

## Press Release

# ENHERTU<sup>®</sup> Additional Analyses Further Reinforce Groundbreaking Efficacy in Patients with HER2 Positive Metastatic Breast Cancer

- DESTINY-Breast03 data presented at SABCS 2021 showed Daiichi Sankyo and AstraZeneca's ENHERTU demonstrated a similar benefit in patient subgroups, including those with stable brain metastases, compared to T-DM1

**Tokyo, Munich and Basking Ridge, NJ – (December 9, 2021)** – New results from the [DESTINY-Breast03](#) phase 3 trial showed that ENHERTU<sup>®</sup> (trastuzumab deruxtecan) demonstrated higher progression-free survival (PFS) and objective response rate (ORR) in prespecified patient subgroups compared to trastuzumab emtansine (T-DM1) in patients with HER2 positive unresectable and/or metastatic breast cancer previously treated with trastuzumab and a taxane. ENHERTU is a HER2 directed antibody drug conjugate (ADC) being jointly developed by Daiichi Sankyo Company, Limited (hereafter, Daiichi Sankyo) and AstraZeneca (LSE/STO/Nasdaq: AZN). Results were presented as an oral presentation (Abstract #GS3-01) at the San Antonio Breast Cancer (#SABCS2021) 2021 Symposium.

A similar PFS and ORR benefit was observed in exploratory analyses in patients defined by presence of stable brain metastases, hormone receptor status, number of prior lines of therapy, prior treatment with pertuzumab or status of visceral metastasis. In patients with stable brain metastases at baseline, treatment with ENHERTU resulted in higher PFS compared to T-DM1 (n=82; PFS by blinded independent central review [BICR], hazard ratio [HR] = 0.25; 95% CI: 0.13-0.45). Additionally, in this subgroup at data cut off on May 21, 2021, ENHERTU improved PFS to a median of 15.0 months (95% CI: 12.5-22.2) versus 3.0 months for T-DM1 (95% CI: 2.8-5.8). In the primary data analysis recently [presented](#) at the 2021 European Society of Medical Oncology (ESMO) virtual conference, ENHERTU demonstrated a 72% reduction in the risk of disease progression or death compared to T-DM1 (hazard ratio [HR] = 0.28; 95% CI: 0.22-0.37; p=7.8x10<sup>-22</sup>).

“The main goals in the treatment of HER2 positive metastatic breast cancer, including those with stable brain metastases, are to improve symptoms, stabilize or reduce the tumor size and improve overall survival,” said Sara Hurvitz, MD, Medical Oncologist, Professor of Medicine, and Director of the Breast Cancer Clinical Trials Program in the Division of Hematology-Oncology at the David Geffen School of Medicine at UCLA, and Medical Director for the Clinical Research Unit at the UCLA Jonsson Comprehensive Cancer Center in Santa Monica, CA. “The higher progression-free survival seen in DESTINY-Breast03 in the subgroup of patients with stable brain metastases at baseline in this study are encouraging and underscores the excitement

around another potential option for patients who have experienced disease progression on currently available therapies.”

Confirmed ORR for patients with stable brain metastases at baseline (n=82) was 67.4% (n=29; 95% CI: 51.5-80.9) in the ENHERTU arm compared to 20.5% (n=8; 95% CI:9.3-36.5) in the T-DM1 arm. There were two confirmed responses (CR) (4.7%) and 27 partial responses (PR) (62.8%) in patients with stable brain metastases treated with ENHERTU compared to zero CRs and eight PRs (20.5%) in those treated with T-DM1. At data cutoff, one (2.3%) patient with brain metastases treated with ENHERTU had progressive disease (PD) versus seven (17.9%) of those treated with T-DM1. A retrospective non-prespecified evaluation of intracranial response, evaluated using BICR, among 72 patients with stable brain metastases showed that treatment with ENHERTU resulted in 10 CRs (27.8%) and 13 PRs (36.1%), compared to one CR (2.8%) and 11 PRs (30.6%) in those treated with T-DM1, providing preliminary evidence that treatment with ENHERTU is associated with intracranial tumor response and reduction in CNS disease.

