



Les nouveautés en oncogériatrie

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New Frontiers in Oncology

Frailty in Older Adults with Prostate Cancer

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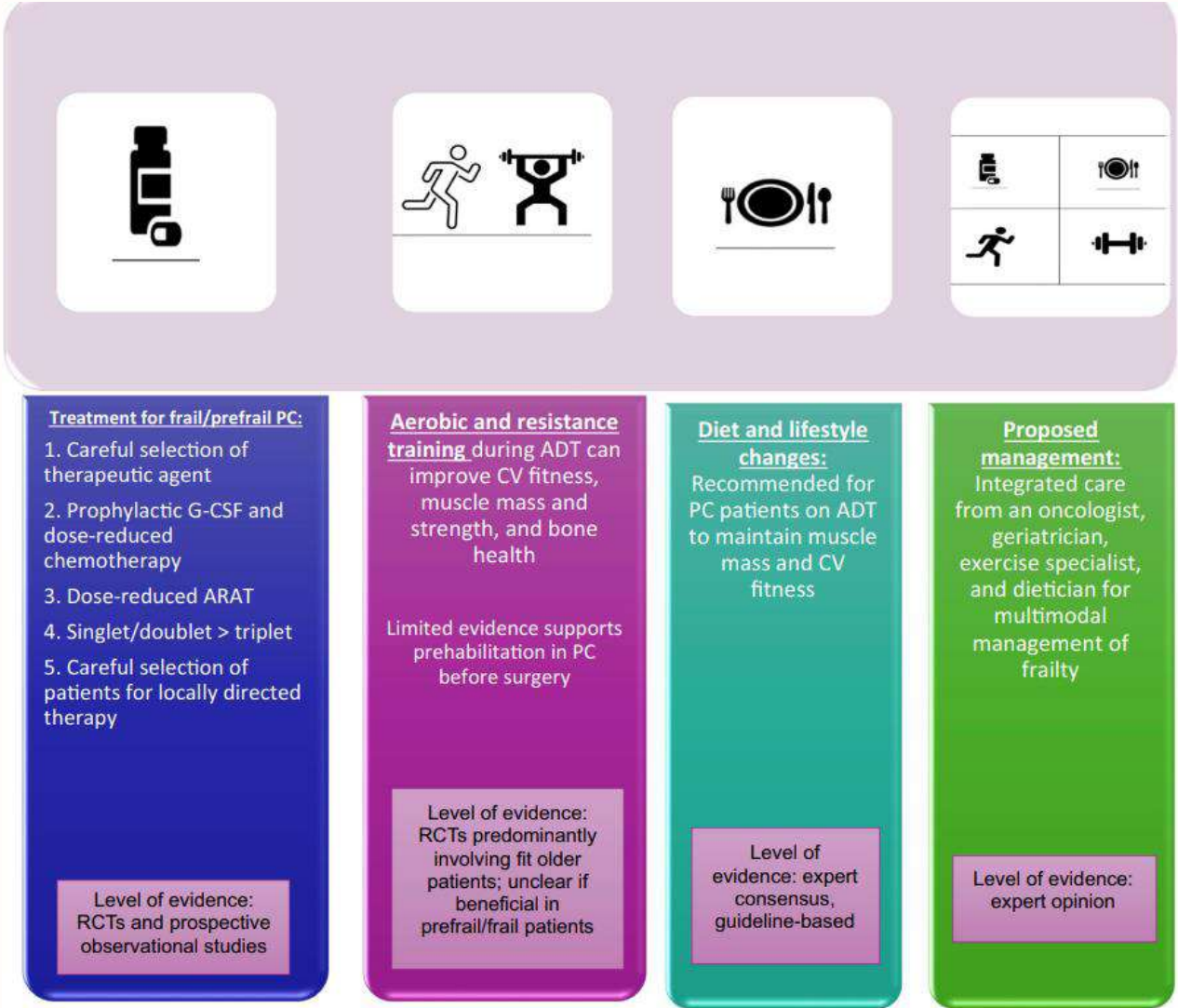


Fig. 1 – Strategies for mitigating or adjusting for frailty to optimize clinical management for older adults with prostate cancer. ADT = androgen deprivation therapy; ARAT = androgen receptor axis–targeted agent; CV = cardiovascular; G-CSF = granulocyte colony-stimulating factor; RCT = randomized controlled trial; PC = prostate cancer.



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ELSEVIER

Systematic Review

Association of depression with all-cause and cancer-specific mortality in older adults with cancer: Systematic review, meta-analysis, and meta-regression

Chen Ee Low^{a,1}, Chun En Yau^{a,1}, Ren Ying Tan^a, Vanessa Ching Shuen Ong^a, Roger Chun Man Ho^{b,c}, Cyrus Su Hui Ho^{b,c}, Ainsley Ryan Yan Bin Lee^{a,2}, Matthew Zhixuan Chen^{d,*,2}

