, Servier.



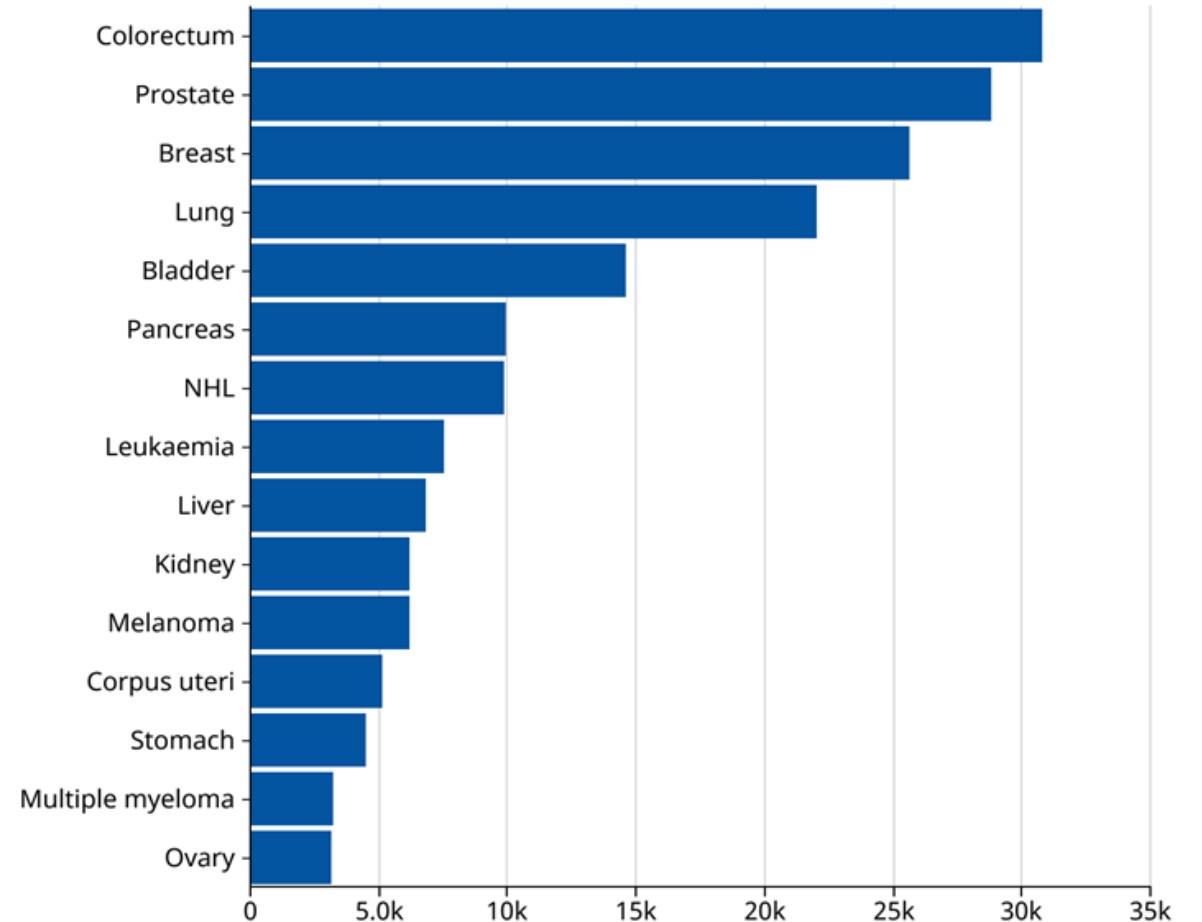
# Le cancer en 2022

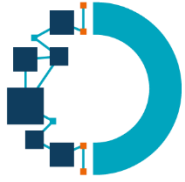
Données GLOBOCAN

Population de 70 à 85  
ans et plus

250 000 / an en France

**Absolute numbers, Incidence, Both sexes, age [70-85+],  
in 2022**



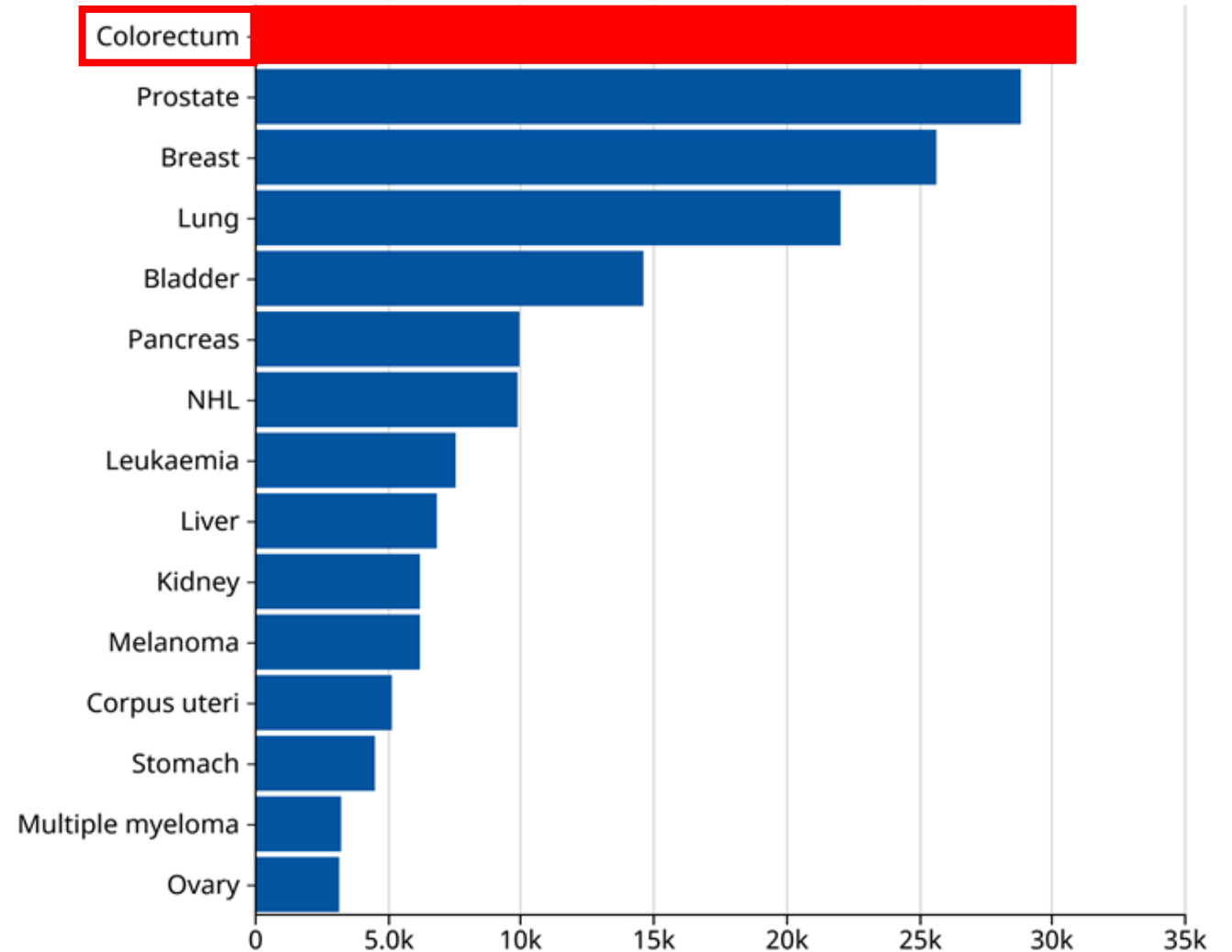


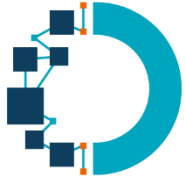
# CANCER COLORECTAL

Données GLOBOCAN

Population de 70 à 85  
ans et plus

31000 /an

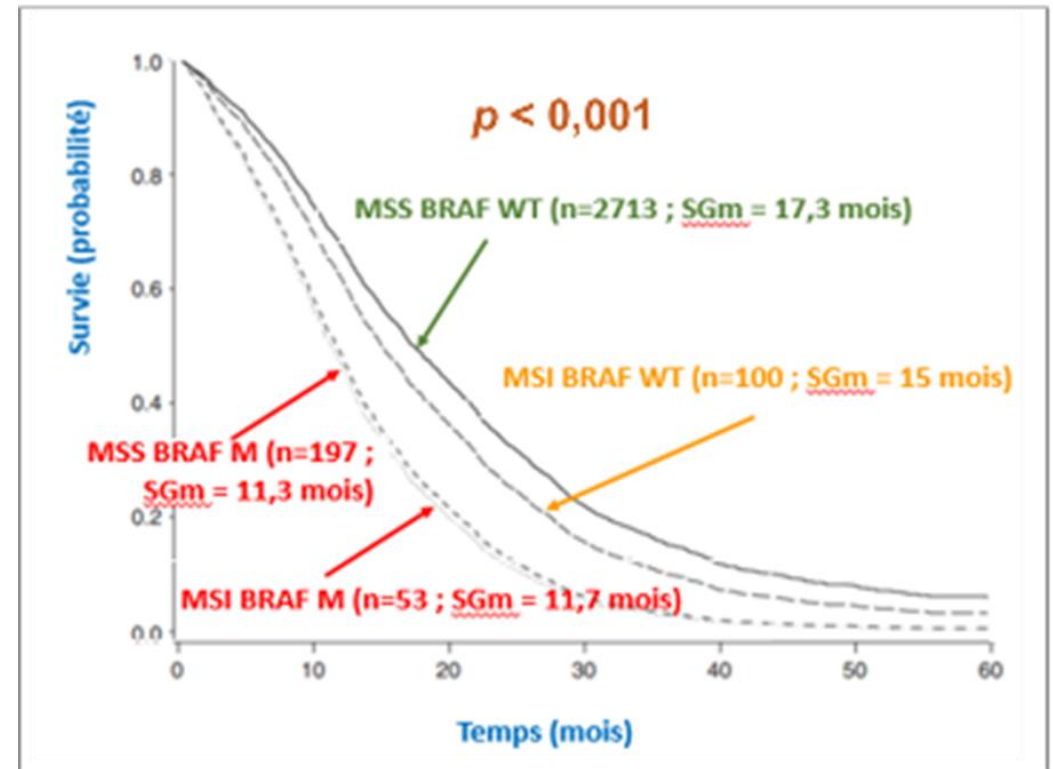


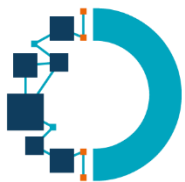


# Cancer colorectal métastatique

## BRAF muté, MSI (hors syndrome de Lynch)

- Patients âgés, plus souvent femmes
- Côlon droit, composante mucineuse, peu différencié
- M+ péritonéales et ggr fréquents, peu de M+ pulmonaires
