

NOUVELLES STRATÉGIES THÉRAPEUTIQUES EN ONCO UROLOGIE GÉRIATRIQUE

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Oncologue médical



Plan

1. Optimisation sélection
2. Désescalade
3. Optimisation dose/intensité
4. Optimisation suivi

Les types de traitement

1. Hormonothérapie

- ADT = castration chimique = agoniste ou antagoniste de la LH-RH
- ARPI = hormonothérapie de 2^{ème} génération
 - Abiratérone toujours associé à la prednisone
 - Enzalutamide, Apalutamide, Darolutamide

2. Chimiothérapies

- Prostate -> taxanes (docétaxel ou cabazitaxel)
- Vessie -> chimiothérapies à base de sels de platine

3. Immunothérapies = ICI = anti PD-1 ou anti PD-L1 ou anti CTLA-4

4. Anti-angiogéniques

- sunitinib, pazopanib, axitinib, cabozantinib, lenvatinib.

Plan

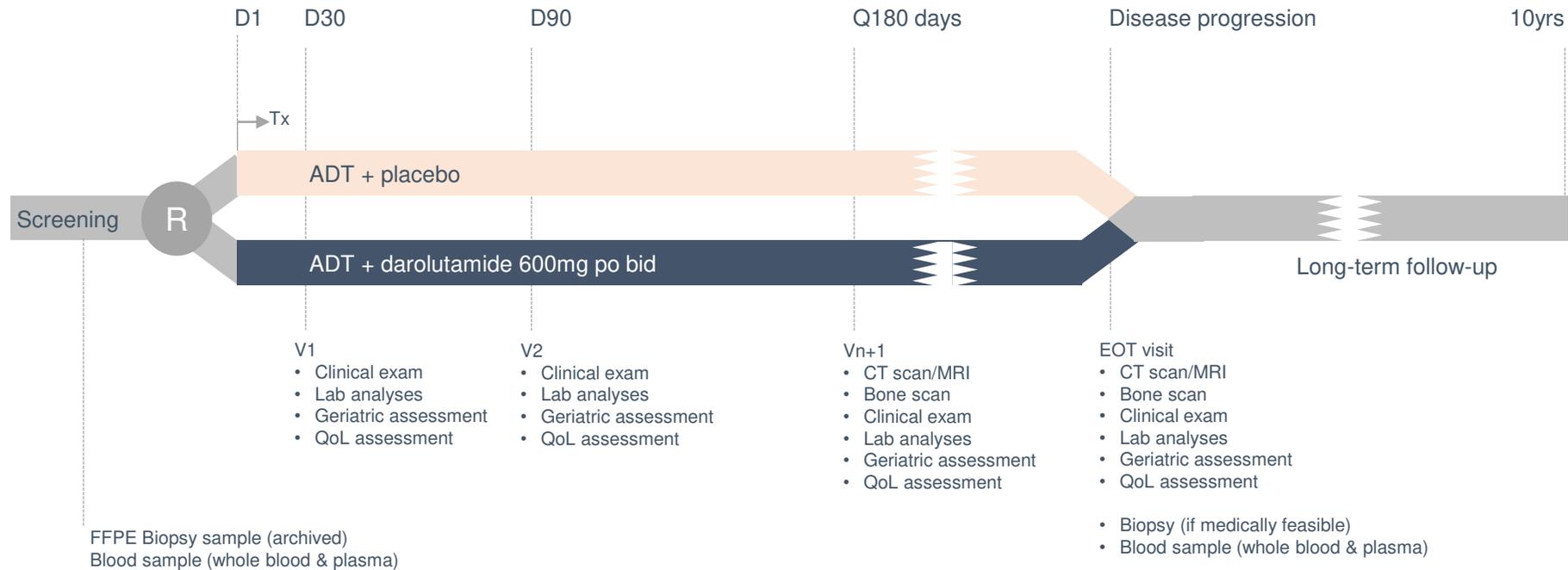
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PEACE 6 Vulnerable

- Phase III, randomised, double-blinded study
- 300 patients randomised 1:1
- standard ADT therapy (+placebo)**
or **ADT + darolutamide 600mg bid**

Frail, defined as one of the following:

- Activities of daily living (ADL) assessment (excluding urinary incontinence question) score 3 or 4/5;
- 4-Instrumental activities of daily living (4-IADL) assessment score 2 or 3/4;
- A Grade 3 event on the Cumulative Illness Score Rating-Geriatrics (CISR-G) questionnaire;
- Body mass index (BMI) ≤ 21 kg/m² and/or >5% weight loss in the last 6 months;
- Timed up and go test (TUG) > 14 sec.