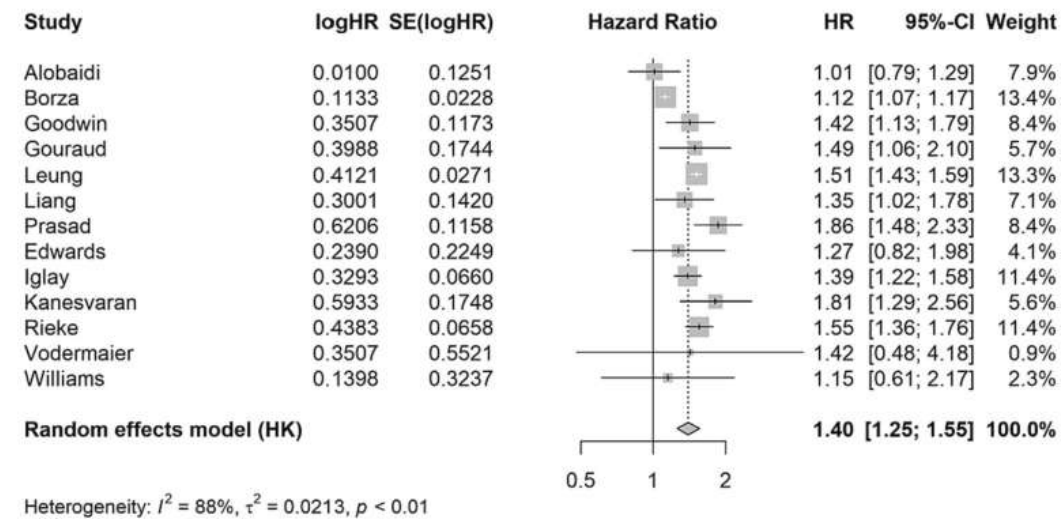


Fig. 2. Pooled hazard ratio: showing the association between depression and risk of all-cause mortality in older adults with cancer. Abbreviations: CI, confidence interval; SE, standard error of treatment estimate; HR, hazard ratio.

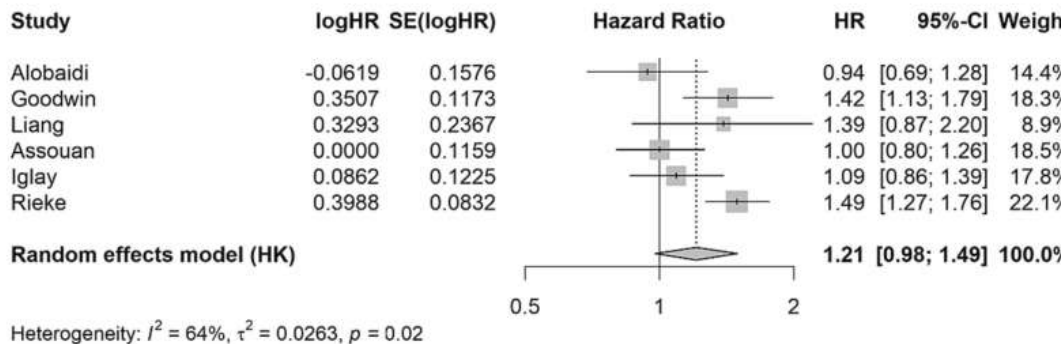


Fig. 3. Pooled hazard ratio: showing the association between depression and risk of cancer-related mortality in older adults with cancer. Abbreviations: CI, confidence interval; SE, standard error of treatment estimate; HR, hazard ratio.

LES CANCERS DIGESTIFS CHEZ LES SUJETS ÂGÉS



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ELSEVIER

Journal of Geriatric Oncology

Research Paper

Effect of comprehensive geriatric assessment on hospitalizations in older adults with frailty initiating curatively intended oncologic treatment: The PROGNOSIS-RCT study

Ann-Kristine Weber Giger^{a,b,c,d,*}, Helena Møgelbjerg Ditzel^{b,c,d,e}, Marianne Ewertz^{b,d}, Henrik Ditzel^{b,d,e}, Trine Lembrecht Jørgensen^{b,d,e}, Per Pfeiffer^{b,d,e}, Cecilia Lund^{f,g,h}, Jesper Ryg^{a,b,d}

Table 2
Baseline characteristics in the intention-to-treat population.

	All participants N = 173	Intervention group N = 83	Control group N = 90	P
Age [IQR]	75 [72–79]	76 [72–79]	75[73–77]	0.30
Sex				0.99
Male	84 (48.5%)	40 (48%)	44 (49%)	
Female	89 (51.5%)	43 (52%)	46 (51%)	
PS				0.32
0–1	145 (84%)	72 (87%)	73 (81%)	
2	28 (16%)	11 (13%)	17 (19%)	
G8	12 [11–14]	12 [11–14]	12 [11–14]	0.97
12–14	101 (58%)	48 (58%)	53 (57%)	0.89
<12	72 (42%)	35 (42%)	37 (43%)	
CCI median [IQR]	1 [0–2]	1 [0–2]	1 [0–3]	0.06
Prescription medications ¹	6 [4–8]	6 [4–8]	6 [3–9]	0.48
Prescription nutritional supplement	32 (18.5%)	20 (24%)	12 (13%)	0.10
BMI (kg/m2)				
Male	25 [22–29]	25.5 [23–27.5]	25 [22–30]	0.96
Female	24 [20–28]	23 [20–28]	24.5 [20–29]	0.48
Living alone	57 (33%)	32 (38.5%)	25 (28%)	0.15
Home care ²	32 (18.5%)	12 (15%)	20 (22%)	0.12
Falls ≥1 ³	25 (15%)	10 (12%)	15 (17%)	0.39
Physical rehabilitation	22 (13%)	11 (14%)	11 (12%)	0.84
Physical exercise habits ⁴	45 (26%)	24 (29%)	21 (23%)	0.40
30s-CST				
Male	10 [8–12]	9 [7.5–11]	10 [8–13]	0.22
Female	10 [7–11]	10 [9–13]	8.5 [5–10]	<0.05
HGST (kg)				
Male	32.8 (7.4)	32.4 (7.9)	33.3 (7.0)	0.70
Female	20.6 (4.3)	21.1 (4.0)	20.1 (4.6)	0.27
Cancer location ⁵				0.37
Lung	40 (23%)	23 (27%)	17 (19%)	
Breast	22 (13%)	8 (10%)	14 (15%)	
Upper gastrointestinal	26 (15%)	9 (11%)	17 (19%)	
Colorectal	13 (7.5%)	9 (11%)	4 (4%)	
Pancreas and gallbladder	15 (9%)	5 (6%)	10 (11%)	
Head and neck	21 (12%)	12 (14%)	9 (10%)	
Malignant melanoma	8 (5%)	3 (4%)	5 (6%)	
Gynecologic	13 (7.5%)	7 (8%)	6 (7%)	
Prostate	6 (3.5%)	3 (4%)	3 (3%)	
Urinary and kidney	8 (4%)	3 (4%)	5 (6%)	
Other ⁵	1 (0.5%)	1 (1%)	0 (0%)	
Cancer stage ⁶				0.58
I-II	81 (47%)	37 (44%)	44 (49%)	
III	86 (50%)	43 (51%)	43 (48%)	
Relapse	6 (3%)	4 (5%)	2 (3%)	0.35
Cancer treatment				0.62
Radiotherapy	47 (27%)	24 (29%)	23 (26%)	
Systemic treatment ⁷	126 (73%)	59 (71%)	67 (74%)	
Initial dose-reduction ⁸	45 (26%)	19 (23%)	26 (29%)	0.37

Table 3
Comprehensive geriatric assessment deficiencies and treatment recommendations.