The safety profile of the most common adverse events with ENHERTU in DESTINY-Breast03 remains consistent with previous clinical trials of ENHERTU in breast cancer with no new safety concerns identified. The most common grade 3 or higher treatment emergent adverse events were neutropenia (19.1%), thrombocytopenia (7.0%), nausea (6.6%), leukopenia (6.6%), anemia (5.8%), fatigue (5.1%), vomiting (1.6%), increase in ALT (1.6%), decreased appetite (1.2%), increase in AST (0.8%), diarrhea (0.4%) and alopecia (0.4%). Overall, 10.5% of patients had confirmed interstitial lung disease (ILD) or pneumonitis related to treatment as determined by an independent adjudication committee. The majority of ILD events (9.7%) were primarily low grade (grade 1 (2.7%) or grade 2 (7.0%)) with two grade 3 (0.8%) events reported. No grade 4 or grade 5 ILD or pneumonitis events occurred.

“These additional analyses from DESTINY-Breast03 continue to demonstrate the benefit of ENHERTU compared to T-DM1 in patient subgroups, including 15 month progression-free survival in those with stable brain metastases, illustrating the potential of this treatment to become the new standard of care in patients with previously treated HER2 positive metastatic breast cancer,” said Ken Takeshita, MD, Global Head, R&D, Daiichi Sankyo. “These data will support our ongoing conversations with global health authorities to realize our commitment to bring ENHERTU to patients with previously treated HER2 positive breast cancer earlier in the metastatic setting.”

“More treatment options are needed to delay progression and extend survival for patients with HER2 positive metastatic breast cancer who develop brain metastases,” said Susan Galbraith, MBBChir, PhD, Executive Vice President, Oncology R&D, AstraZeneca. “These additional analyses from DESTINY-Breast03 reinforce the potential of ENHERTU with similar benefits in the different subgroups.”

## Summary of DESTINY-Breast03 Subgroup Analyses

	Median PFS by BICR (95% CI)		ORR % (95% CI)	
	ENHERTU	T-DM1	ENHERTU	T-DM1
<b>All Patients (n=524)</b>	NE (18.5-NE)	6.8 (5.6-8.2)	79.7	34.2
	HR=0.2840 (0.2165-0.3727)		45.5 (37.6-53.4) <sup>a</sup>	
<b>Hormone Receptor</b>				
Positive (n=272)	22.4 (17.7-NE)	6.9 (4.2-9.8)	78.2	30.9
	HR=0.3191 (0.2217-0.4594)		47.3 (36.1-58.4) <sup>a</sup>	
Negative (n=248)	NE (18.0-NE)	6.8 (5.4-8.3)	81.7	38.5
	HR=0.2965 (0.2008-0.4378)		43.2 (31.5-55.0) <sup>a</sup>	
<b>Prior Pertuzumab</b>				
Yes (n=320)	NE (18.5-NE)	6.8 (5.4-8.3)	79.6	32.9
	HR=0.3050 (0.2185-0.4257)		46.7 (36.5-56.9) <sup>a</sup>	
No (n=204)	NE (16.5-NE)	7.0 (4.2-9.7)	79.8	36.2
	HR=0.2999 (0.1924-0.4675)		43.6 (30.5-56.7) <sup>a</sup>	
<b>Visceral Disease</b>				
Yes (n=384)	22.2 (16.5-NE)	5.7 (4.2-7.0)	77.4	29.1
	HR=0.2806 (0.2083-0.3779)		48.3 (39.1-57.6) <sup>a</sup>	
No (n=140)	NE (NE-NE)	11.3 (6.8-NE)	86.4	47.3
	HR=0.3157 (0.1718-0.5804)		39.1 (23.6-54.6) <sup>a</sup>	
<b>Prior Lines of Therapy<sup>b</sup></b>				
0-1 (n=258)	22.4 (17.9-NE)	8.0 (5.7-9.7)	75.0	35.7
	HR=0.3302 (0.2275-0.4794)		39.3 (27.3-51.2) <sup>a</sup>	
≥2 (n=266)	NE (16.8-NE)	5.6 (4.2-7.1)	84.5	32.8
	HR=0.2828 (0.1933-0.4136)		51.6 (40.9-62.4) <sup>a</sup>	
<b>Patients with Stable Brain Metastases at Baseline</b>				
Yes (n=82)	15.0 (12.5-22.2)	3.0 (2.8-5.8)	67.4	20.5
	HR=0.2465 (0.1341-0.4529)		46.9 (25.6-68.3) <sup>a</sup>	
No (n=442)	NE (22.4-NE)	7.1 (5.6-9.7)	82.1	36.6
	HR=0.2971 (0.2199-0.4014)		45.5 (36.9-54.1) <sup>a</sup>	

CI, confidence interval; HR, hazard ratio; PFS, progression-free survival; NE, not estimable; ORR, objective response rate

<sup>a</sup> Absolute ORR Difference, % [ENHERTU-T-DM1]

<sup>b</sup> Patients with rapid progression on (neo)adjuvant therapy were included. Line of therapy does not include endocrine therapy.