- Phénotype MSI (sporadique = hors syndrome de Lynch)
- Inactivation de MLH1 par hyperméthylation des îlots CpG (CIMP)



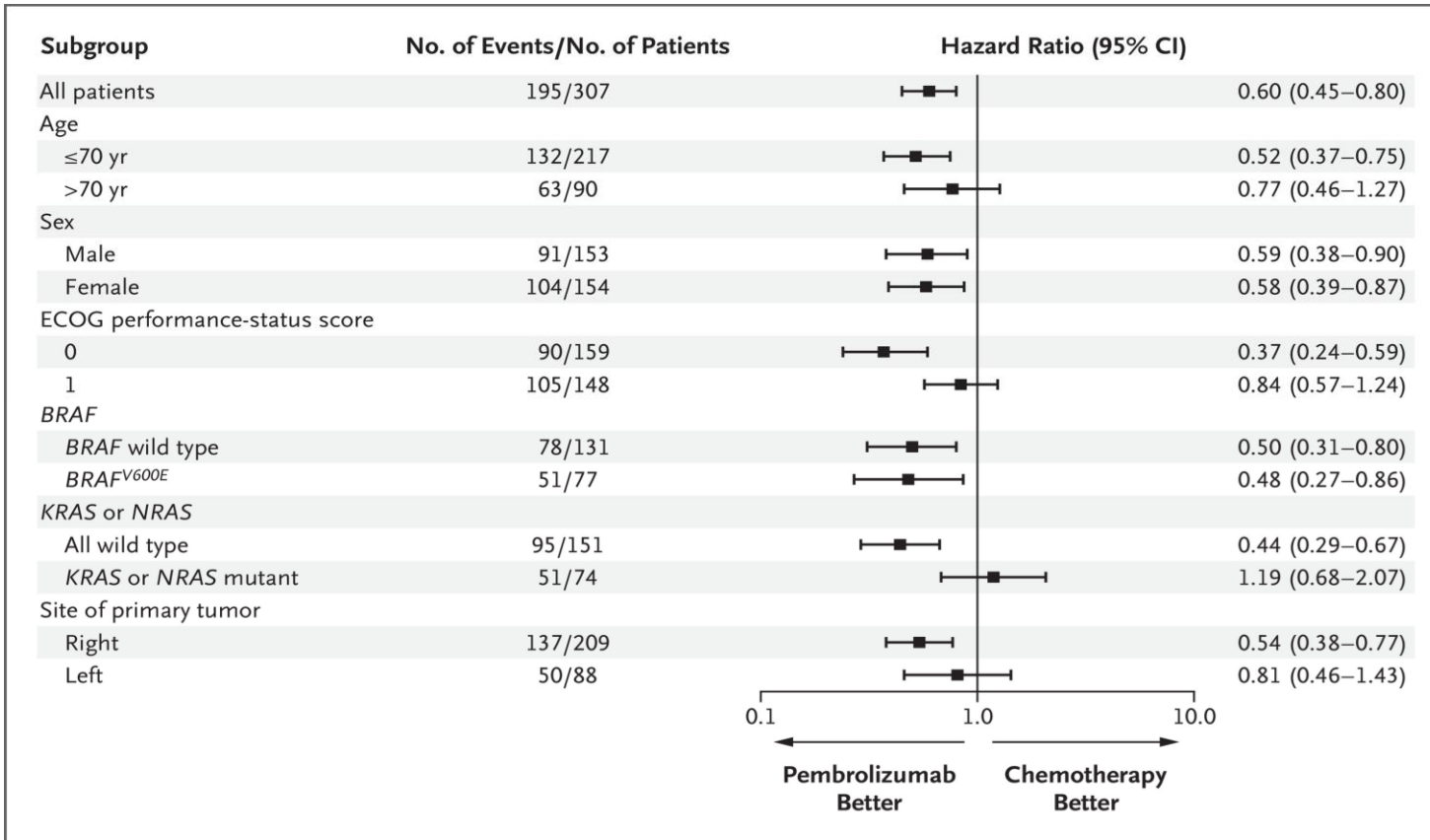
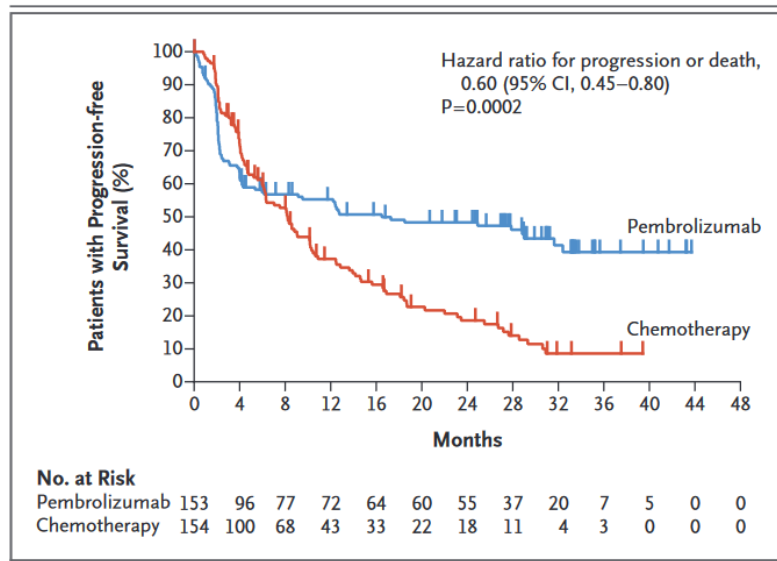


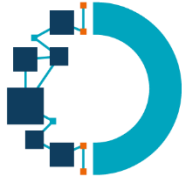
# Etudes princeps immunothérapie CCRm

## Étude Keynote 177: Pembrolizumab in MSI Advanced CRC

**Table 1. Demographic and Patient Characteristics at Baseline.\***

Characteristic	Pembrolizumab (N=153)	Chemotherapy† (N=154)
Median age (range) — yr	63.0 (24–93)	62.5 (26–90)
≥65 years of age — no. (%)	73 (48)	71 (46)
Male sex — no. (%)	71 (46)	82 (53)
ECOG performance-status score of 0 — no. (%)‡	75 (49)	84 (55)
MSI-H§ — no. (%)	153 (100)	153 (99)