Domains and instruments ¹	Patients with deficiencies N (%)	Patients receiving CGA-guided intervention N (%) ⁵	Patients adhering to CGA-guided intervention N (%) ⁶
Cognition (N = 64)		8 (12.5%)	5 (62.5%)
Mini-Cog	14 (22%)		
Psychological function (N = 74)		10 (13.5%)	7 (70%)
GDS-15	8 (11%)		
Nutrition and weight loss		40 (52%)	33 (82.5%)
Weight loss	36 (47%)		
MNA-SF	48 (62%)		
Functional status and social support		5 (6.5%)	4 (80%)
Requiring home care ²	10 (13%)		
Katz ADL	6 (8%)		
Lawton-Brody iADL	33 (43%)		
Physical performance		52 (67.5%)	32 (61.5%)
30s-CST	40 (52%)		
HGST	24 (31%)		
Falls ³	9 (12%)		
Polypharmacy		53 (69%)	43 (81%)
Daily medications ⁴	50 (65%)		
Comorbidity		34 (44%)	29 (85%)

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Table 4
Hospitalization rates and between-group rate ratios.

Population	N	Intervention	Control	Rate ratio	95% CI	P
Intention-to-treat	173	1.32	1.81	0.74	0.45–1.23	0.25
Per-protocol ¹	162	1.18	1.81	0.64	0.37–1.10	0.10
Systemic treatment ²	126	1.35	2.06	0.66	0.37–1.16	0.15
G8 score 12–14	101	0.86	1.15	0.75	0.34–1.61	0.46

Table 5
Treatment adherence.

	Intervention group N = 83	Control group N = 90	P
Initial treatment adherence	50 (60%)	54 (60%)	0.97
Treatment non-adherence due to toxicity	30 (36%)	28 (31%)	0.48
Treatment modifications			
Radiotherapy	2 (2%)	3 (3%)	0.65
Systemic treatment ¹	37 (45%)	39 (43%)	0.87