All patients in DESTINY-Breast03 received at least one prior cancer therapy, including trastuzumab (ENHERTU = 99.6%; T-DM1 = 99.6%) or pertuzumab (ENHERTU = 62.1%; T-DM1 = 60.1%). Fifty percent of patients in the ENHERTU arm had received one prior line of therapy. At the start of the trial, 16.5% of patients in the ENHERTU arm and 14.8% of patients in the T-DM1 arm had a history of brain

metastases. As of data cut-off on May 21, 2021, 136 patients remained on treatment with ENHERTU and 49 patients on T-DM1.

Based on the primary results of DESTINY-Breast03, ENHERTU received its fourth [Breakthrough Therapy Designation](#) (BTD) in the U.S. for the treatment of adult patients with unresectable or metastatic HER2 positive breast cancer who have received one or more prior anti-HER2 based regimens in September 2021.

### **About DESTINY-Breast03**

DESTINY-Breast03 is a global, head-to-head, randomized, open-label, pivotal phase 3 trial evaluating the safety and efficacy of ENHERTU (5.4 mg/kg) versus T-DM1 in patients with HER2 positive unresectable and/or metastatic breast cancer previously treated with trastuzumab and a taxane. The primary efficacy endpoint of DESTINY-Breast03 is PFS based on BICR. Secondary efficacy endpoints include overall survival, ORR, duration of response, PFS based on investigator assessment and safety. DESTINY-Breast03 enrolled 524 patients at multiple sites in Asia, Europe, North America, Oceania and South America. For more information about the trial, visit [ClinicalTrials.gov](#).

### **About HER2 Positive Breast Cancer**

Breast cancer is the most common cancer and one of the leading causes of cancer-related deaths worldwide.<sup>1</sup> More than two million cases of breast cancer were diagnosed in 2020, resulting in nearly 685,000 deaths globally.<sup>1</sup> Approximately one in five cases of breast cancer are considered HER2 positive.<sup>2</sup>

HER2 is a tyrosine kinase receptor growth-promoting protein expressed on the surface of many types of tumors including breast, gastric, lung and colorectal cancers.<sup>3</sup> HER2 protein overexpression may occur as a result of HER2 gene amplification and is often associated with aggressive disease and poor prognosis in breast cancer.<sup>4</sup>

Despite initial treatment with trastuzumab and a taxane, patients with HER2 positive metastatic breast cancer will often experience disease progression.<sup>5</sup> Additionally, it is estimated that 30% to 50% of patients will develop brain metastases, and while increased availability of HER2 therapies has improved systemic disease control, prognosis following the development of brain metastases remains poor.<sup>5,6,7,8,9</sup> More treatment options are needed to further delay progression and extend survival.<sup>5,6,7,8</sup>

### **About ENHERTU**

ENHERTU® (trastuzumab deruxtecan; fam-trastuzumab deruxtecan-nxki in the U.S. only) is a HER2 directed ADC. Designed using Daiichi Sankyo's proprietary DXd ADC technology, ENHERTU is the lead ADC in the oncology portfolio of Daiichi Sankyo and the most advanced program in AstraZeneca's ADC

scientific platform. ENHERTU consists of a HER2 monoclonal antibody attached to a topoisomerase I inhibitor payload, an exatecan derivative, via a stable tetrapeptide-based cleavable linker.

ENHERTU (5.4 mg/kg) is approved in more than 30 countries for the treatment of adult patients with unresectable or metastatic HER2 positive breast cancer who have received two or more prior anti-HER2 based regimens based on the results from the [DESTINY-Breast01](#) trial.