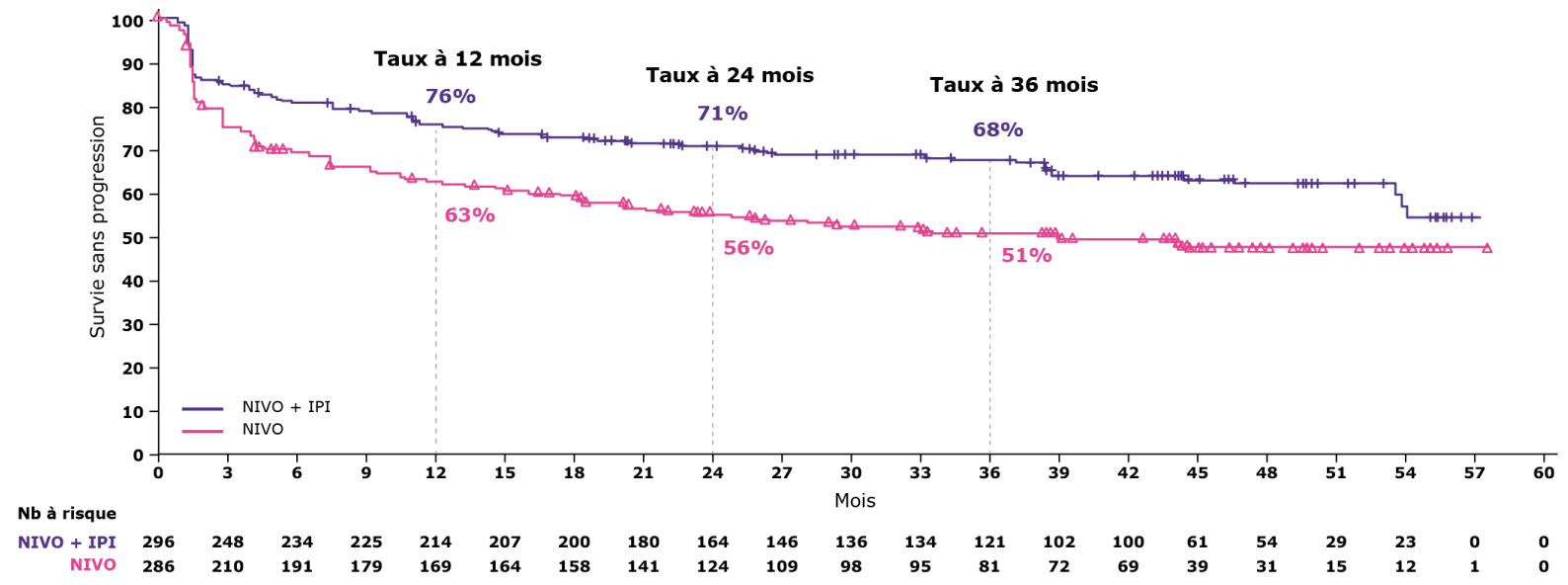
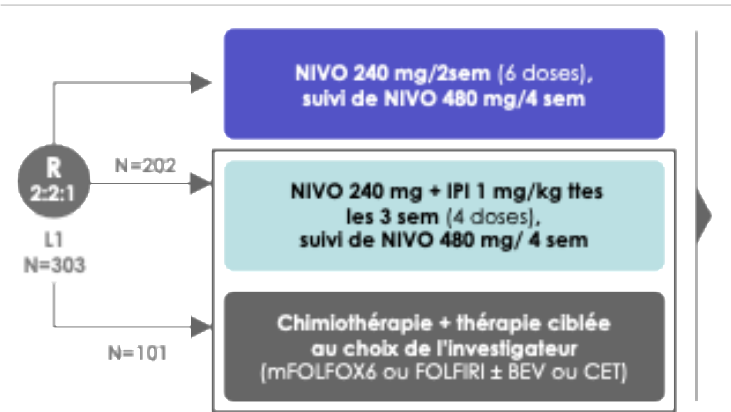


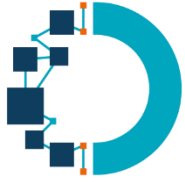


# Etudes princeps immunothérapie CCRm

## ChekMate 8HW: Nivolumab + Ipilimumab versus Nivolumab toutes lignes

Catégories (statut MSI-H/dMMR confirmé en centralisé)	Sous-groupes	SSP médiane, mois		HR non stratifié	HR non stratifié (95% CI)
		NIVO + IPI	NIVO		
Global (N = 582)		NR	39.3	0.63	
Age, ans	< 65 (n = 321)	NR	NR	0.60	
	≥ 65 (n = 261)	NR	29.4	0.66	
Sexe	Homme (n = 284)	NR	28.2	0.60	
	Femme (n = 298)	NR	NR	0.67	



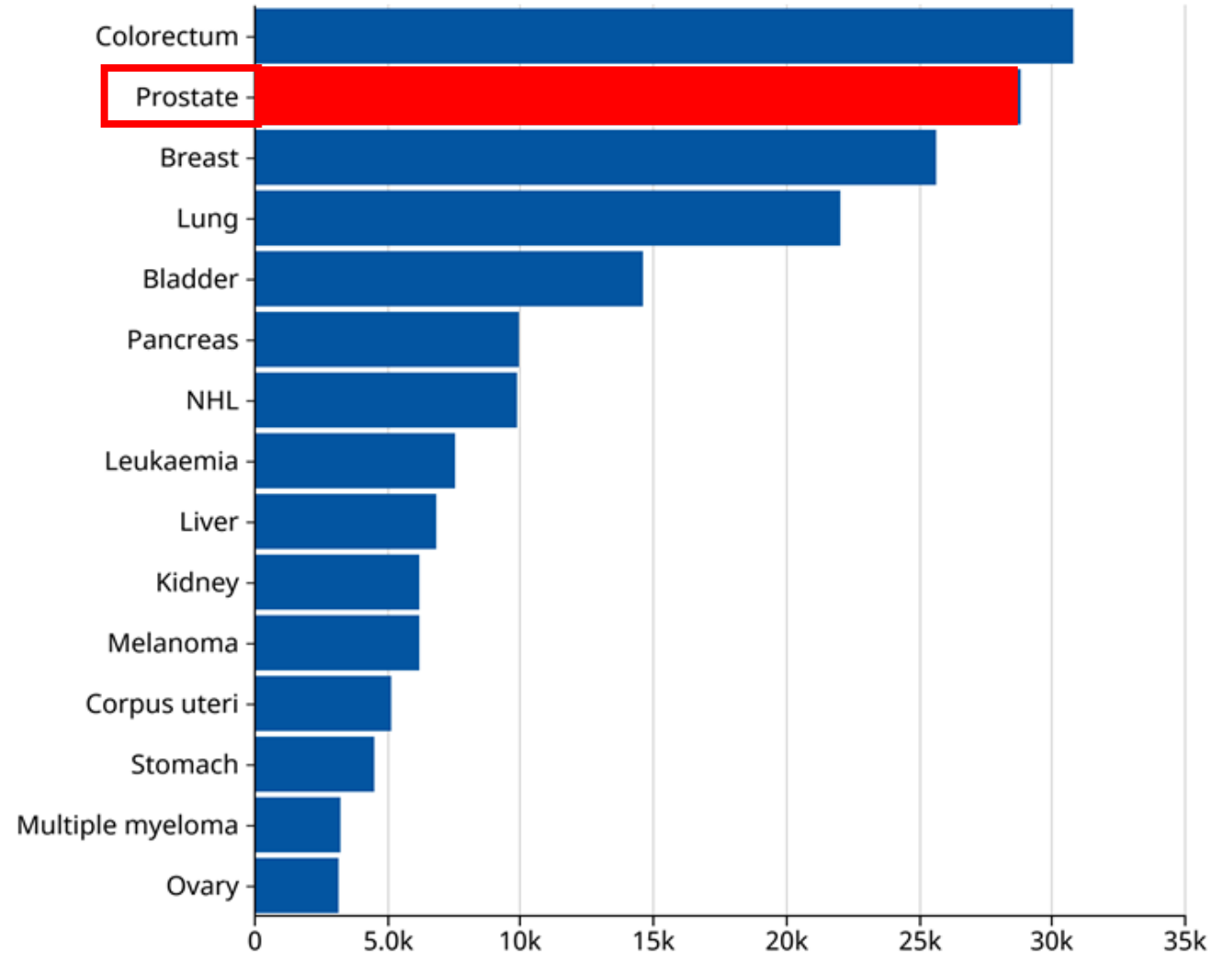


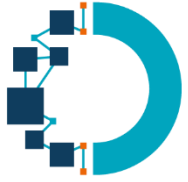
# CANCER PROSTATE

Données GLOBOCAN

Population de 70 à 85  
ans et plus

29 000 /an





# Cancer de la prostate

## Résistant à la castration

### Étude PSMA-617-01 - VISION

- Phase 3 randomisée:
- Lutécium  $^{177}\text{Lu}$ -PSMA-617 + soins de support vs soins de support
- Cancer de la prostate métastatique, évolutif et positif au PSMA (*Prostate-specific membrane antigen*).