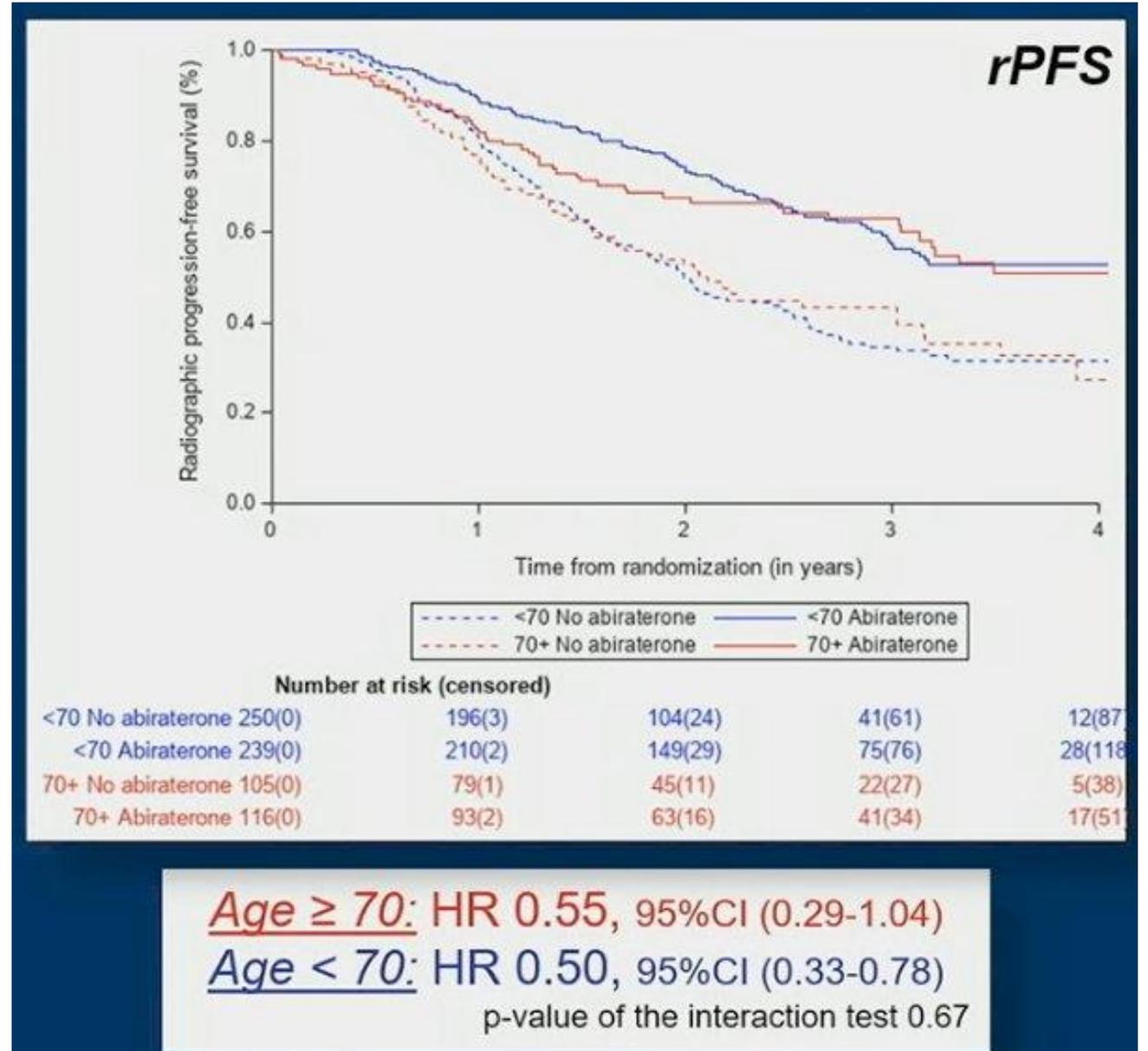


PEACE-1 pop âgée

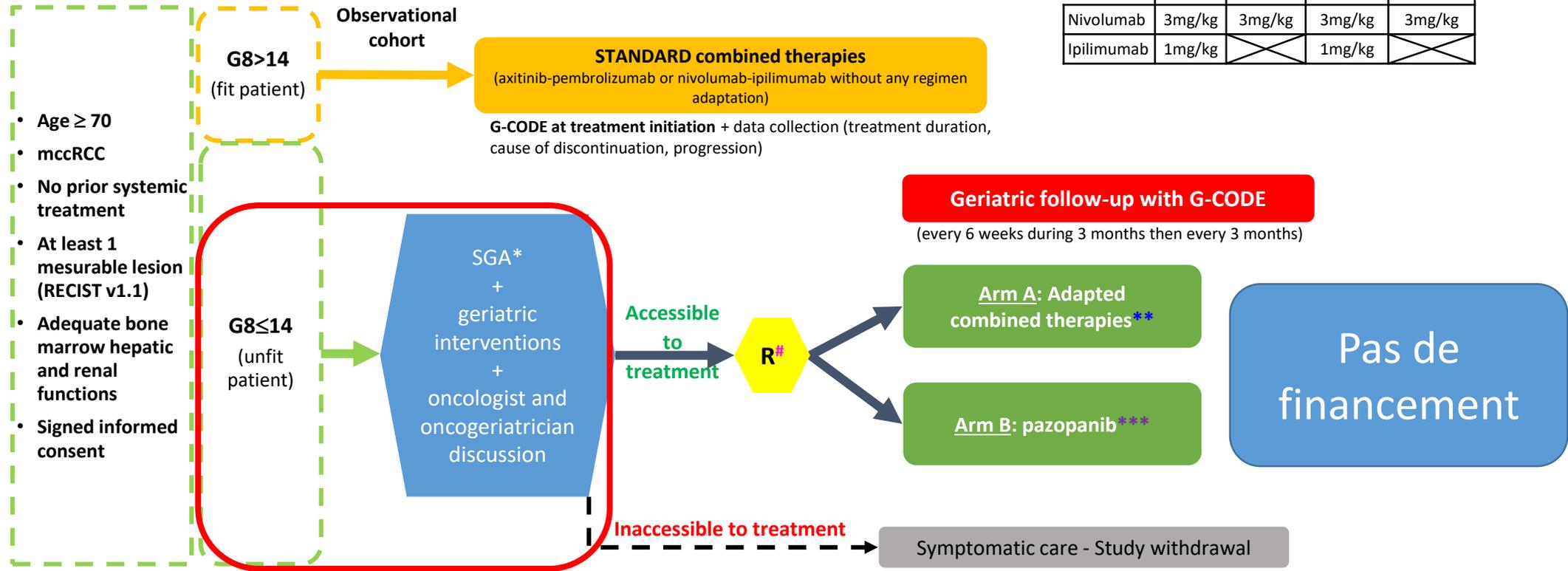


Chez patients éligibles à un traitement par docétaxel
Bénéfice rPFS
pts âgés ≈ jeunes

Mourey L et al. ASCO GU 2023



Rein : optimiser la sélection des patients pour L1



*Standardized geriatric assessment, including G-CODE

Ratio 1:1
Stratification: good prognosis group versus intermediate + poor

** **Adapted axitinib-pembrolizumab with axitinib induction**
[axitinib 3mg twice daily during 14 days then + pembrolizumab 200mg Q3W (or 400mg Q6W after 6 months if well tolerated)]