BMC Geriatrics

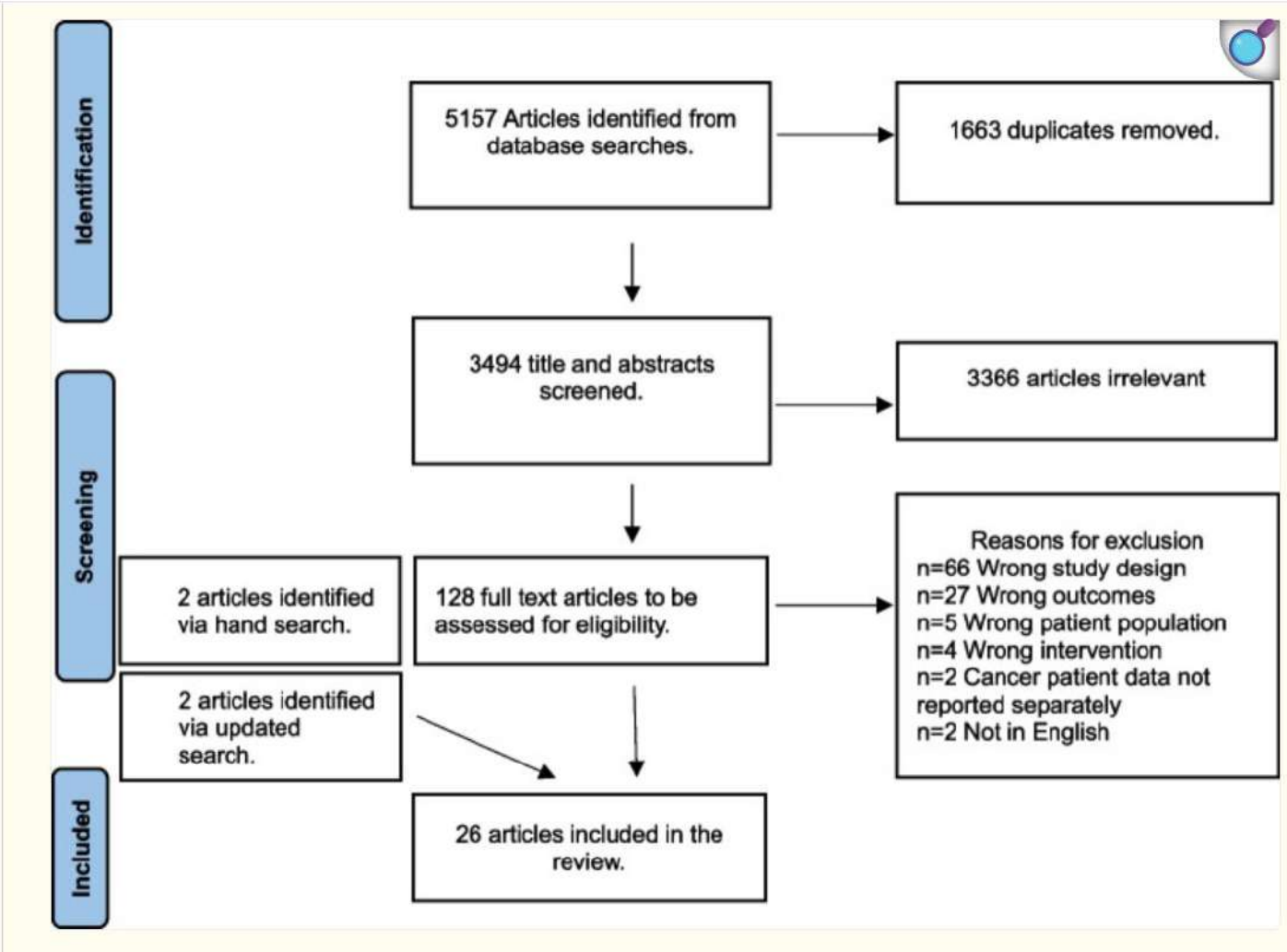
BMC

► BMC Geriatr. 2024 Dec 18;24:1001. doi: [10.1186/s12877-024-05607-9](https://doi.org/10.1186/s12877-024-05607-9)

The value and effectiveness of geriatric assessments for older adults with cancer: an umbrella review

[Sharon He](#)¹, [Heather L. Shepherd](#)², [Meera Agar](#)³, [Joanne Shaw](#)^{1,✉}

systematic reviews with or without meta-analyses reporting on (i) predictive value of the GA, (ii) impact or outcome of the GA (i.e., GA led to modifications in treatment plan) and (iii) efficacy of the GAs as an intervention for older adults with cancer.





The value and effectiveness of geriatric assessments for older adults with cancer: an umbrella review

[Sharon He](#)¹, [Heather L Shepherd](#)², [Meera Agar](#)³, [Joanne Shaw](#)^{1,✉}

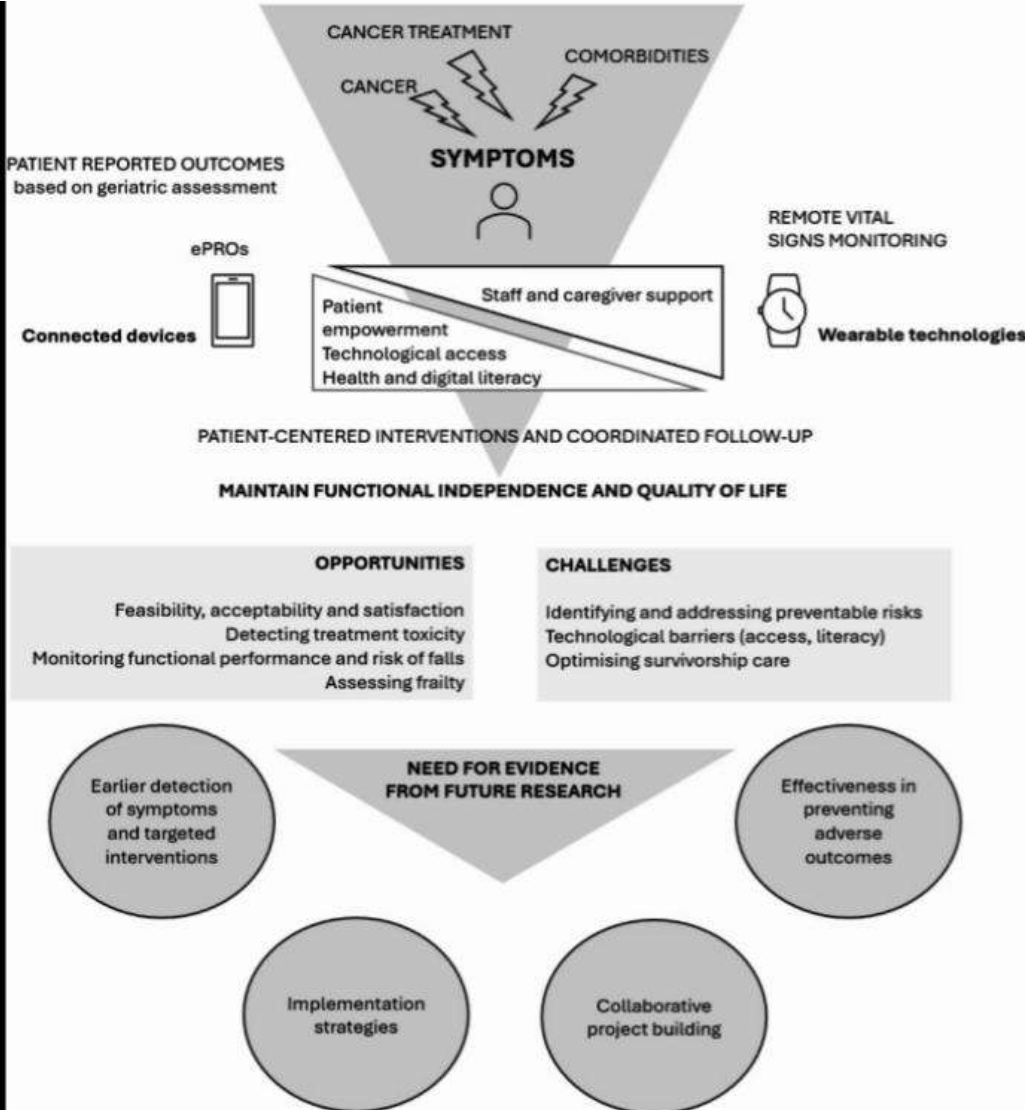
- La toxicité liée au traitement (principalement la toxicité liée à la chimiothérapie) était significativement plus faible dans les groupes EGA avec interventions que dans les groupes recevant les soins habituels.
- Les interventions ont également démontré un impact positif sur quatre autres résultats (achèvement du traitement, communication et planification des soins, fonctionnement social, satisfaction des patients vis-à-vis des soins) par rapport aux soins standard, bien que les différences ne soient pas significatives.