**Table 1: Baseline Participant Characteristics according to  $^{177}\text{Lu}$ -PSMA-617 Plus SOC or SOC Only Treatment**

Characteristic	Randomized Participants ( $n = 826$ )	
	$^{177}\text{Lu}$ -PSMA-617 Plus SOC ( $n = 548$ )	SOC Only ( $n = 278$ )
Age (y)		
Median*	70.0 (64.0–75.0)	71.5 (66.0–76.0)
$\geq 65$ –84	396 (72.3)	212 (76.3)
$\geq 85$	8 (1.5)	6 (2.2)

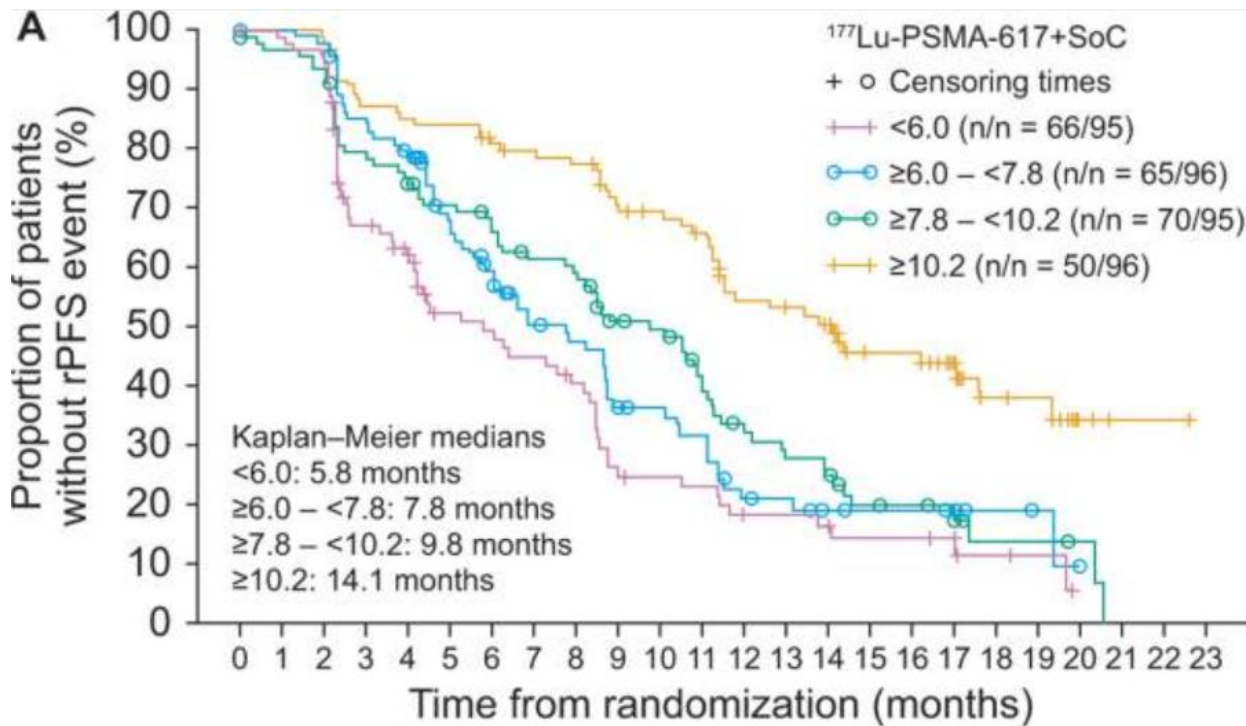


# Cancer de la prostate,

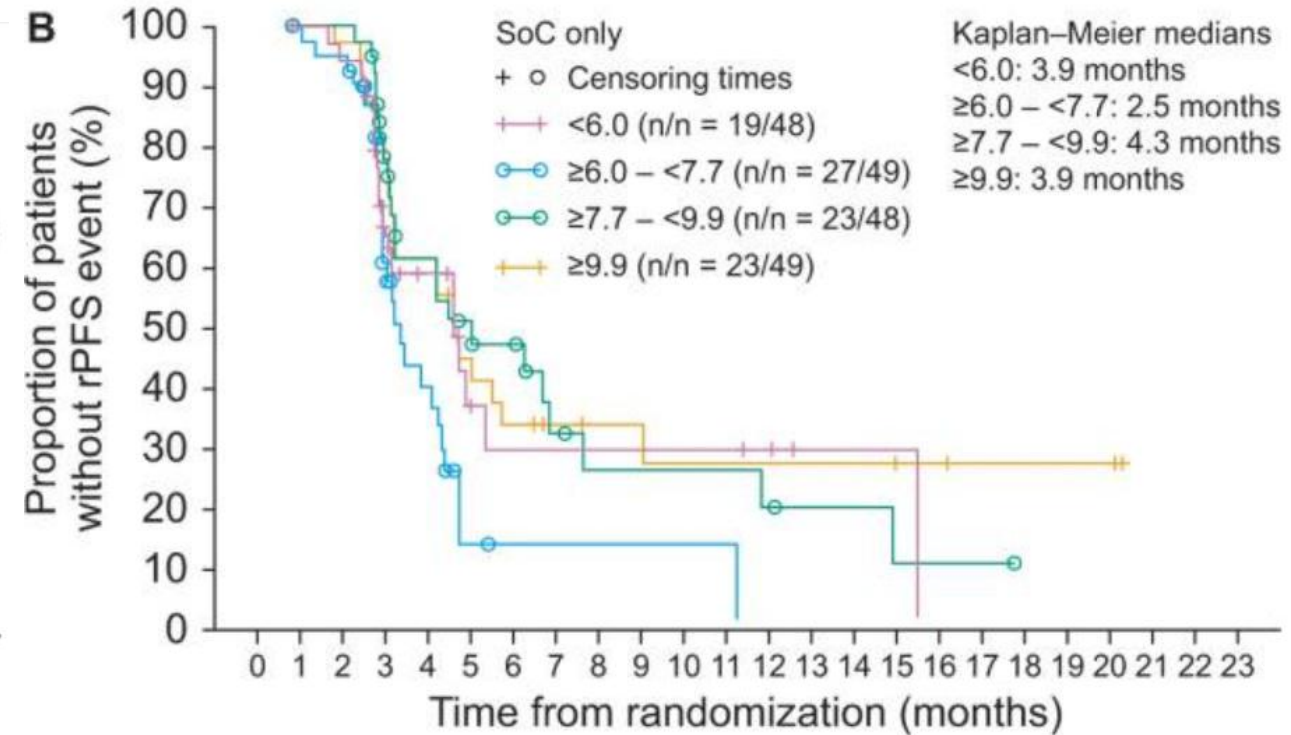
## Étude PSMA-617-01 - VISION

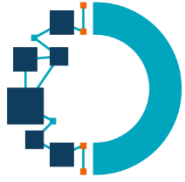
whole-body tumor mean standardized uptake value (SUV<sub>mean</sub>) quartile