OR - only for intermediate or poor prognosis - Adapted nivolumab-ipilimumab
[nivolumab 3mg/kg on weeks 1, 4, 7, 10 then 480mg Q4W + ipilimumab 1mg/kg only on weeks 1 and 7]

*** Started at 600mg/day then increased to standard dose of 800mg

Plan

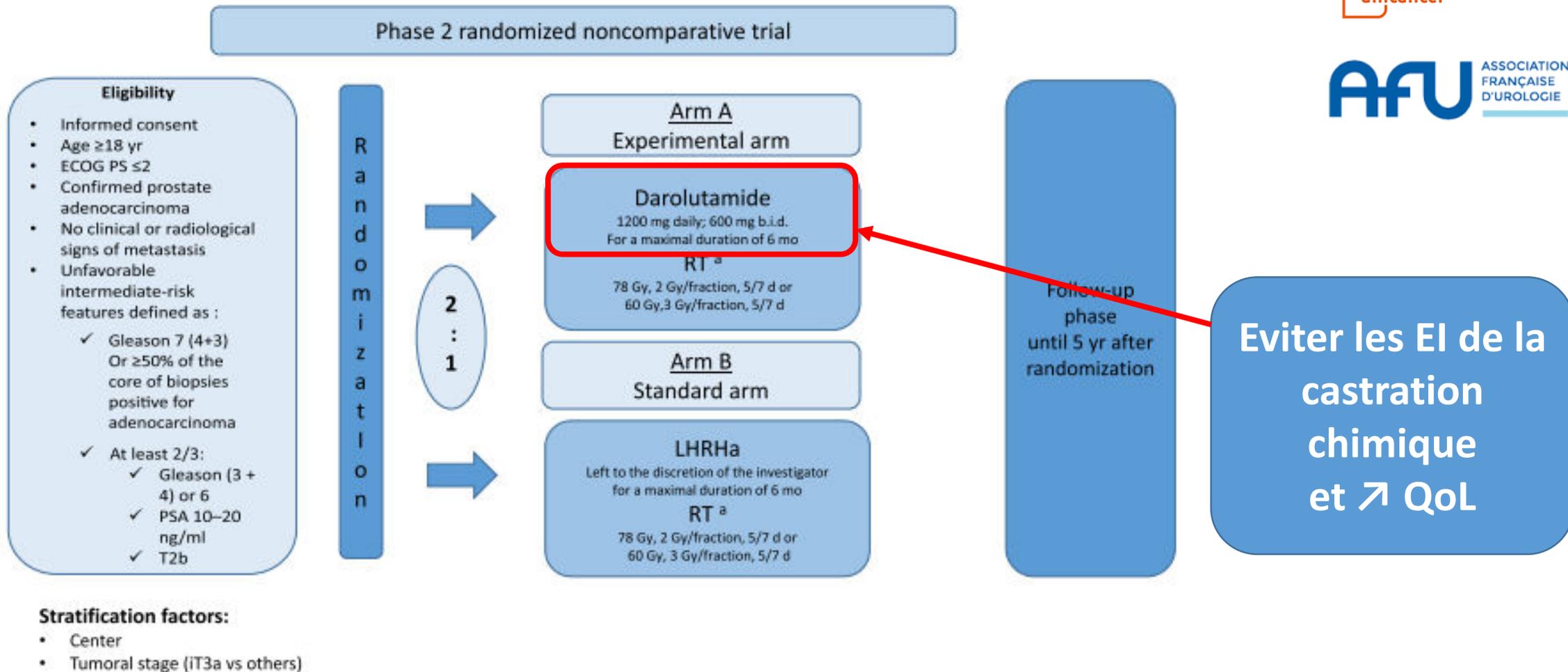
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Short-term Darolutamide (ODM-201) Concomitant to Radiation Therapy for Patients with Unfavorable Intermediate-risk Prostate Cancer: The Darius (AFU-GETUG P15) Phase 2 Trial Protocol

