Treatment patterns and outcomes of sacituzumab govitecan in older versus younger patients with metastatic triple-negative breast cancer: multinational real-world data

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BACKGROUND

Older adults (>65 years) account for a substantial proportion of patients diagnosed with metastatic triple-negative breast cancer (mTNBC) but remain underrepresented in pivotal clinical trials. Sacituzumab govitecan (SG) demonstrated consistent efficacy and manageable toxicity in the ASCENT trial, yet real-world data in elderly populations are limited. This multinational study compared treatment patterns, safety, and outcomes of SG in older versus younger women with mTNBC treated in routine clinical practice.

METHODS

We retrospectively analyzed medical records of **303** women treated with SG across **18** oncology centers in Poland, the Czech Republic and Slovakia between August 2021 and May 2025. Patients were stratified by age at SG initiation (≤65 vs >65 years).

Endpoints included:

- **Progression-free survival (PFS)** and **overall survival (OS)**,
- **Objective response rate (ORR)** and **disease control rate (DCR)** per RECIST 1.1,
- **Safety profile** per CTCAE v5.0.

Table 1. Patients charactericitis by age group.

Characteristic	≤65 years (n=227)	>65 years (n=76)	p-value
Median age at SG initiation, years (range)	52 (27–64)	70 (65–84)	-
Performance status, (%)			0.026
- 0	103 (45.4)	22 (28.9)	
- 1	116 (51.1)	50 (65.8)	
- 2-3	7 (3.1)	4 (5.3)	
Comorbidities, (%)	84 (37.0)	53 (69.7)	<0.001
Number of prior palliative systemic therapies			0.039
- Mean (SD)	1.7 (+/- 1.1)	1.9 (+/-1.2)	
- Median (range)	1 (1-2)	2 (1-2)	
BRCA1/2 status, (%)			P<0.001
- Mutated	34 (15.0)	2 (2.6)	
- Wild type	175 (77.1)	53 (69.7)	
- Not tested	18 (7.9)	21 (27.6)	
Metastatic sites, (%)			
- Visceral	176 (77.5)	46 (60.5)	0.006
- CNS	26 (11.5)	2 (2.6)	0.038
Menopausal status, (%)			-
- premenopausal	113 (49.8)	0	
- postmenopausal	114 (50.2)	76 (100%)	
Initial treatment intention, (%)			0.333
- Radical	184 (81.1)	57 (75.0)	
- Palliative	43 (18.9)	19 (25.0%)	
Time from BC diagnosis to SG (years), median (IQR)	2.48 (1.52-4.23)	3.24 (1.62-5.07)	0.091
Time from advanced BC diagnosis to SG (years), median (IQR)	0.78 (0.44-1.48)	1.12 (0.63-2.03)	0.004

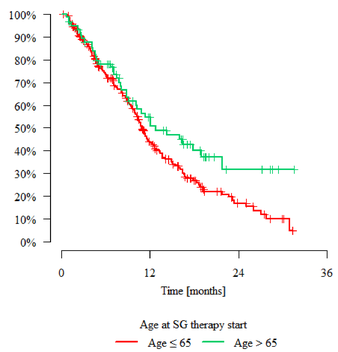


Figure 1. Overall survival by age group.

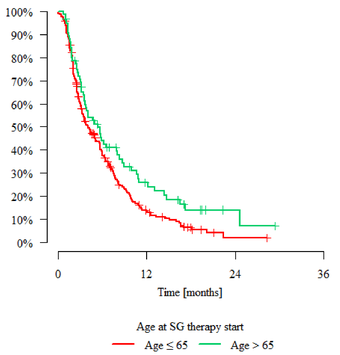


Figure 2. Progression-free survival by age group.

Table 2. OS rates (3, 6, 9, 12, 18 months, median, HR, p).

Age at SG therapy start	Patients	Events	OS 3 months	6 months	9 months	12 months	18 months	Median [months]	p
Age ≤ 65	224	144	88.50%	73.98%	61.82%	43.31%	26.89%	10.91	p=0.044
Age > 65	75	39	89.18%	78.03%	63.35%	54.63%	39.99%	12.81	

Table 3. PFS rates (3, 6, 9, 12, 18 months, median, HR, p).

Age at SG therapy start	Patients	Events	PFS 3 months	6 months	9 months	12 months	18 months	Median [months]	p
Age ≤ 65	226	194	60.33%	38.61%	23.40%	13.49%	6.51%	4.07	p=0.031
Age > 65	76	59	70.57%	43.92%	34.43%	25.89%	14.09%	5.42	

Table 4. Treatment outcomes by age group (≤65 vs. >65 years).

Outcome	Age ≤65	Age >65	*p*-value
Overall response rate (ORR)	30.8%	30.3%	1.000
Disease control rate (DCR)	61.7%	72.4%	0.122
Clinical benefit rate (CBR ≥6 months)	22.3%	32.4%	0.130
Duration of response (DOR), months	Median 4.8	Median 3.7	0.101

RESULTS

- **Older patients:** 76/303 (25.1%)
- **Geriatric assessment:** performed in only 13.2% of patients >65 years
- **Baseline characteristics:**
  - Older patients had received more prior systemic therapies (median 2 vs 1; *p=0.039*).
  - Visceral metastases (77.5% vs 60.5%; *p=0.006*) and CNS metastases (11.5% vs 2.6%; *p=0.038*) were more common among younger women.
- **Treatment exposure and safety:**
  - Median number of full SG cycles: 7 vs 6 (*p=0.240*).
  - Dose reductions due to AEs: 46.1% vs 34.8% (*p=0.106*).
  - Grade ≥3 neutropenia: 42.1% vs 45.8% (*p=0.733*).

CONCLUSIONS

Older women with mTNBC treated with sacituzumab govitecan achieved **significantly longer PFS and OS** than younger patients, despite comparable treatment exposure, response and safety.

These findings:

- Challenge the perception that chronological age predicts poorer outcomes,
- Support SG as an effective and tolerable option for fit elderly patients,
- Highlight the **need for systematic geriatric assessment**—performed in only 13% of older individuals,
- Suggest potential biological or disease-pattern differences between age groups.

References:
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Chronological age should not dictate therapeutic opportunity.