### Lu-PSMA + SoC



### SoC seuls



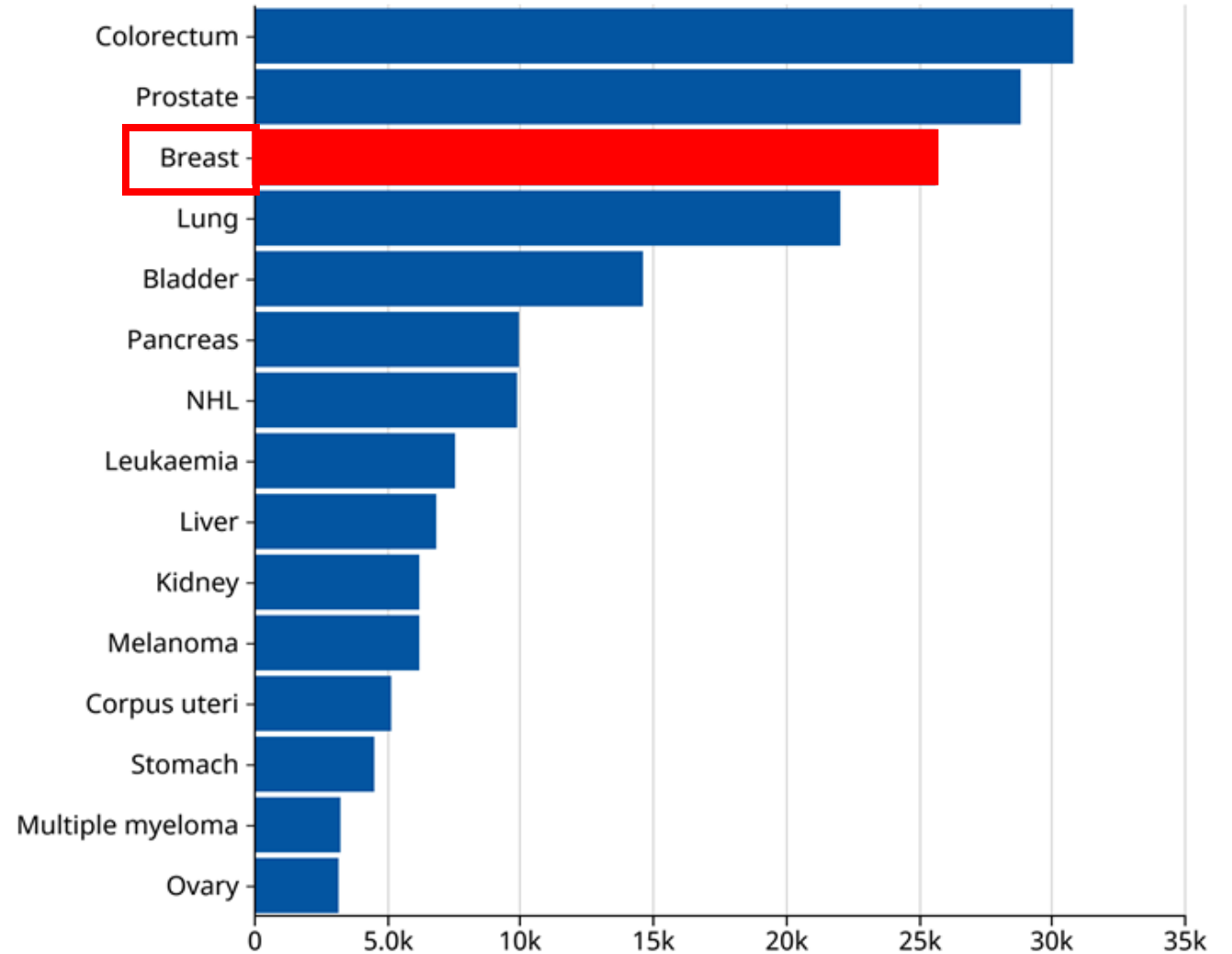


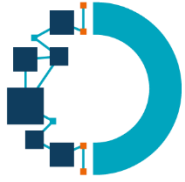
# CANCER DU SEIN

Données GLOBOCAN

Population de 70 à 85  
ans et plus

26000 /an

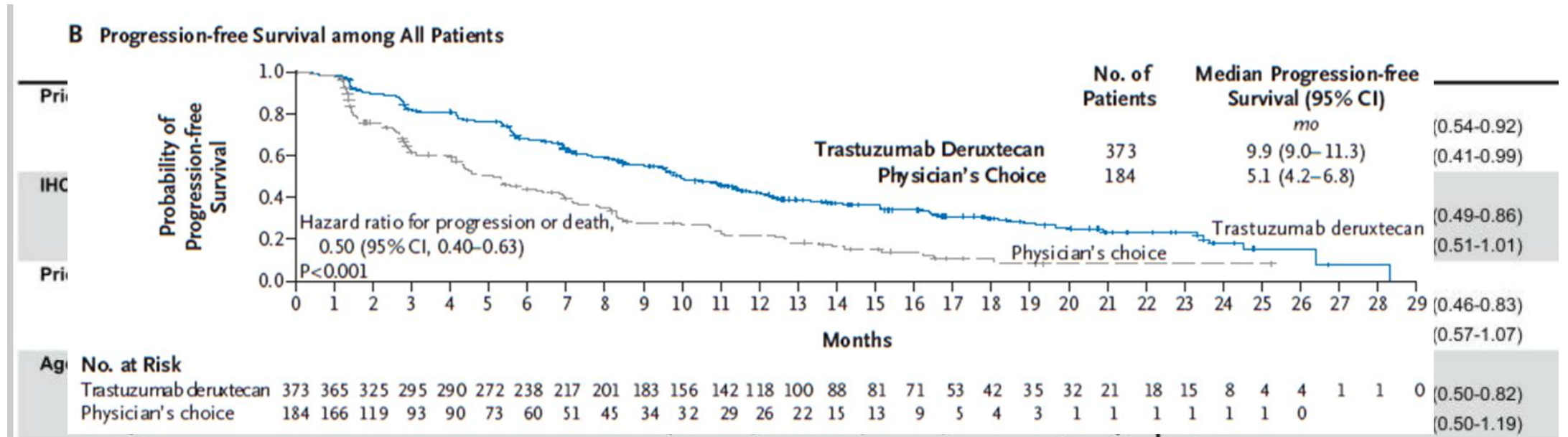




# Cancer du sein

## Étude DESTINY BREAST 04

- cancer du sein Her2 low, déjà reçu 1 ou 2 lignes de traitement
- 713 patientes randomisées 2:1, 373 patients traitées par Trastuzumab Deruxtecan (versus ttt au choix de l'investigateur), médiane âge = 57 ans

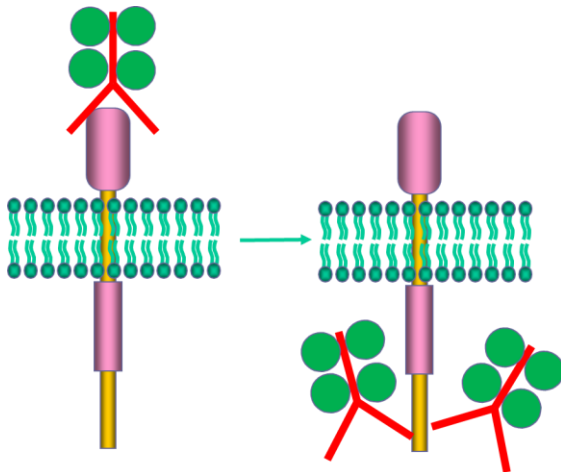




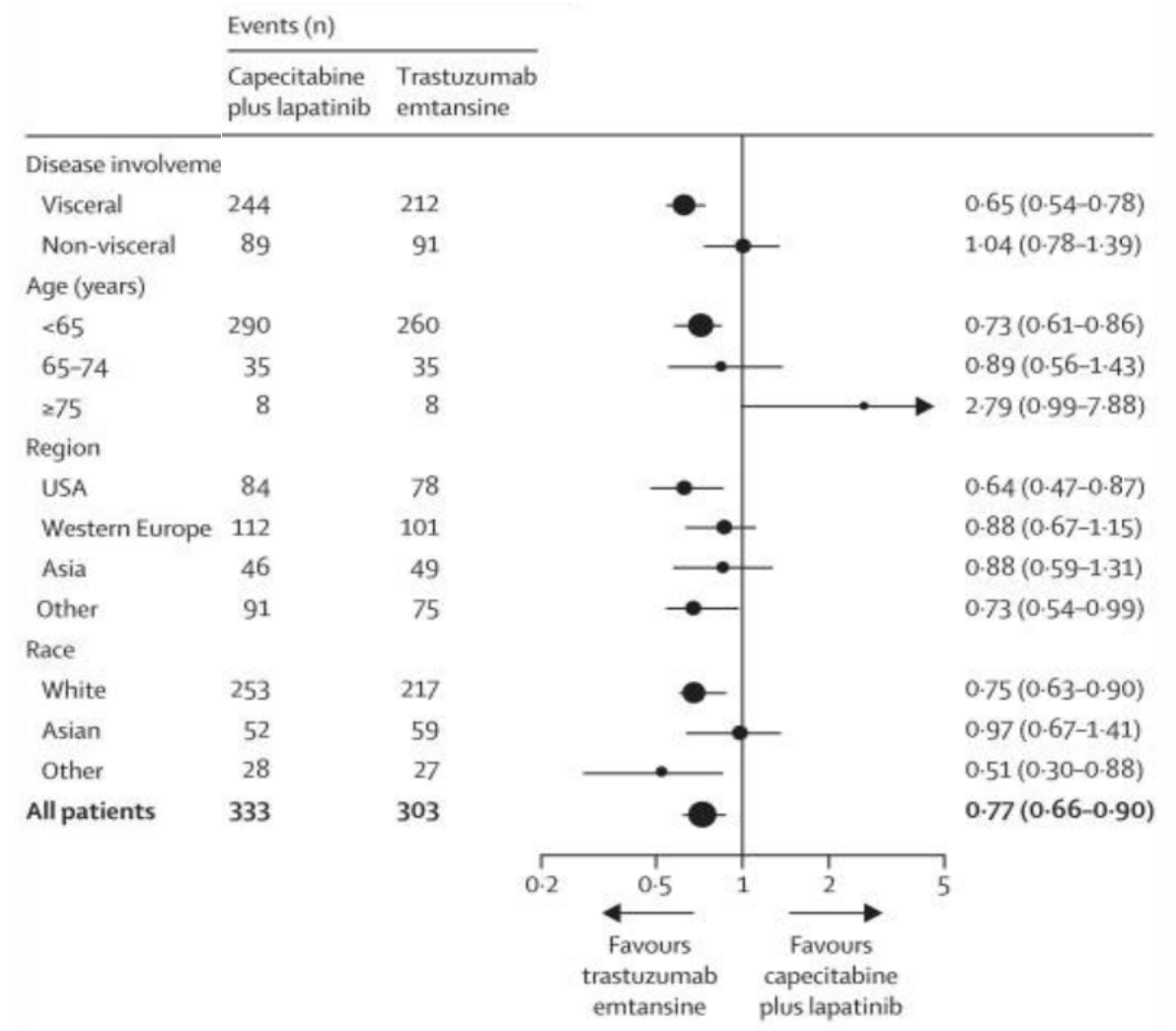
# Cancer du sein

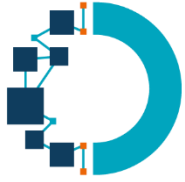
## Étude DESTINY BREAST 04

ADC: antibody drug conjugate:  
 trastuzumab emtansine (T-DM1),  
 trastuzumab deruxtecan (T-DXd),  
 sacituzumab govitecan (SG)