Paul Sargos^{a,*}, Carine Bellera^{b,c}, Rita Bentahila^a, Marie Guerni^a, Nicolas Benziane-Ouaritini^a, Diego Teyssonneau^d, Nam-Son Vuong^e, Guillaume Ploussard^f, Morgan Roupret^g, Guilhem Roubaud^d



GETUG



Stratification factors:

- Center
- Tumoral stage (IT3a vs others)

Prostate métastatique sous ADT + ARPI



6-12 mois
PSA < 0,2 ng/ml
Stop ARPI¹
ou
Stop ADT + ARPI²

≥ 24 mois
PSA indosable?
stop ADT + ARPI³



Traitement standard vessie

1. Chimiothérapie néo adjuvante + chirurgie radicale
2. Alternative : traitement tri-modal
 - 1- RTUV puis 2- radio 3- chimio conco

Traitement standard vessie

1. Chimiothérapie néo adjuvante + chirurgie radicale
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Contents lists available at [ScienceDirect](#)

Critical Reviews in Oncology / Hematology

journal homepage: www.elsevier.com/locate/critrevonc

Concomitant chemotherapy in trimodal treatment of patients with muscle invasive bladder cancer: A systematic review of prospective trials

Camille Baudelin ^{a,*}, Paul Sargos ^{b,h}, Derek Dinart ^c, Christophe Hennequin ^d,
Diego Teyssonneau ^a, Lucie Meynard ^a, Nam-Son Vuong ^e, Félix Lefort ^f, Michael Baboudjian ^g,
Guilhem Roubaud ^a