Review > Aging Clin Exp Res. 2025 Aug 20;37(1):249. doi: 10.1007/s40520-025-03161-x.

Remote monitoring in older adults with cancer, opportunities and challenges: a narrative review

Evelyn Liuu^{1 2 3 4}, Nicolò Matteo Luca Battisti⁵, Angeline Galvin⁶, Sarah Compton⁷, Tania Kalsi⁷, Marc Paccalin^{8 9}, Simon Valero⁸, Pierre Soubeyran^{10 11}, Carly Welch^{12 7}





Randomized Controlled Trial > Cancer. 2024 Sep 1;130(17):3000-3010. doi: 10.1002/cnrc.35333.
Epub 2024 Apr 17.

Outcome prioritization and preferences among older adults with cancer starting chemotherapy in a randomized clinical trial

Enrique Soto-Perez-de-Celis ^{1 2}, William Dale ¹, Vani Katheria ¹, Heeyoung Kim ¹, Marwan Fakih ³, Vincent M Chung ³, Dean Lim ³, Joanne Mortimer ³, Leana Cabrera Chien ¹, Kemeberly Charles ¹, Elsa Roberts ¹, Jessica Vazquez ¹, Jeanine Moreno ¹, Ty Lee ¹, Simone Fernandes Dos Santos Hughes ¹, Mina S Sedrak ^{1 3 4}, Can-Lan Sun ¹, Daneng Li ^{1 3}





Clinical Trial > [Lancet](#). 2025 Aug 2;406(10502):489-500. doi: 10.1016/S0140-6736(25)00832-3.

Adjuvant chemotherapy and hormonotherapy versus adjuvant hormonotherapy alone for women aged 70 years and older with high-risk breast cancer based on the genomic grade index (ASTER 70s): a randomised phase 3 trial

Etienne Brain ¹, Olivier Mir ², Emmanuelle Bourbouloux ³, Olivier Rigal ⁴, Jean-Marc Ferrero ⁵, Sylvie Kirscher ⁶, Djelila Allouache ⁷, Véronique D'Hondt ⁸, Aude-Marie Savoye ⁹, Xavier Durando ¹⁰, Francois P Duhoux ¹¹, Laurence Venat-Bouvet ¹², Emmanuel Blot ¹³, Jean-Luc Canon ¹⁴, Florence Rollot-Trad ¹⁵, Hervé Bonnefoi ¹⁶, Telma Roque ¹⁷, Jérôme Lemonnier ¹⁷, Aurélien Latouche ¹⁸, Julie Henriques ¹⁹, Magali Lacroix-Triki ²⁰, Dewi Vernerey ¹⁹; GERICO&UCBG/Unicancer

	Chemotherapy group (n=541)	No chemotherapy group (n=548)
Age, years	75.2 (72.7-79.0)	74.9 (72.4-78.6)
ECOG performance status		
0	340 (63%)	374 (69%)
1	190 (35%)	160 (29%)
2	11 (2%)	11 (2%)
Missing data	0	3
G8 geriatric frailty score*		
>14	318 (59%)	334 (61%)
≤14	223 (41%)	214 (39%)
Lee's prognostic index score†		
<6	108 (20%)	116 (22%)
6-9	371 (69%)	372 (69%)
>9	55 (10%)	50 (9%)
Missing data	7	10
Age-adjusted Charlson comorbidity index		
5	262 (49%)	280 (52%)
6	173 (32%)	166 (31%)
>6	98 (18%)	94 (17%)
Missing data	8	8
Instrumental activities of daily living	8 (8-8)	8 (8-8)
Minimal mental status examination	28 (26-29)	28 (26-30)
History of non-breast cancer	37 (7%)	56 (10%)
Breast cancer local relapse or contralateral tumour	65 (12%)	76 (14%)
pT stage		
1	234 (44%)	238 (44%)
2	270 (50%)	270 (50%)
3	31 (6%)	35 (6%)
4	2 (<1%)	1 (<1%)
Missing data	4	4
pN stage		
0	300 (55%)	300 (55%)
1	179 (33%)	186 (34%)
2	59 (11%)	59 (11%)
pN+ unspecified	3 (1%)	3 (1%)



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Missing data	4	4
pN stage		
0	300 (55%)	300 (55%)
1	179 (33%)	186 (34%)
2	59 (11%)	59 (11%)
pN+ unspecified	3 (1%)	3 (1%)
Histological subtype		
Ductal invasive	389 (72%)	373 (68%)
Lobular invasive	88 (16%)	99 (18%)
Mixed	21 (4%)	25 (5%)
Other	42 (8%)	50 (9%)
Missing data	1	1
Bilateral tumour	23 (4%)	24 (4%)
Multifocal tumour	103 (19%)	106 (19%)
Oestrogen receptor status		
Positive	541 (100%)	547 (100%)
Missing data	0	1
Progesterone receptor status		
Positive	421 (78%)	432 (79%)
Negative	119 (22%)	115 (21%)
Missing data	1	1
Ki67 index, %	20 (15–30)	25 (15–35)

(Table 1 continues on next page)

	Chemotherapy group (n=541)	No chemotherapy group (n=548)
(Continued from previous page)		
HER2 status		
Negative (IHC 0, 1+, or 2+ and FISH-)	534 (>99%)	535 (>99%)
Positive (IHC 3+, or IHC 2+ and FISH+)	1 (<1%)	2 (<1%)
Missing data	6	11
Histological grade		
I	26 (5%)	37 (7%)
II	300 (55%)	302 (56%)
III	215 (40%)	202 (37%)
Missing data	0	7
Genomic grade index		
–0.277 to 0.278	190 (35%)	194 (35%)
>0.278	351 (65%)	354 (65%)
Type of surgery		
Breast-conserving surgery	325 (60%)	335 (61%)
Mastectomy	216 (40%)	211 (39%)
Missing data	0	2
Data are median (IQR) or n (%); percentages are based on non-missing data. ECOG=Eastern Cooperative Oncology Group. FISH=fluorescence in situ hybridisation. IHC=immunohistochemistry. *Screening tool for geriatric frailty; scores ≤14 suggest the presence of frailty and recommend a full geriatric assessment. †Prognostic index for 4-year mortality risk; scores <6 indicate a less than 4% risk, scores of 6–9 indicate a 15% risk, and scores >9 indicate a more than 42% risk.		