## Antibody-drug conjugates in elderly patients with breast cancer. Bonotto M, et al. Breast. 2025;80:104428.



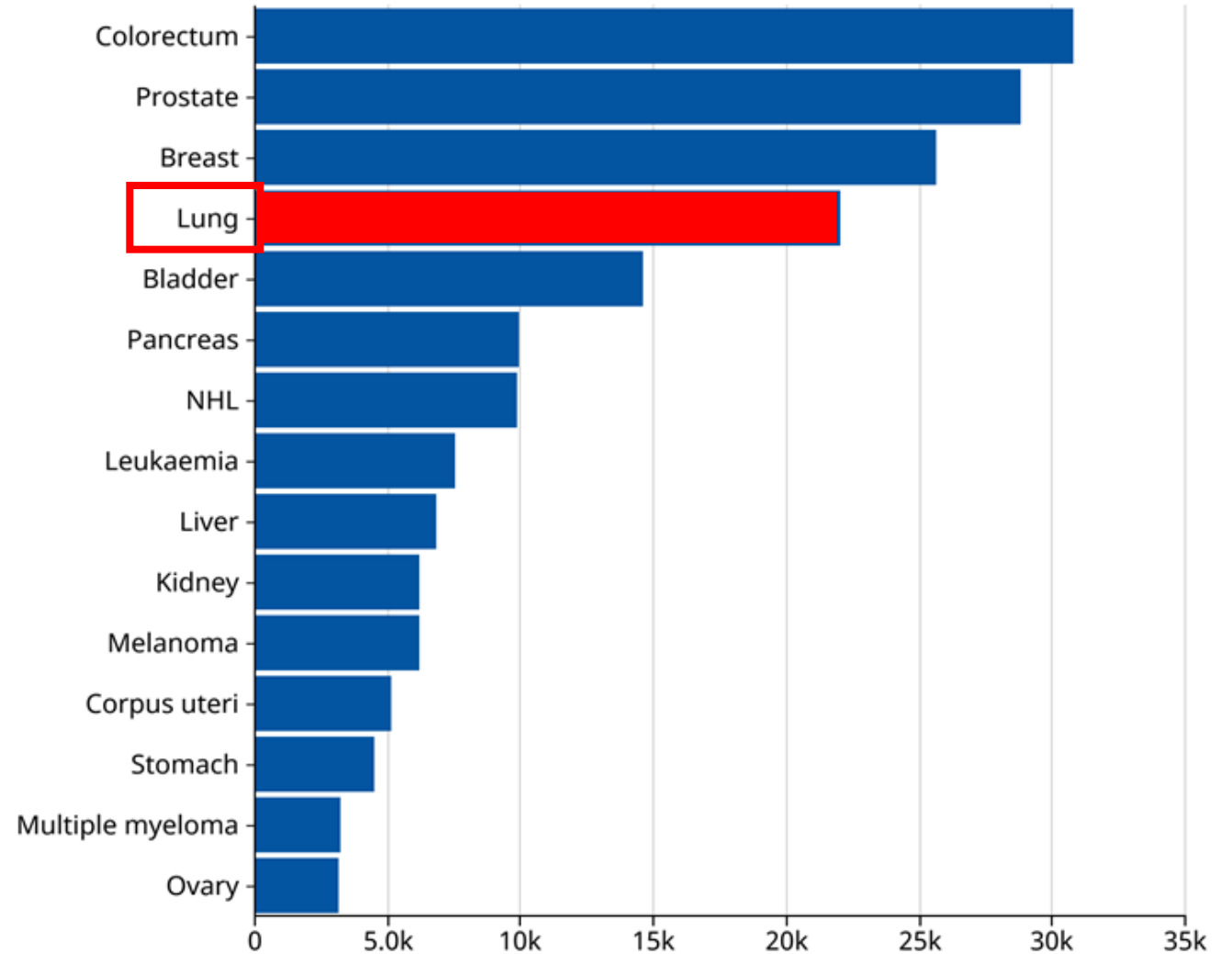


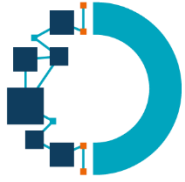
# CANCER DU POUMON

Données GLOBOCAN

Population de 70 à 85  
ans et plus

22000 /an



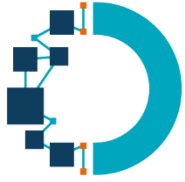


# Cancer du poumon

## Nivolumab néo adjuvant

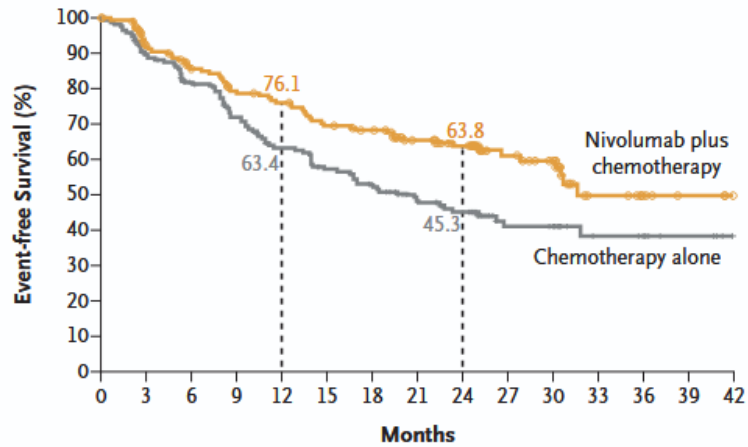
- Randomisation entre Nivolumab + chimio à base de sel de platine versus sel de platine seul
- En néo adjuvant, stades IB à IIIA

Characteristic	Nivolumab plus Chemotherapy (N=179)	Chemotherapy Alone (N=179)
Age		
Median (range) — yr	64 (41–82)	65 (34–84)
Distribution — no. (%)		
<65 yr	93 (52.0)	83 (46.4)
≥65 yr	86 (48.0)	96 (53.6)



# Cancer du poumon

## Nivolumab néo adjuvant



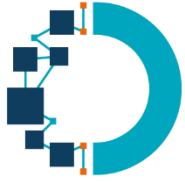
	No. of Patients	Median Event-free Survival (95% CI) mo
Nivolumab plus Chemotherapy	179	31.6 (30.2–NR)
Chemotherapy Alone	179	20.8 (14.0–26.7)

Hazard ratio for disease progression, disease recurrence, or death, 0.63 (97.38% CI, 0.43–0.91)  
P=0.005

### No. at Risk

	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42
Nivolumab plus chemotherapy	179	151	136	124	118	107	102	87	74	41	34	13	6	3	0
Chemotherapy alone	179	144	126	109	94	83	75	61	52	26	24	13	11	4	0

Subgroup	No. of Patients	Median Event-free Survival (95% CI) mo		Unstratified Hazard Ratio for Disease Progression, Disease Recurrence, or Death (95% CI)
		Nivolumab plus chemotherapy (N=179)	Chemotherapy alone (N=179)	
Overall	358	31.6 (30.2–NR)	20.8 (14.0–26.7)	0.63 (0.45–0.87)
Age				
<65 yr	176	NR (31.6–NR)	20.8 (14.0–NR)	0.57 (0.35–0.93)
≥65 yr	182	30.2 (23.4–NR)	18.4 (10.6–31.8)	0.70 (0.45–1.08)