Peu de données chez patients âgés et en QoL

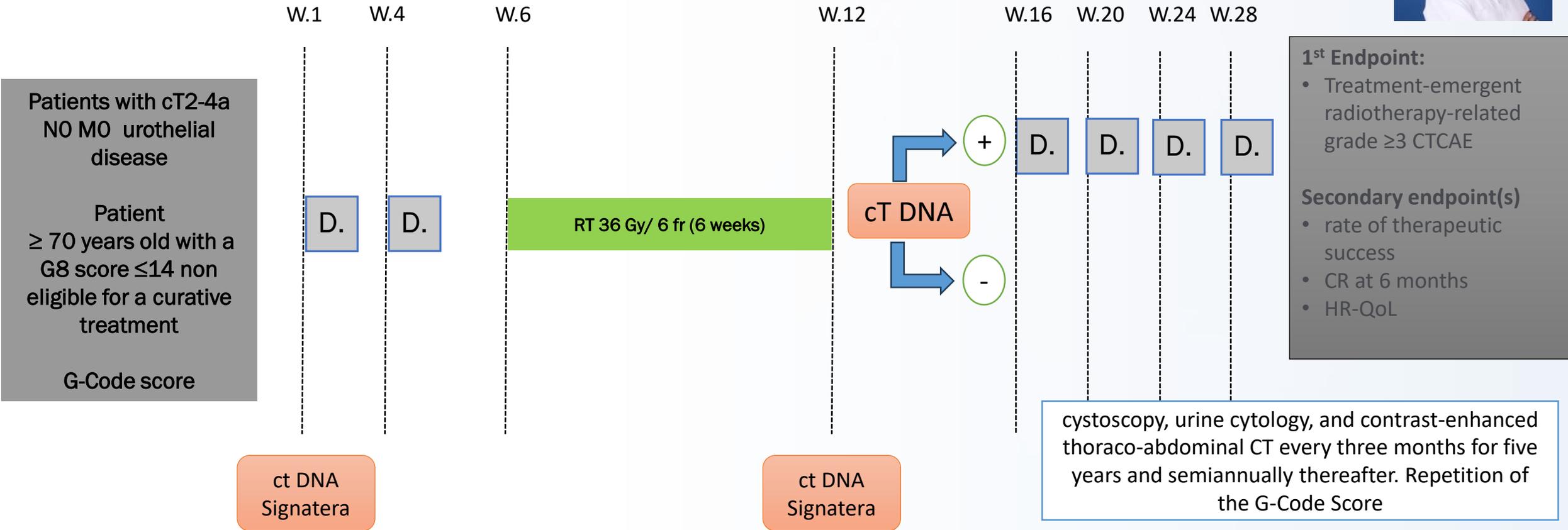
Traitement standard vessie

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Peut-on se passer de la chimio conco?

Safety and short-term efficacy of the combination of durvalumab with radiotherapy in elderly or unfit patients with muscle-invasive bladder cancer (DURABLE¹).

PIs: V. Achard and E. Seront



D. = Durvalumab 1500 mg IV

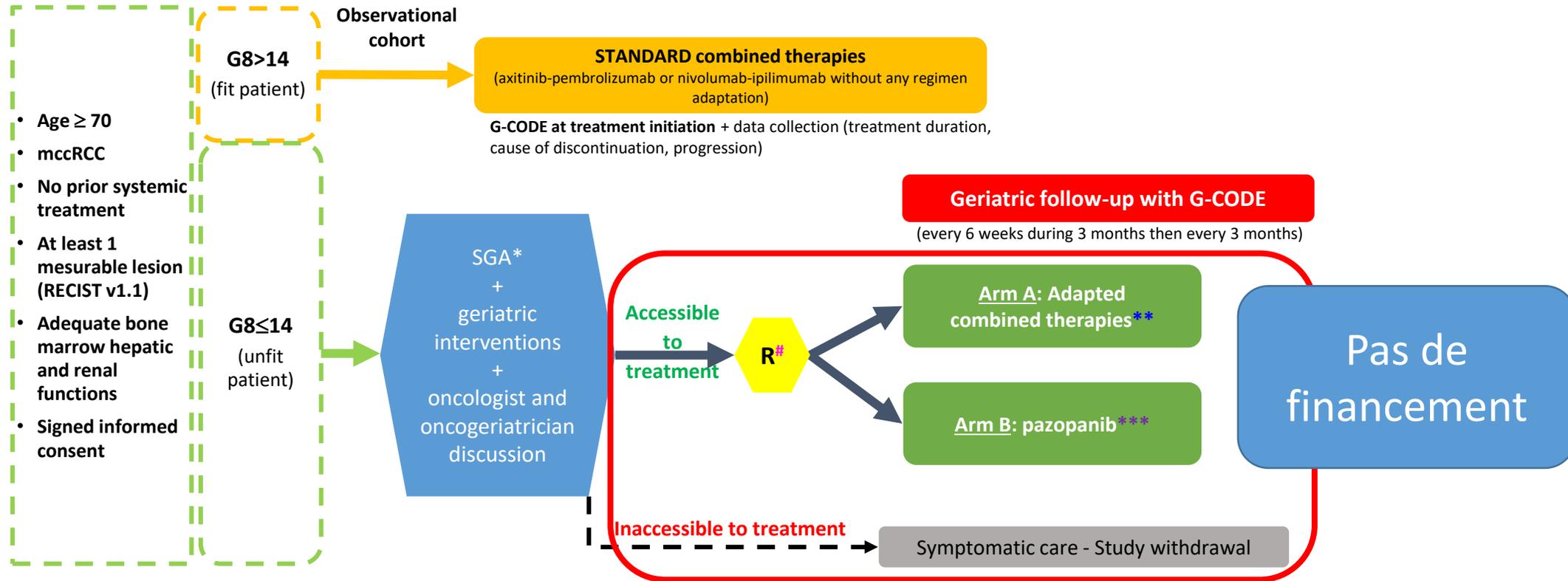
1) DURvalumab with And Bladder cancer Local Enhancement



