NOW APPROVED AFTER A PRIOR ANTI-HER2 REGIMEN[1]

ENHERTU® trastuzumab deruxtecan

In DESTINY-Breast03, a head-to-head study vs trastuzumab emtansine (T-DM1)[2],

GROUNDBREAKING SURVIVAL

ESTABLISHING A STANDARD OF CARE IN 2L HER2+ mBC[3,4]

36% reduction

in risk of death with ENHERTU vs T-DM1 (Secondary endpoint: OS; HR=0.64; 95% CI: 0.47-0.87); P=0.0037)[5]

~4X mPFS

28.8 months mPFS with ENHERTU vs **6.8 months** mPFS with T-DM1 (Primary endpoint; HR=0.33; 95% CI:0.26-0.43; P=<0.000001)[5]

Consistent safety and tolerability

was observed with ENHERTU even with a longer treatment duration. There were no grade 4 or 5 adjudicated drug-related ILD/pneumonitis events[5]

GUIDELINES PREFERRED

Preferred 2L Regimen—ENHERTU is the preferred second-line therapy after progression on a taxane and trastuzumab, moving T-DM1 to a later line of therapy.[3,4]

DESTINY-Breast03 is a Phase 3, multicenter, open-label, randomized, head-to-head study to compare efficacy and safety of ENHERTU vs T-DM1 of 524 adults with HER2+ unresectable and/or mBC who received prior trastuzumab and taxane therapy for metastatic disease or developed disease recurrence during or within 6 months of completing adjuvant therapy. Patients in the ENHERTU arm received 5.4 mg/kg IV Q3W until unacceptable toxicity or disease progression. Primary endpoint was PFS (BICR) according to RECIST v1.1. Secondary endpoints included OS, ORR, DOR, and PFS (investigator). The study was not powered to assess statistical differences between treatment arms in the secondary endpoints.[2]

Indication

ENHERTU is indicated for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received a prior anti-HER2-based regimen.[1]

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