Table 1: Baseline and tumour characteristics of randomly allocated patients (n=1089)

	Chemotherapy group (n=541)	No chemotherapy group (n=548)
Chemotherapy choice		
Taxane*	281 (52%)	2 (<1%)
Anthracycline†	148 (27%)	1 (<1%)
Other	1 (<1%)	0
None	111 (21%)	545 (99%)
Treatment completion		
Chemotherapy discontinued before cycle 4	44 (8%)	0
Chemotherapy discontinued for toxicity	35 (6%)	0
Hormonotherapy discontinued for toxicity at least once during follow-up	114 (21%)	124 (23%)
Adverse event		
At least one any-grade adverse event	503 (93%)	445 (81%)
At least one grade ≥3 adverse event	183 (34%)	52 (9%)
At least one serious adverse event	88 (16%)	17 (3%)
Death	3 (1%)	1 (<1%)

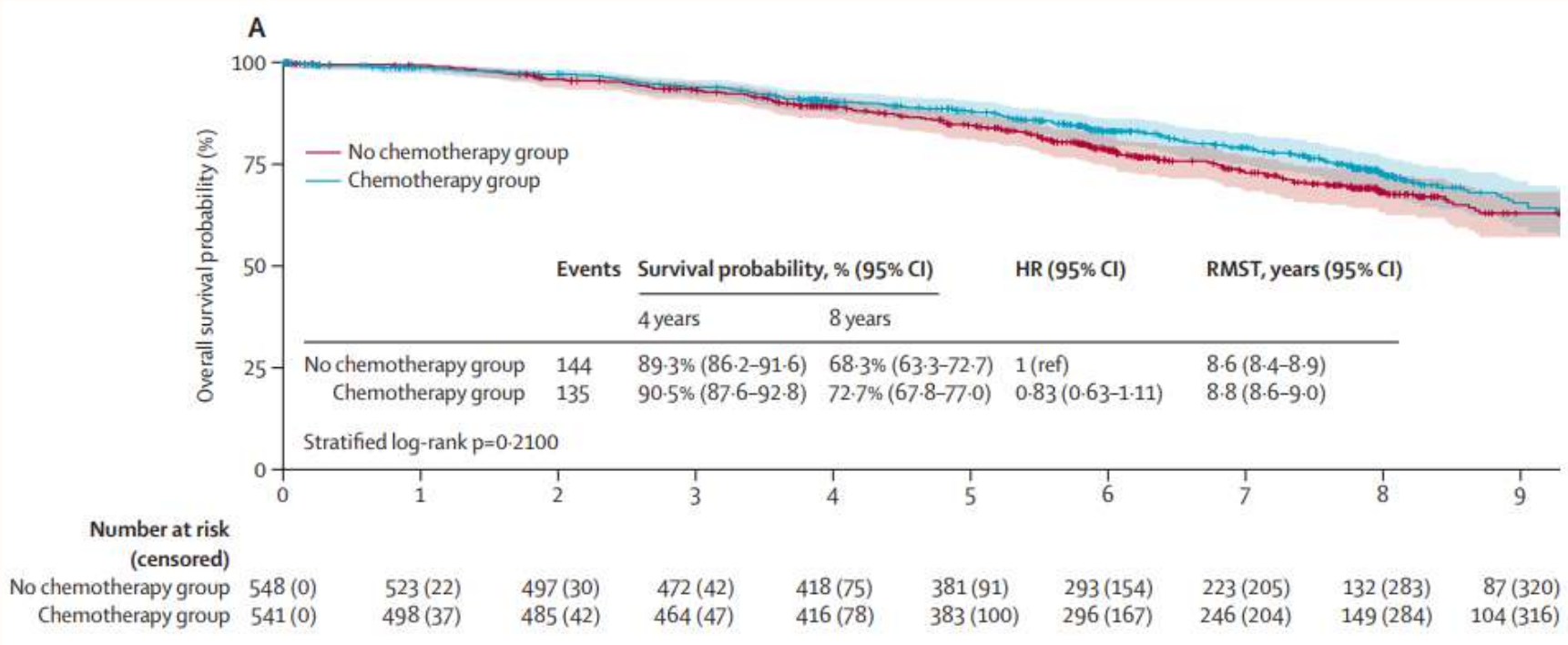
*Docetaxel plus cyclophosphamide. †Doxorubicin plus cyclophosphamide; or non-pegylated liposomal doxorubicin plus cyclophosphamide.