Rein : schéma L1 adapté ARIEL



	W1	W4	W7	W10
Nivolumab	3mg/kg	3mg/kg	3mg/kg	3mg/kg
Ipilimumab	1mg/kg	X	1mg/kg	X



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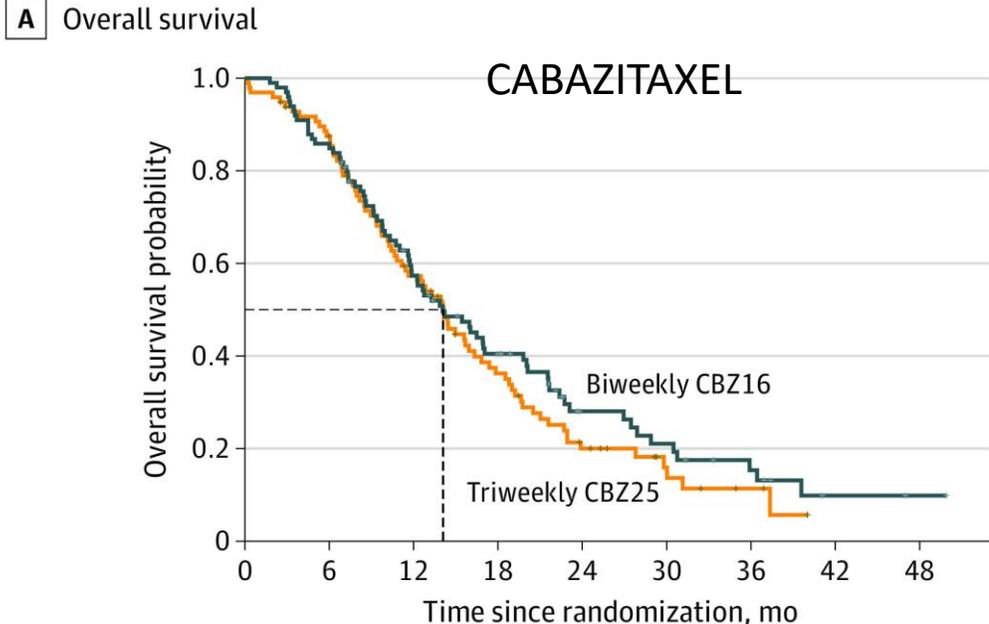
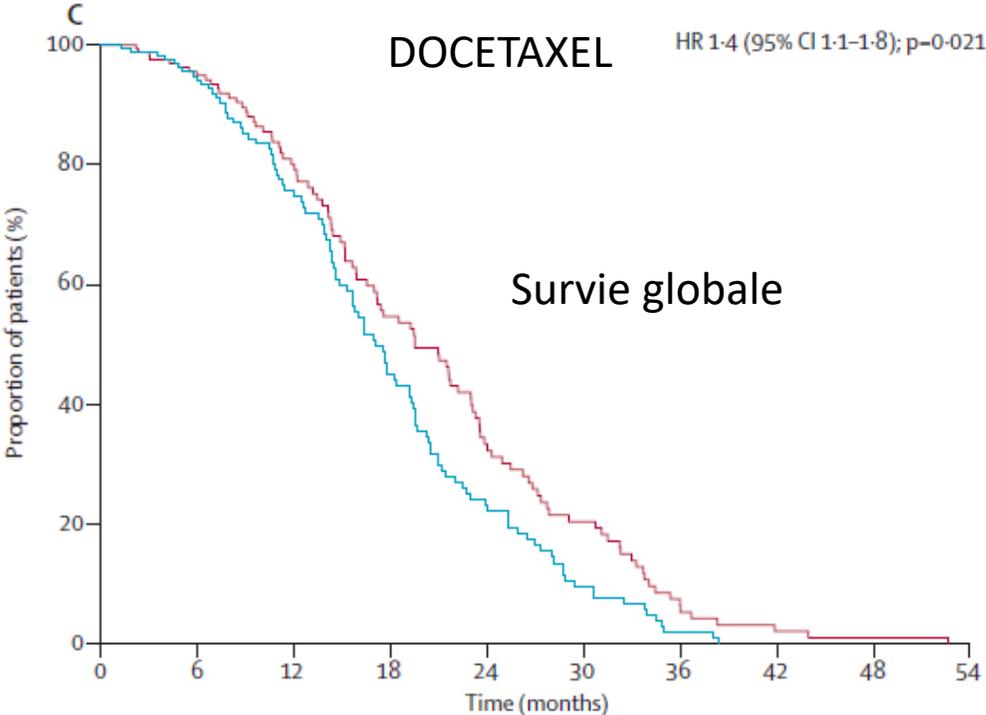
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PROSTY - CABASTY



No. at risk

Triweekly CBZ25	97	82	52	30	15	7	3	0	0
Biweekly CBZ16	99	85	53	34	16	12	7	2	1

Toutes les 2 s. dose réduite vs. toutes les 3 s.
 Survie ≈
 ↘ toxicité (aplasie fébrile)

Kellokumpu Lancet Oncol 2013
 Oudard S JAMA Oncol 2023

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Prostate -> 5 points de vigilance