ENHERTU (6.4 mg/kg) is also approved in several countries for the treatment of adult patients with locally advanced or metastatic HER2 positive gastric or gastroesophageal junction (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen based on the results from the [DESTINY-Gastric01](#) trial.

A Type II Variation is currently under review by the European Medicines Agency for the treatment of adult patients with locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma who have received a prior anti-HER2-based regimen.

ENHERTU is approved in the U.S. with Boxed WARNINGS for Interstitial Lung Disease and Embryo-Fetal Toxicity. For more information, please see the accompanying full [Prescribing Information](#), including Boxed WARNINGS, and [Medication Guide](#).

#### **About the ENHERTU Clinical Development Program**

A comprehensive global development program is underway evaluating the efficacy and safety of ENHERTU monotherapy across multiple HER2 targetable cancers including breast, gastric, lung and colorectal cancers. Trials in combination with other anticancer treatments, such as immunotherapy, are also underway.

ENHERTU was highlighted in the [Clinical Cancer Advances 2021](#) report as one of two significant advancements in the “ASCO Clinical Advance of the Year: Molecular Profiling Driving Progress in GI Cancers,” based on data from both the [DESTINY-Gastric01](#) and [DESTINY-CRC01](#) trials, as well as one of the targeted therapy advances of the year in non-small cell lung cancer (NSCLC) based on the interim results of the *HER2* mutated cohort of the [DESTINY-Lung01](#) trial.

In May 2020, ENHERTU received BTM in the U.S. for the treatment of patients with metastatic NSCLC whose tumors have a *HER2* mutation and with disease progression on or after platinum-based therapy.

#### **About the Daiichi Sankyo and AstraZeneca Collaboration**

Daiichi Sankyo and AstraZeneca entered into a global collaboration to jointly develop and commercialize ENHERTU in [March 2019](#) and datopotamab deruxtecan (Dato-DXd) in [July 2020](#), except in Japan where

Daiichi Sankyo maintains exclusive rights for each ADC. Daiichi Sankyo is responsible for the manufacturing and supply of ENHERTU and datopotamab deruxtecan.

## U.S. Important Safety Information for ENHERTU

### Indications

ENHERTU is a HER2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with:

- Unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens in the metastatic setting.

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

- Locally advanced or metastatic HER2-positive gastric or gastroesophageal junction adenocarcinoma who have received a prior trastuzumab-based regimen.

### **WARNING: INTERSTITIAL LUNG DISEASE and EMBRYO-FETAL TOXICITY**

- **Interstitial lung disease (ILD) and pneumonitis, including fatal cases, have been reported with ENHERTU. Monitor for and promptly investigate signs and symptoms including cough, dyspnea, fever, and other new or worsening respiratory symptoms. Permanently discontinue ENHERTU in all patients with Grade 2 or higher ILD/pneumonitis. Advise patients of the risk and to immediately report symptoms.**
- **Exposure to ENHERTU during pregnancy can cause embryo-fetal harm. Advise patients of these risks and the need for effective contraception.**

### Contraindications

None.

### Warnings and Precautions

#### **Interstitial Lung Disease / Pneumonitis**

Severe, life-threatening, or fatal interstitial lung disease (ILD), including pneumonitis, can occur in patients treated with ENHERTU. Advise patients to immediately report cough, dyspnea, fever, and/or any new or worsening respiratory symptoms. Monitor patients for signs and symptoms of ILD. Promptly investigate evidence of ILD. Evaluate patients with suspected ILD by radiographic imaging. Consider consultation with a pulmonologist. For asymptomatic ILD/pneumonitis (Grade 1), interrupt ENHERTU until resolved to Grade 0, then if resolved in  $\leq 28$  days from date of onset, maintain dose. If resolved in  $> 28$  days from date of onset, reduce dose one level. Consider corticosteroid treatment as soon as ILD/pneumonitis is suspected (e.g.,  $\geq 0.5$  mg/kg/day prednisolone or equivalent). For symptomatic ILD/pneumonitis (Grade 2 or greater), permanently discontinue ENHERTU. Promptly initiate systemic corticosteroid treatment as soon as ILD/pneumonitis is suspected (e.g.,  $\geq 1$  mg/kg/day prednisolone or equivalent) and continue for at least 14 days followed by gradual taper for at least 4 weeks.