Table 2: Treatment and adverse events in randomly allocated patients



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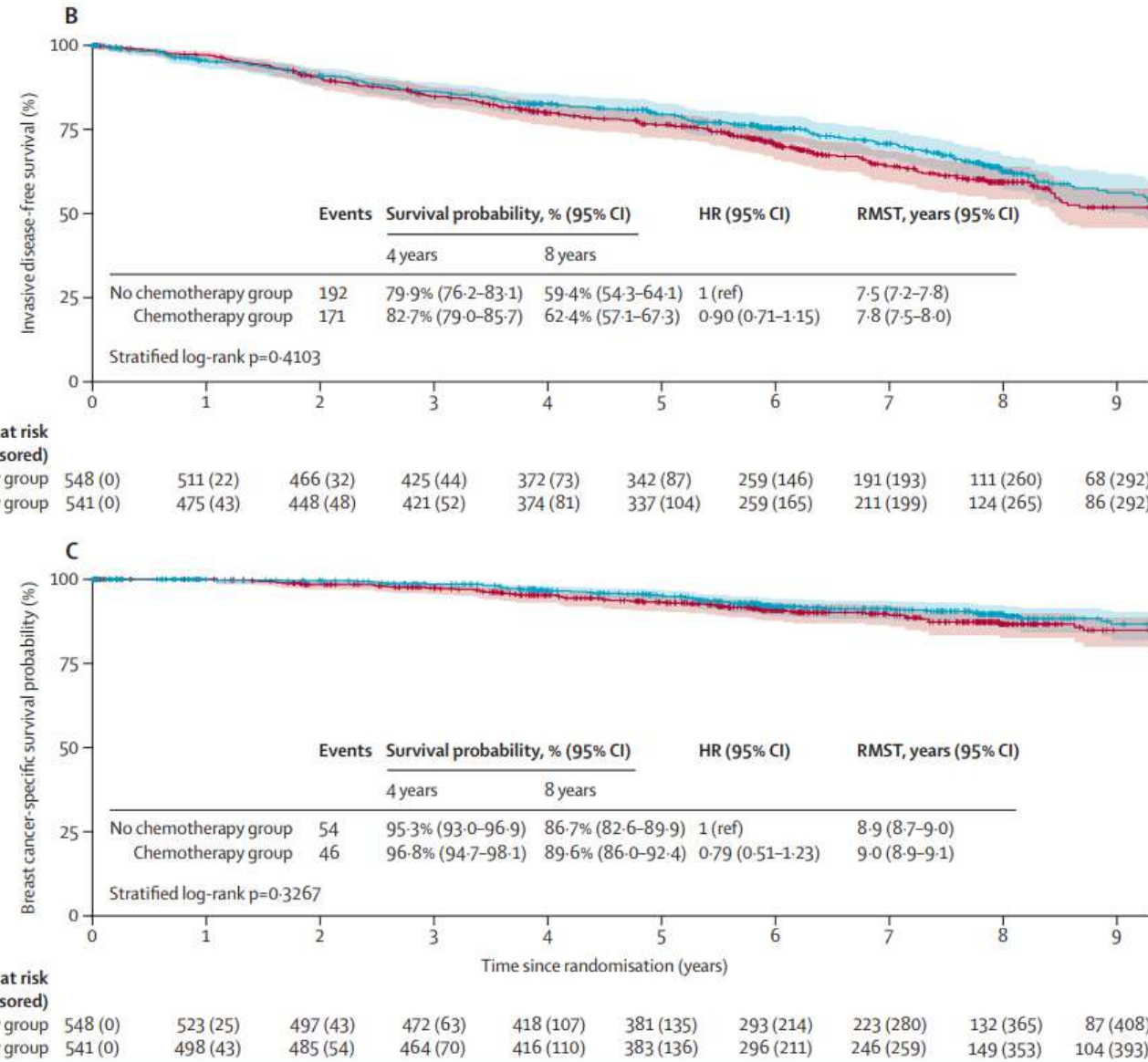




Clinical Trial > Lancet. 2025 Aug 2;406(10502):489–500. doi: 10.1016/S0140-6736(25)00832-3.

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	Chemotherapy group (n=135)	No chemotherapy group (n=144)
Breast cancer	46 (40%)	54 (41%)
Comorbidities	55 (48%)	55 (42%)
Second cancer	12 (11%)	22 (17%)
Toxicity	1 (1%)	1 (1%)
Unknown	21	12

Percentages are based on patients with known causes of death (n=114 in the chemotherapy group and n=132 in the no chemotherapy group).

Table 3: Causes of death among randomly allocated patients who died during follow-up