1. Os
2. Cardio-vasculaire
3. Cognition – humeur
4. Interactions médicamenteuses (DDI)
5. Sarcopénie

Os



Contents lists available at [ScienceDirect](#)

European Journal of Cancer

journal homepage: www.ejcancer.com



Assessment of bone mineral density in men with de novo metastatic castration-sensitive prostate cancer treated with or without abiraterone acetate plus prednisone in the PEACE-1 phase 3 trial

Guilhem Roubaud ^{a,*}, Marie Kostine ^b, Raymond S. McDermott ^c, Alice Bernard-Tessier ^d, Xavier Maldonado ^e, Marlon Silva ^f, Aude Fléchon ^g, Dominik R. Berthold ^h, Philippe Ronchin ⁱ, Bertrand F. Tombal ^j, Loïc Mourey ^k, Gwenaëlle Gravis ^l, Anne Escande ^m, Sophie Abadie-Lacourtoisie ⁿ, Tristan Maurina ^o, Miguel A. Climent ^p, Hélène Ribault ^q, Alberto Bossi ^d, Stéphanie Foulon ^{r,s}, Karim Fizazi ^d

Age médian 68 ans, avant traitement :
10% ostéoporose
30 % ostéopénie

Prostate Cancer and drug interventions

Prostaconcile

- N \approx 100, retrospective, monocenter.
- To assess the rate of treatment modification, following drug interventions in pts with advanced Pca treated with ARPI and/or PARPI

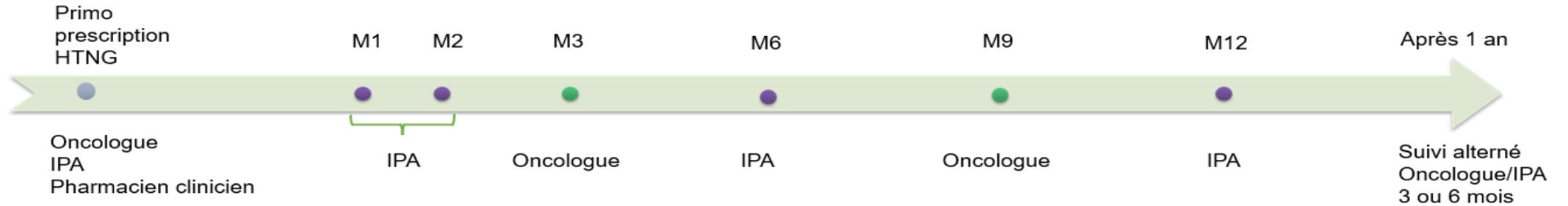


Innovation in patient's pathway

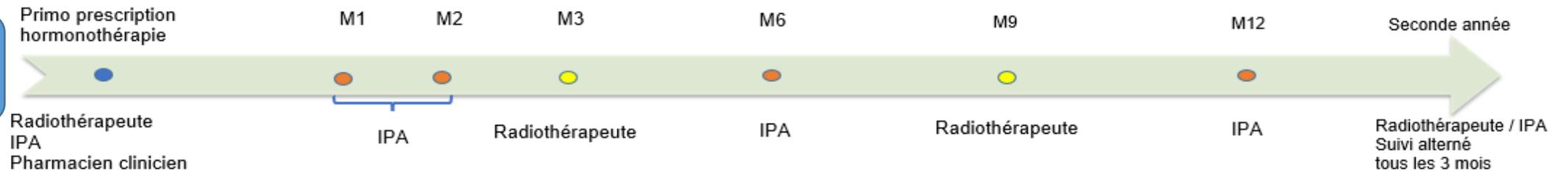
Patient > 70 yo with Pca treated with ARPI and/or PARPI



Medical Oncology



Radiation Oncology



IPA = nurse practitioner, HTNG = Next generation hormonal therapy (ARPI: e.g. abiraterone, apaludamite, enzalutamide or darolutamide)

Rein : patients âgés sous cabo – nivo: CABOLD



Eligible criteria:

Untreated advanced RCC
≥ 70 yo
PS 0-2

Before initiation:

G8
G-CODE (GA)
QoL (FACT-G et FACIT-TS)

CABOZANTINIB
40mg once daily
AND
NIVOLUMAB
240mg IV Q2W
for 6 weeks, then
480mg Q4W

Consultation (Q2W for 6 weeks, then Q4W)

- Observance
- Tolerance (PRO-CTCAE and CTCAE)
- Undesirable events

Evaluation consultation (Q8W, after 6 months Q12W)

- Observance
- Tolerance (PRO-CTCAE and CTCAE)
- Undesirable events
- QoL
- G-CODE

