ENHERTU DOSAGE GUIDE

Recommended weight-based dosage and schedule[1]

ENHERTU is always given as a monotherapy

- ENHERTU mBC dosage **(5.4 mg/kg)** may differ from other approved indications

HER2+ Metastatic Breast Cancer

HER2-low Metastatic Breast Cancer

5.4 mg/kg IV

Patient selection considerations for HER2-low mBC

- Treat with ENHERTU based on HER2 expression (IHC 1+ or IHC 2+/ISH–)
- Information on FDA-approved tests for the detection of HER2 protein expression and HER2 gene amplification is available at: http://www.fda.gov/CcompanionDiagnostics

ONCE EVERY 3 WEEKS (21-day cycle)

INITIAL INFUSION

IF WELL TOLERATED

SUBSEQUENT INFUSIONS

Continue until disease progression or unacceptable toxicity

Important Safety Information

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 a prior anti-HER2-based regimen either:
  - In the metastatic setting, or
  - In the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy
- HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer, as determined by an FDA-approved test, who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy

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.**

Please see Important Safety Information on pages 8 to 12, and click here for full Prescribing Information, including Boxed WARNINGS, and click here for Medication Guide.

ENHERTU®
fam-trastuzumab deruxtecan-nxki
20 mg/mL INJECTION FOR INTRAVENOUS USE

Included in NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) as a preferred treatment for 2L HER2+ mBC

NCCN CATEGORY 1, Preferred 2L Option—NCCN Guidelines recommends fam-trastuzumab deruxtecan-nxki (ENHERTU) as Category 1 preferred option as second-line therapy for recurrent unresectable (local or regional) or stage IV HER2+ disease[2,a]

[a]Fam-trastuzumab deruxtecan-nxki may be considered in the first-line metastatic setting as an option for select patients (ie, those with rapid progression within 6 months of neoadjuvant or adjuvant therapy [12 months for pertuzumab-containing regimens]). Regimen may also be used as an option for third-line and beyond; the optimal sequence for third-line therapy and beyond is not known.

Included in NCCN Guidelines as a preferred systemic therapy regimen

NCCN CATEGORY 1, Preferred Systemic Therapy Regimen—NCCN Guidelines recommends fam-trastuzumab deruxtecan-nxki (ENHERTU) as the Category 1 preferred systemic therapy option for recurrent unresectable (local or regional) or stage IV HER2-negative disease, for patients with tumors that are HER2 IHC 1+ or 2+ and ISH negative[2,b]

[b]For patients with tumors that are HER2 IHC 1+ or 2+ and ISH negative, who have received at least 1 prior line of chemotherapy for metastatic disease and, if tumor is HR+, are refractory to endocrine therapy.

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ENHERTU administration considerations[1]

- **Do not substitute ENHERTU for or with trastuzumab or ado-trastuzumab emtansine**
- **ENHERTU is diluted with 5% Dextrose Injection, USP.** DO NOT use Sodium Chloride Injection, USP
- Cover the infusion bag to protect from light during administration
- ENHERTU is administered intravenously. Do not administer as an intravenous push or bolus
- Slow or interrupt the infusion rate if the patient develops infusion-related symptoms
- Permanently discontinue ENHERTU in case of severe infusion reactions
- Please refer to section 2.2 and 2.4 in the full ENHERTU Prescribing Information

Dose modifications for adverse reactions[1]

- Management of adverse reactions may require temporary interruption, dose reduction, or treatment discontinuation of ENHERTU per dose modifications provided in the table below and on pages 4-7
- **Do not re-escalate the ENHERTU dose after a dose reduction is made**
- If a planned dose is delayed or missed, administer as soon as possible; do not wait until the next planned cycle. Adjust the schedule of administration to maintain a 3-week interval between doses. Administer the infusion at the dose and rate the patient tolerated in the most recent infusion

Dose reduction schedule	Metastatic breast cancer starting dose 5.4 mg/kg
First dose reduction	4.4 mg/kg
Second dose reduction	3.2 mg/kg
Requirement for further dose reduction	Discontinue treatment

NCCN Guidelines for Antiemesis lists fam-trastuzumab deruxtecan-nxki (ENHERTU) as moderate emetic risk and recommends several prophylactic antiemetic regimens to decrease potential nausea/vomiting.[3]

- Premedication: ENHERTU is moderately emetogenic, which includes delayed nausea and/or vomiting. Administer prophylactic antiemetic medications per local institutional guidelines for prevention of chemotherapy-induced nausea and vomiting[1]

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Recommended dose modifications for ILD/pneumonitis[1]

Severity	Treatment Modification
Asymptomatic ILD/Pneumonitis (Grade 1)	• Consider corticosteroid treatment as soon as ILD/pneumonitis is suspected • Interrupt ENHERTU until resolved to Grade 0, then: – If resolved in 28 days or less from date of onset, maintain dose – If resolved in greater than 28 days from date of onset, reduce dose one level (see dose reductions for adverse reactions on page 3)
Symptomatic ILD/Pneumonitis (Grade 2 or greater)	• Permanently discontinue ENHERTU • Promptly initiate corticosteroid treatment as soon as ILD/pneumonitis is suspected

Toxicity grades are in accordance with NCI-CTCAE v.5.0.