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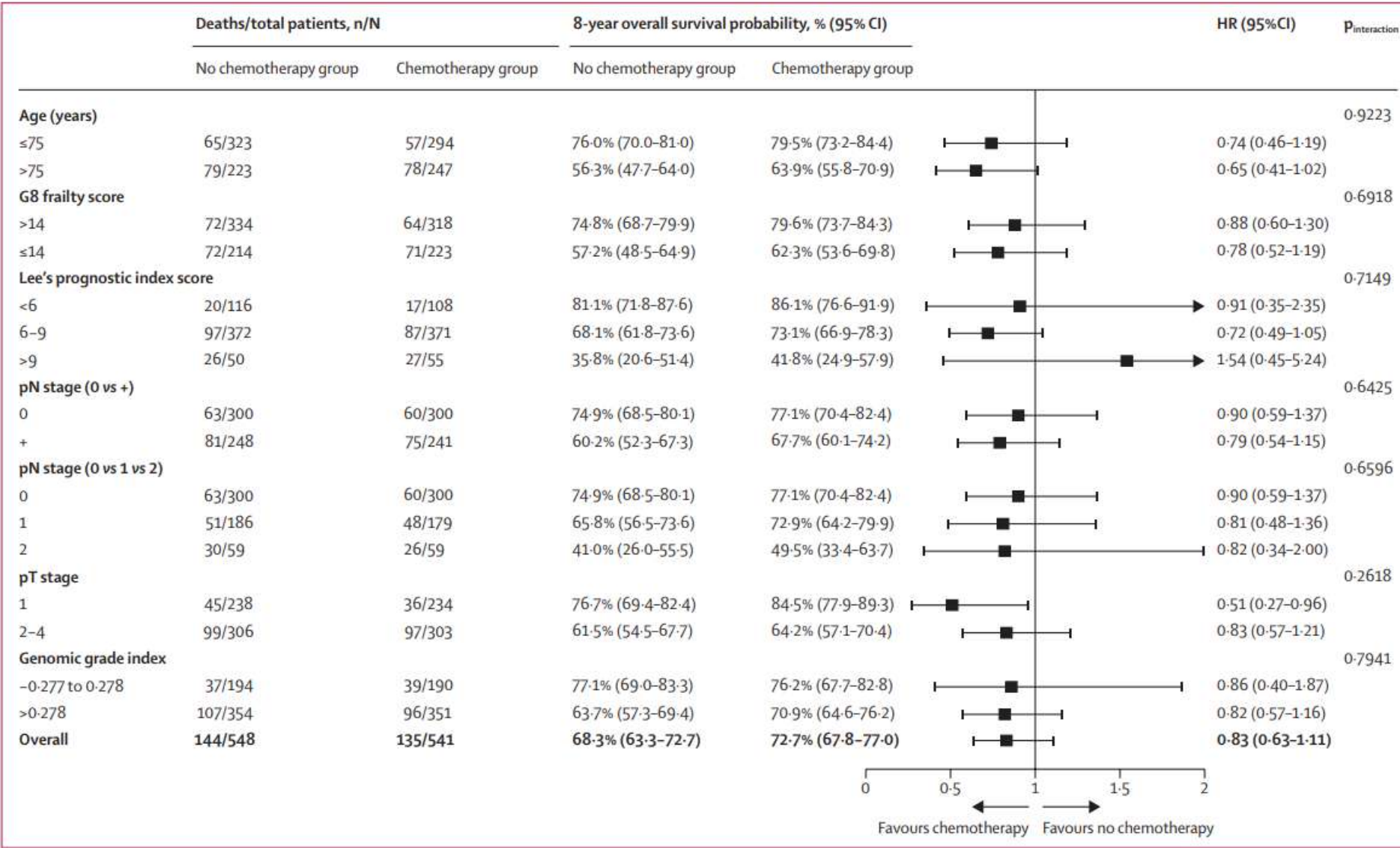
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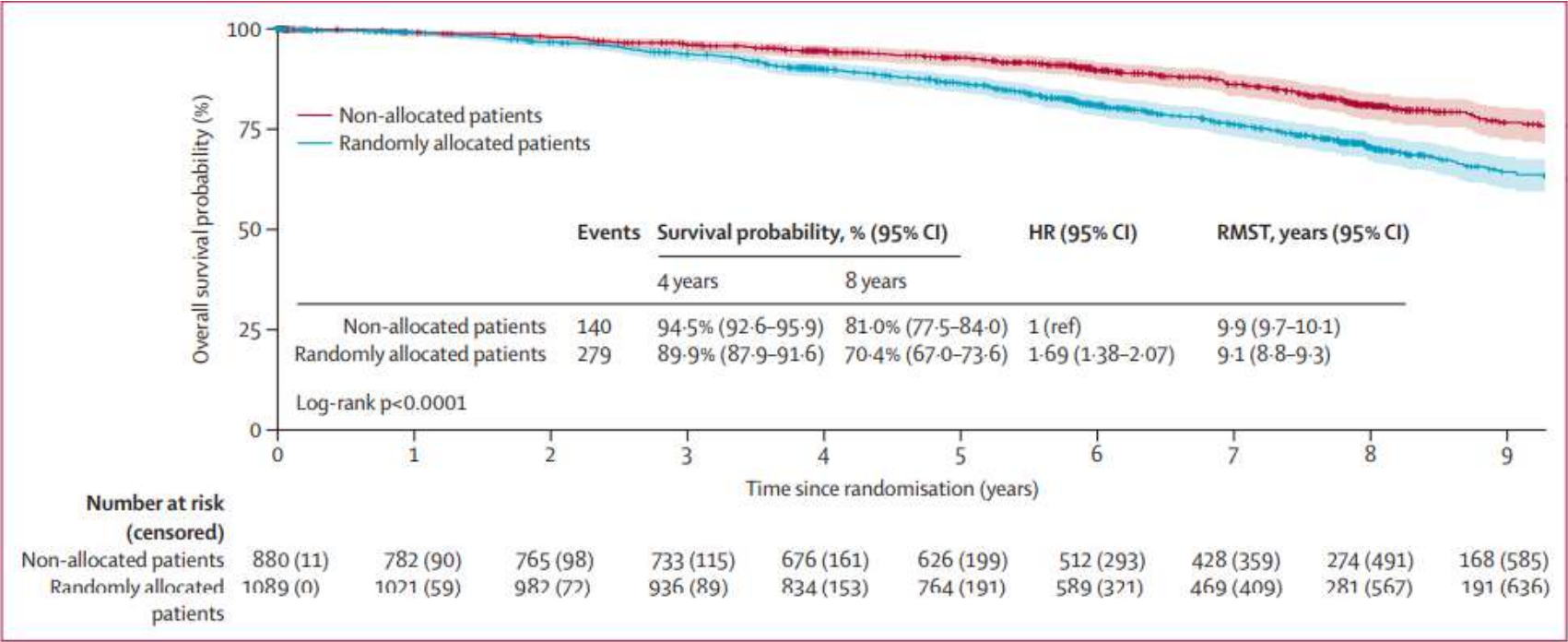


Figure 4: Kaplan-Meier estimates of overall survival in randomly allocated versus non-allocated patients
Events were defined as death due to any cause. Dashed lines indicate 95% CIs. RMST was estimated until 10 years of follow-up. HR=hazard ratio. RMST=restricted mean survival time.



Adjuvant chemotherapy and hormonotherapy versus adjuvant hormonotherapy alone for women aged 70 years and older with high-risk breast cancer based on the genomic grade index (ASTER 70s): a randomised phase 3 trial

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L'ajout d'une chimiothérapie adjuvante à l'hormonothérapie n'a conféré aucun avantage en termes de survie chez les femmes âgées de 70 ans et plus atteintes d'un cancer du sein à haut risque GGI positif aux récepteurs d'œstrogènes et HER2 négatif, et a été associé à davantage d'événements indésirables, fournissant des données importantes sur le rapport bénéfice-risque de l'ajout d'une chimiothérapie adjuvante à une hormonothérapie adjuvante dans ce groupe d'âge plus avancé.



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