#### Metastatic Breast Cancer

In clinical studies, of the 234 patients with unresectable or metastatic HER2-positive breast cancer treated with ENHERTU 5.4 mg/kg, ILD occurred in 9% of patients. Fatal outcomes due to ILD and/or pneumonitis occurred in 2.6% of patients treated with ENHERTU. Median time to first onset was 4.1 months (range: 1.2 to 8.3).

### Locally Advanced or Metastatic Gastric Cancer

In DESTINY-Gastric01, of the 125 patients with locally advanced or metastatic HER2-positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg, ILD occurred in 10% of patients. Median time to first onset was 2.8 months (range: 1.2 to 21.0).

### **Neutropenia**

Severe neutropenia, including febrile neutropenia, can occur in patients treated with ENHERTU.

Monitor complete blood counts prior to initiation of ENHERTU and prior to each dose, and as clinically indicated. For Grade 3 neutropenia (Absolute Neutrophil Count [ANC] <1.0 to 0.5 x 10<sup>9</sup>/L) interrupt ENHERTU until resolved to Grade 2 or less, then maintain dose. For Grade 4 neutropenia (ANC <0.5 x 10<sup>9</sup>/L) interrupt ENHERTU until resolved to Grade 2 or less. Reduce dose by one level. For febrile neutropenia (ANC <1.0 x 10<sup>9</sup>/L and temperature >38.3°C or a sustained temperature of ≥38°C for more than 1 hour), interrupt ENHERTU until resolved. Reduce dose by one level.

### Metastatic Breast Cancer

In clinical studies, of the 234 patients with unresectable or metastatic HER2-positive breast cancer who received ENHERTU 5.4mg/kg, a decrease in neutrophil count was reported in 62% of patients. Sixteen percent had Grade 3 or 4 decrease in neutrophil count. Median time to first onset of decreased neutrophil count was 23 days (range: 6 to 547). Febrile neutropenia was reported in 1.7% of patients.

### Locally Advanced or Metastatic Gastric Cancer

In DESTINY-Gastric01, of the 125 patients with locally advanced or metastatic HER2-positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg, a decrease in neutrophil count was reported in 72% of patients. Fifty-one percent had Grade 3 or 4 decreased neutrophil count. Median time to first onset of decreased neutrophil count was 16 days (range: 4 to 187). Febrile neutropenia was reported in 4.8% of patients.

### **Left Ventricular Dysfunction**

Patients treated with ENHERTU may be at increased risk of developing left ventricular dysfunction. Left ventricular ejection fraction (LVEF) decrease has been observed with anti-HER2 therapies, including ENHERTU. In the 234 patients with unresectable or metastatic HER2-positive breast cancer who received ENHERTU, two cases (0.9%) of asymptomatic LVEF decrease were reported. In DESTINY-Gastric01, of the 125 patients with locally advanced or metastatic HER2-positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg, no clinical adverse events of heart failure were reported; however, on echocardiography, 8% were found to have asymptomatic Grade 2 decrease in LVEF. Treatment with ENHERTU has not been studied in patients with a history of clinically significant cardiac disease or LVEF <50% prior to initiation of treatment.

Assess LVEF prior to initiation of ENHERTU and at regular intervals during treatment as clinically indicated. When LVEF is >45% and absolute decrease from baseline is 10-20%, continue treatment with ENHERTU. When LVEF is 40-45% and absolute decrease from baseline is <10%, continue treatment with ENHERTU and repeat LVEF assessment within 3 weeks. When LVEF is 40-45% and absolute decrease from baseline is 10-20%, interrupt ENHERTU and repeat LVEF assessment within 3 weeks. If LVEF has not recovered to within 10% from baseline, permanently discontinue ENHERTU. If LVEF recovers to within 10% from baseline, resume treatment with ENHERTU at the same dose. When LVEF is <40% or absolute decrease from baseline is >20%, interrupt ENHERTU and repeat LVEF assessment within 3 weeks. If LVEF of <40% or absolute decrease from baseline of >20% is confirmed, permanently discontinue ENHERTU. Permanently discontinue ENHERTU in patients with symptomatic congestive heart failure.