Pharmacological monitoring (optional)
Radiological evaluation



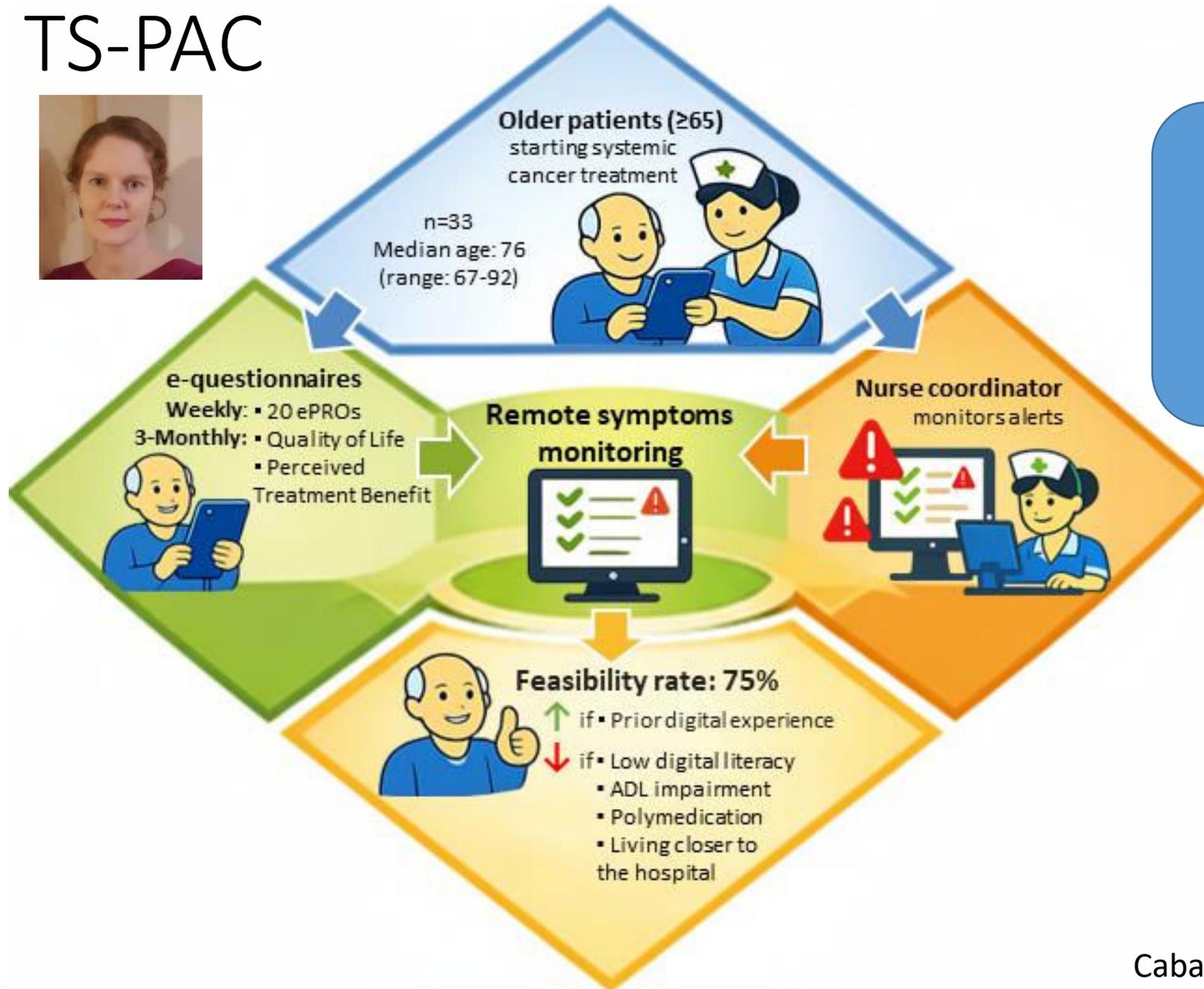
Phone consultation

- Observance
- Tolerance (PRO-CTCAE)
- Undesirable events

Endpoints:

*Primary: treatment patterns (starting dose of cabozantinib, dose interruption, dose modification related to all grade toxicity at 16 weeks)
*Secondary: ORR, OS, PFS, tolerance (physician and patient's evaluation), QoL, descriptive analysis based on G-CODE and pharmacological monitoring

TS-PAC



Suivi avec support digital est faisable chez les patients âgés (>50% ayant un cancer de prostate)

FRONE



The GerOnTe project

Home-based patient-reported data

eHealth record and other data sources

Self-management tutorials

Mypl



APN

HPC Web-based meetings

Morbidity Specialist 1

Supportive Care Health Prof 1

Supportive Care Health Prof 2

Oncologist

Geriatrician

GP

Home-based Nurse

Supportive Care Health Prof

Morbidity Specialist 2

Morbidity Specialist n

Tableau de bord clinique et biologique

Co-design avec les patients

Consortium de soignants

Collection des attentes des patients



Au-delà

- Meilleure sélection, desescalade...
- Quelles sont les attentes des patients?