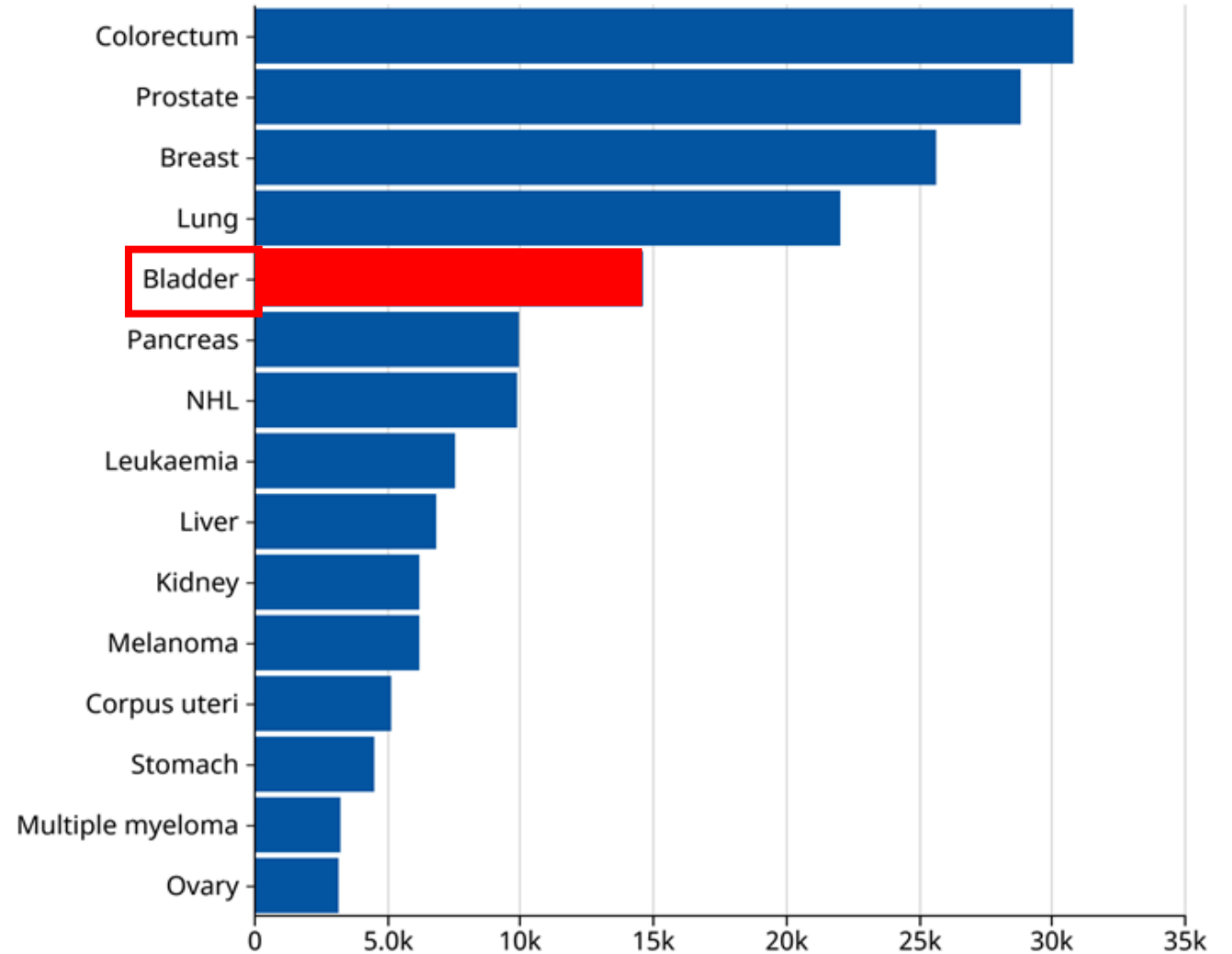


# CANCER DE LA VESSIE

Données GLOBOCAN

Population de 70 à 85  
ans et plus

15000 /an



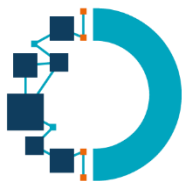


# Cancer de vessie

## Enfortumab – Vedotin + Pembrolizumab, Keynote 905

Inclusion de patients inéligibles pour le Cisplatine, donc patients plus âgés que dans les autres études (plutôt 63-68 ans de médiane d'âge)

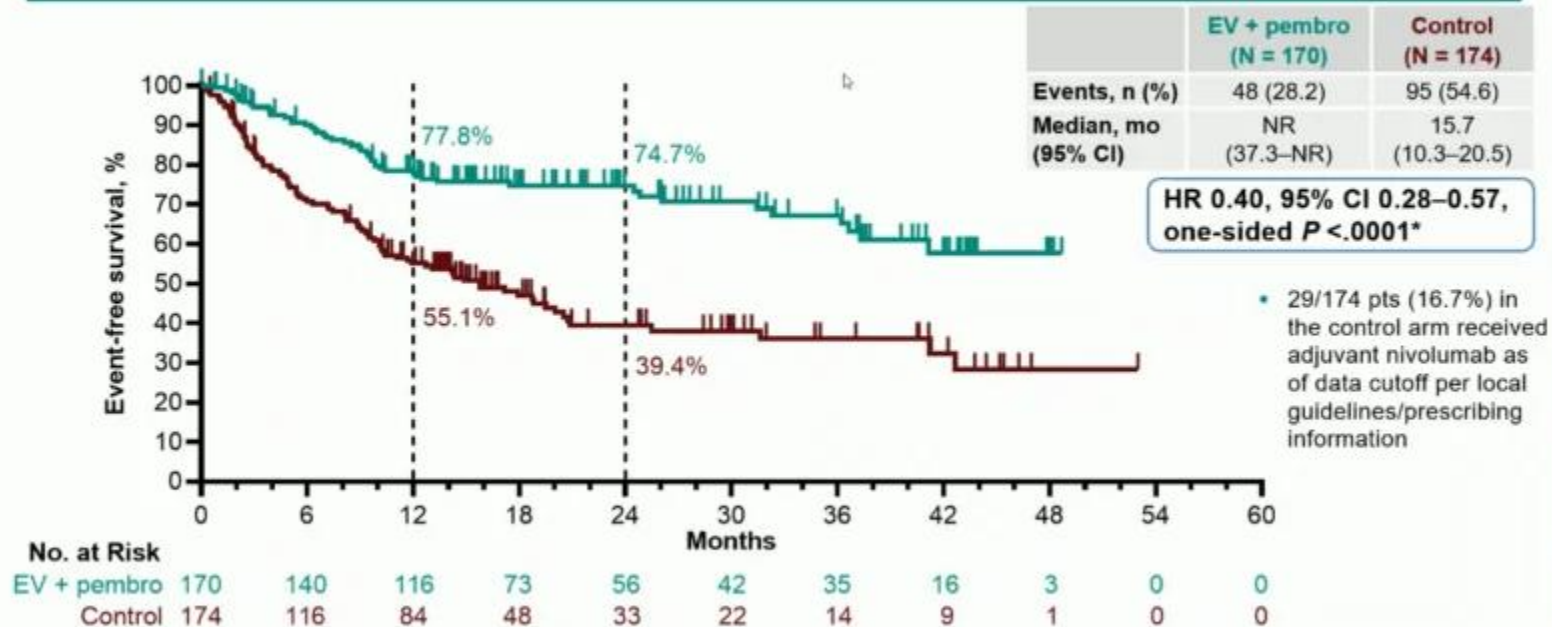
Characteristic, n (%)	EV + pembro (N = 170)	Control (N = 174)
<b>Median age (range), years</b>	74.0 (47–87)	72.5 (46–87)
≥65 to <75 years	63 (37.1)	77 (44.3)
≥75 years	78 (45.9)	68 (39.1)
<b>Male</b>	137 (80.6)	131 (75.3)
<b>ECOG PS</b>		
0	102 (60.0)	95 (54.6)
1	47 (27.6)	53 (30.5)
2	21 (12.4)	26 (14.9)
<b>Region</b>		
United States	21 (12.4)	23 (13.2)
European Union	78 (45.9)	77 (44.3)
Most of World	71 (41.8)	74 (42.5)
<b>Cisplatin eligibility status (per Galsky criteria)</b>		
Ineligible	142 (83.5)	139 (79.9)
Eligible but declining	28 (16.5)	35 (20.1)



# Cancer de vessie

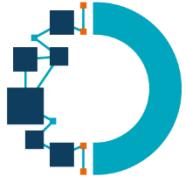
## Enfortumab – Vedotin + Pembrolizumab, Keynote 905

### Primary Endpoint: EFS<sup>a</sup> by BICR ITT Population



NR, not reached. \* denotes statistical significance (one-sided boundary 0.0097). <sup>a</sup>Time from randomization to first occurrence of: radiographic PD precluding surgery; biopsy-proven residual MIBC (pts who did not undergo surgery); gross residual disease post-surgery or newly detected metastatic disease at surgery; local/distant recurrence post-surgery (imaging or biopsy); or death (any cause). Any new high-risk NMIUC was also considered an event. Pts who did not undergo surgery were considered as having an EFS event if they met criteria for EFS events at any point in time or were censored within ≤16 wks from last dose of neoadjuvant therapy or surgery.