### **Embryo-Fetal Toxicity**

ENHERTU can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risks to a fetus. Verify the pregnancy status of females of reproductive potential prior to the initiation of ENHERTU. Advise females of reproductive potential to use effective contraception during treatment and for at least 7 months following the last dose of ENHERTU. Advise male patients with female partners of

reproductive potential to use effective contraception during treatment with ENHERTU and for at least 4 months after the last dose of ENHERTU.

## **Additional Dose Modifications**

### **Thrombocytopenia**

For Grade 3 thrombocytopenia (platelets  $<50$  to  $25 \times 10^9/L$ ) interrupt ENHERTU until resolved to Grade 1 or less, then maintain dose. For Grade 4 thrombocytopenia (platelets  $<25 \times 10^9/L$ ) interrupt ENHERTU until resolved to Grade 1 or less. Reduce dose by one level.

## **Adverse Reactions**

### Metastatic Breast Cancer

The safety of ENHERTU was evaluated in a pooled analysis of 234 patients with unresectable or metastatic HER2-positive breast cancer who received at least one dose of ENHERTU 5.4 mg/kg in DESTINY-Breast01 and Study DS8201-A-J101. ENHERTU was administered by intravenous infusion once every three weeks. The median duration of treatment was 7 months (range: 0.7 to 31).

Serious adverse reactions occurred in 20% of patients receiving ENHERTU. Serious adverse reactions in  $>1\%$  of patients who received ENHERTU were interstitial lung disease, pneumonia, vomiting, nausea, cellulitis, hypokalemia, and intestinal obstruction. Fatalities due to adverse reactions occurred in 4.3% of patients including interstitial lung disease (2.6%), and the following events occurred in one patient each (0.4%): acute hepatic failure/acute kidney injury, general physical health deterioration, pneumonia, and hemorrhagic shock.

ENHERTU was permanently discontinued in 9% of patients, of which ILD accounted for 6%. Dose interruptions due to adverse reactions occurred in 33% of patients treated with ENHERTU. The most frequent adverse reactions ( $>2\%$ ) associated with dose interruption were neutropenia, anemia, thrombocytopenia, leukopenia, upper respiratory tract infection, fatigue, nausea, and ILD. Dose reductions occurred in 18% of patients treated with ENHERTU. The most frequent adverse reactions ( $>2\%$ ) associated with dose reduction were fatigue, nausea, and neutropenia.

The most common ( $\geq 20\%$ ) adverse reactions, including laboratory abnormalities, were nausea (79%), white blood cell count decreased (70%), hemoglobin decreased (70%), neutrophil count decreased (62%), fatigue (59%), vomiting (47%), alopecia (46%), aspartate aminotransferase increased (41%), alanine aminotransferase increased (38%), platelet count decreased (37%), constipation (35%), decreased appetite (32%), anemia (31%), diarrhea (29%), hypokalemia (26%), and cough (20%).

### Locally Advanced or Metastatic Gastric Cancer

The safety of ENHERTU was evaluated in 187 patients with locally advanced or metastatic HER2-positive gastric or GEJ adenocarcinoma in DESTINY-Gastric01. Patients intravenously received at least one dose of either ENHERTU (N=125) 6.4 mg/kg once every three weeks or either irinotecan (N=55) 150 mg/m<sup>2</sup> biweekly or paclitaxel (N=7) 80 mg/m<sup>2</sup> weekly for 3 weeks. The median duration of treatment was 4.6 months (range: 0.7 to 22.3) in the ENHERTU group and 2.8 months (range: 0.5 to 13.1) in the irinotecan/paclitaxel group.

Serious adverse reactions occurred in 44% of patients receiving ENHERTU 6.4 mg/kg. Serious adverse reactions in  $>2\%$  of patients who received ENHERTU were decreased appetite, ILD, anemia, dehydration, pneumonia, cholestatic jaundice, pyrexia, and tumor hemorrhage. Fatalities due to adverse reactions occurred in 2.4% of patients: disseminated intravascular coagulation, large intestine perforation, and pneumonia occurred in one patient each (0.8%).

ENHERTU was permanently discontinued in 15% of patients, of which ILD accounted for 6%. Dose interruptions due to adverse reactions occurred in 62% of patients treated with ENHERTU. The most frequent adverse reactions ( $>2\%$ ) associated with dose interruption were neutropenia, anemia, decreased appetite, leukopenia, fatigue, thrombocytopenia, ILD, pneumonia, lymphopenia, upper respiratory tract infection, diarrhea, and hypokalemia. Dose reductions occurred in 32% of patients treated with ENHERTU. The most

frequent adverse reactions (>2%) associated with dose reduction were neutropenia, decreased appetite, fatigue, nausea, and febrile neutropenia.

