ENHERTU®
trastuzumab deruxtecan

NOW APPROVED IN SINGAPORE

ENHERTU as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer who have received at least one prior line of chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.

Patients with hormone receptor positive (HR+) breast cancer should have received at least one and be no longer considered eligible for endocrine therapy.[1]

In DESTINY-Breast04, a head-to-head study vs Chemotherapy,

GROUNDBREAKING SURVIVAL

ESTABLISHING WHAT IS POSSIBLE IN HER2-LOW mBC[2]

SPEAK WITH AN AZ REPRESENTATIVE ABOUT

OUR LATEST HSA APPROVAL FOR ENHERTU IN HER2-LOW mBC[1]

DESTINY-Breast04 is a Phase 3, international, multicenter, randomized, open-label trial of ENHERTU vs physician's choice of chemotherapy in 557 patients with HER2-low mBC (IHC 1+ or IHC 2+/ISH–). The study included 2 cohorts: 494 HR+ and 63 HR–. Patients had 1 or 2 prior lines of chemotherapy in the metastatic setting, and if HR+, had also progressed on or were refractory to endocrine therapy. Patients in the ENHERTU arm received 5.4 mg/kg IV Q3W and patients in the chemotherapy arm could receive eribulin, capecitabine, gemcitabine, nab-paclitaxel, or paclitaxel. Treatment was continued until unacceptable toxicity or disease progression. The primary endpoint was PFS in the HR+ population (determined by BICR according to mRECIST v1.1). Select secondary endpoints included PFS (BICR) in the overall study population (HR+ and HR–), OS in the HR+ population, OS in the overall study population (HR+ and HR–), ORR and DOR in the HR+ population, and safety.[1,2]

Abbreviations: BICR, blinded independent central review; CI, confidence interval; DOR, duration of response; HER2, human epidermal growth factor receptor 2; HR, hazard ratio; HR+, hormone receptor-positive; HR-, hormone receptor-negative; HSA, Health Science Authority; IHC, immunohistochemistry; ILD, interstitial lung disease; ISH, in situ hybridization; IV, intravenous; mBC, metastatic breast cancer; mOS, median overall survival; mPFS, median progression-free survival; mRECIST, modified Response Evaluation Criteria in Solid Tumors; NE, not evaluable; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks.

References: 1. ENHERTU prescribing information, January 2023, 01/BC/SG/Doc ID-004368384 V8.0 Singapore. **2.** Modi S, Jacot W, Yamashita T, et al. Trastuzumab deruxtecan in previously treated HER2-low advanced breast cancer. N Engl J Med. 2022;387(1):9-20.

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Scan QR code here for SG's full prescribing information:

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