Data cutoff date: 6 June 2025

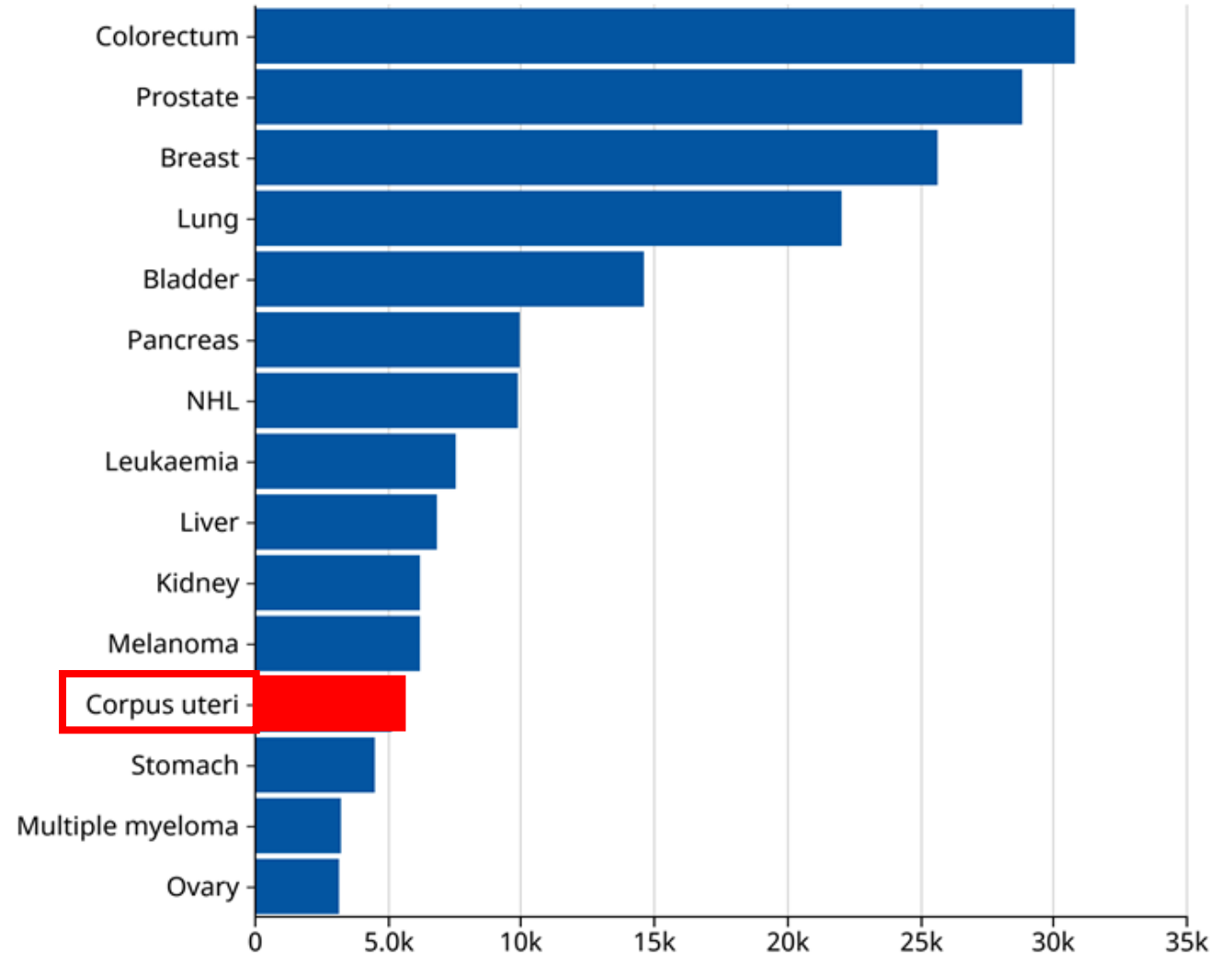


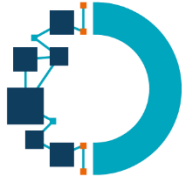
# CANCER ENDOMETRE

Données GLOBOCAN

Population de 70 à 85  
ans et plus

5100 /an





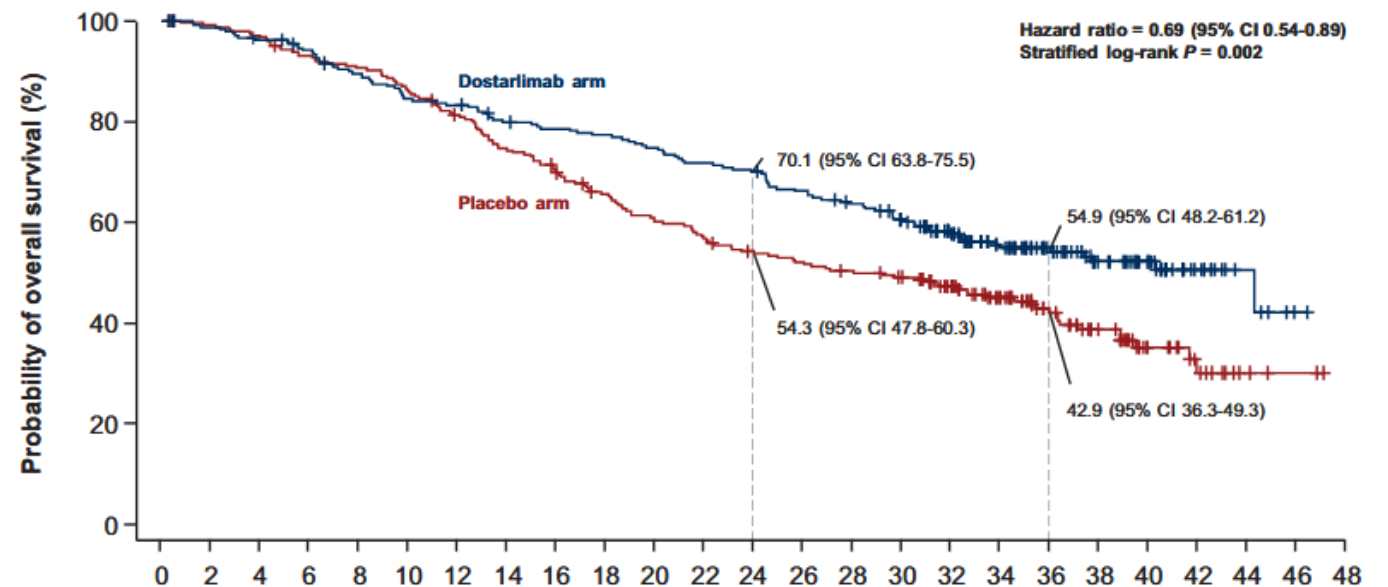
# Cancer de l'endomètre dMMR/MSI

## Étude RUBY, Dostarlimab + Carboplatine + Paclitaxel

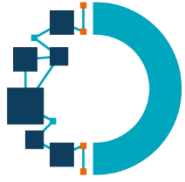
**Table 1. Patient demographics and clinical characteristics at baseline**

Characteristic	Dostarlimab plus carboplatin–paclitaxel (n = 245)	Placebo plus carboplatin–paclitaxel (n = 249)
Age		
Age, median (range), years	64 (41-81)	65 (28-85)
<65 years, n (%)	127 (51.8)	114 (45.8)
>65 years, n (%)	118 (48.2)	135 (54.2)

### Population globale de l'étude



	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48
No. at risk	245	239	232	223	211	201	198	188	184	181	175	168	164	154	146	137	118	95	70	52	37	17	6	2	0
No. of events	0	3	9	16	27	37	40	48	51	54	60	67	71	80	86	93	98	102	104	107	107	108	108	109	109
Dostarlimab + carboplatin–paclitaxel	249	244	239	228	223	210	197	181	168	156	143	135	127	122	117	112	96	78	53	39	22	13	4	2	0
Placebo + carboplatin–paclitaxel	0	3	8	18	23	36	47	63	74	84	97	105	111	116	120	123	127	131	134	139	142	143	144	144	144



# Cancer de l'endomètre dMMR/MSI

## Étude RUBY, Dostarlimab + Carboplatine + Paclitaxel

**Population dMMR/MSI :**  
AMM et remboursement du Dostarlimab

**Population pMMR/MSS :**  
Dostarlimab en accès précoce