The most common ( $\geq 20\%$ ) adverse reactions, including laboratory abnormalities, were hemoglobin decreased (75%), white blood cell count decreased (74%), neutrophil count decreased (72%), lymphocyte count decreased (70%), platelet count decreased (68%), nausea (63%), decreased appetite (60%), anemia (58%), aspartate aminotransferase increased (58%), fatigue (55%), blood alkaline phosphatase increased (54%), alanine aminotransferase increased (47%), diarrhea (32%), hypokalemia (30%), vomiting (26%), constipation (24%), blood bilirubin increased (24%), pyrexia (24%), and alopecia (22%).

### Use in Specific Populations

- **Pregnancy:** ENHERTU can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risks to a fetus. There are clinical considerations if ENHERTU is used in pregnant women, or if a patient becomes pregnant within 7 months following the last dose of ENHERTU.
- **Lactation:** There are no data regarding the presence of ENHERTU in human milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with ENHERTU and for 7 months after the last dose.
- **Females and Males of Reproductive Potential:** Pregnancy testing: Verify pregnancy status of females of reproductive potential prior to initiation of ENHERTU. Contraception: *Females:* ENHERTU can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment with ENHERTU and for at least 7 months following the last dose. *Males:* Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ENHERTU and for at least 4 months following the last dose. Infertility: ENHERTU may impair male reproductive function and fertility.
- **Pediatric Use:** Safety and effectiveness of ENHERTU have not been established in pediatric patients.
- **Geriatric Use:** Of the 234 patients with HER2-positive breast cancer treated with ENHERTU 5.4 mg/kg, 26% were  $\geq 65$  years and 5% were  $\geq 75$  years. No overall differences in efficacy were observed between patients  $\geq 65$  years of age compared to younger patients. There was a higher incidence of Grade 3-4 adverse reactions observed in patients aged  $\geq 65$  years (53%) as compared to younger patients (42%). Of the 125 patients with locally advanced or metastatic HER2-positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg in DESTINY-Gastric01, 56% were  $\geq 65$  years and 14% were  $\geq 75$  years. No overall differences in efficacy or safety were observed between patients  $\geq 65$  years of age compared to younger patients.
- **Hepatic Impairment:** In patients with moderate hepatic impairment, due to potentially increased exposure, closely monitor for increased toxicities related to the topoisomerase inhibitor.

**To report SUSPECTED ADVERSE REACTIONS, contact Daiichi Sankyo, Inc. at 1-877-437-7763 or FDA at 1-800-FDA-1088 or [fda.gov/medwatch](http://fda.gov/medwatch).**

Please see accompanying full [Prescribing Information](#), including **Boxed WARNINGS**, and [Medication Guide](#).

### About Daiichi Sankyo in Oncology

The oncology portfolio of Daiichi Sankyo is powered by our team of world-class scientists that push beyond traditional thinking to create transformative medicines for people with cancer. Anchored by our DXd ADC technology, our research engines include biologics, medicinal chemistry, modality and other research laboratories in Japan, and [Plexxikon Inc.](#), our small molecule structure-guided R&D center in the U.S. We also work alongside leading academic and business collaborators to further advance the understanding of

cancer as Daiichi Sankyo builds towards our ambitious goal of becoming a global leader in oncology by 2025.

## About Daiichi Sankyo

Daiichi Sankyo is dedicated to creating new modalities and innovative medicines by leveraging our world-class science and technology for our purpose “to contribute to the enrichment of quality of life around the world.” In addition to our current portfolio of medicines for cancer and cardiovascular disease, Daiichi Sankyo is primarily focused on developing novel therapies for people with cancer as well as other diseases with high unmet medical needs. With more than 100 years of scientific expertise and a presence in more than 20 countries, Daiichi Sankyo and its 16,000 employees around the world draw upon a rich legacy of innovation to realize our 2030 Vision to become an “Innovative Global Healthcare Company Contributing to the Sustainable Development of Society.” For more information, please visit: [www.daiichisankyo.com](http://www.daiichisankyo.com).

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