Recommended dose modifications for neutropenia[1]

Severity	Treatment Modification
Grade 3 (less than 1.0 to 0.5 x 10^9/L)	• Interrupt ENHERTU until resolved to Grade 2 or less, then maintain dose
Grade 4 (less than 0.5 x 10^9/L)	• Interrupt ENHERTU until resolved to Grade 2 or less • Reduce dose by one level (see dose reductions for adverse reactions on page 3)

Recommended dose modifications for febrile neutropenia[1]

Severity	Treatment Modification
Absolute neutrophil count of less than 1.0 x 10^9/L and temperature greater than 38.3°C or a sustained temperature of 38°C or greater for more than 1 hour	• Interrupt ENHERTU until resolved • Reduce dose by one level (see dose reductions for adverse reactions on page 3)

Toxicity grades are in accordance with NCI-CTCAE v.5.0.

Recommended dose modifications for thrombocytopenia[1]

Severity	Treatment Modification
Grade 3 (platelets less than 50 to 25 x 10^9/L)	• Interrupt ENHERTU until resolved to Grade 1 or less, then maintain dose
Grade 4 (platelets less than 25 x 10^9/L)	• Interrupt ENHERTU until resolved to Grade 1 or less • Reduce dose by one level (see dose reductions for adverse reactions on page 3)

Toxicity grades are in accordance with NCI-CTCAE v.5.0.

Recommended dose modifications for left ventricular dysfunction[1]

Severity		Treatment Modification
LVEF greater than 45% and absolute decrease from baseline is 10% to 20%		• Continue treatment with ENHERTU
LVEF 40% to 45%	And absolute decrease from baseline is less than 10%	• Continue treatment with ENHERTU • Repeat LVEF assessment within 3 weeks
	And absolute decrease from baseline is 10% to 20%	• Interrupt ENHERTU • 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
LVEF less than 40% or absolute decrease from baseline is greater than 20%		• Interrupt ENHERTU • Repeat LVEF assessment within 3 weeks • If LVEF of less than 40% or absolute decrease from baseline of greater than 20% is confirmed, permanently discontinue ENHERTU
Symptomatic congestive heart failure (CHF)		• Permanently discontinue ENHERTU

Toxicity grades are in accordance with NCI-CTCAE v.5.0.

Important Safety Information

Indications

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- HER2-positive breast cancer who have received a prior anti-HER2-based regimen either:
  - In the metastatic setting, or
  - In the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy
- HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer, as determined by an FDA-approved test, who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy

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. A higher incidence of Grade 1 and 2 ILD/pneumonitis has been observed in patients with moderate renal impairment. 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 ≤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., ≥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., ≥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 and Other Solid Tumors (5.4 mg/kg)

In patients with metastatic breast cancer and other solid tumors treated with ENHERTU 5.4 mg/kg, ILD occurred in 12% of patients. Fatal outcomes due to ILD and/or pneumonitis occurred in 1.0% of patients treated with ENHERTU. Median time to first onset was 5 months (range: 0.9 to 23).

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Important Safety Information (cont'd)

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 10^9/L), interrupt ENHERTU until resolved to Grade 2 or less, then maintain dose. For Grade 4 neutropenia (ANC <0.5 x 10^9/L), interrupt ENHERTU until resolved to Grade 2 or less, then reduce dose by one level. For febrile neutropenia (ANC <1.0 x 10^9/L and temperature >38.3° C or a sustained temperature of ≥38° C for more than 1 hour), interrupt ENHERTU until resolved, then reduce dose by one level.

Metastatic Breast Cancer and Other Solid Tumors (5.4 mg/kg)

In patients with metastatic breast cancer and other solid tumors treated with ENHERTU 5.4 mg/kg, a decrease in neutrophil count was reported in 65% of patients. Sixteen percent had Grade 3 or 4 decreased neutrophil count. Median time to first onset of decreased neutrophil count was 22 days (range: 2 to 664). Febrile neutropenia was reported in 1.1% 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. Assess LVEF prior to initiation of ENHERTU and at regular intervals during treatment as clinically indicated. Manage LVEF decrease through treatment interruption. 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. 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.

Metastatic Breast Cancer and Other Solid Tumors (5.4 mg/kg)

In patients with metastatic breast cancer and other solid tumors treated with ENHERTU 5.4 mg/kg, LVEF decrease was reported in 3.6% of patients, of which 0.4% were Grade 3.

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 7 months after the last dose of ENHERTU. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ENHERTU and for 4 months after the last dose of ENHERTU.

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Important Safety Information (cont'd)

Additional Dose Modifications

Thrombocytopenia

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

Adverse Reactions

Metastatic Breast Cancer and Other Solid Tumors (5.4 mg/kg)

The pooled safety population reflects exposure to ENHERTU 5.4 mg/kg intravenously every 3 weeks in 984 patients in Study DS8201-A-J101 (NCT02564900), DESTINY-Breast01, DESTINY-Breast03, DESTINY-Breast04, and another clinical trial. Among these patients 65% were exposed for >6 months and 39% were exposed for >1 year. In this pooled safety population, the most common (≥20%) adverse reactions, including laboratory abnormalities, were nausea (76%), decreased white blood cell count (71%), decreased hemoglobin (66%), decreased neutrophil count (65%), decreased lymphocyte count (55%), fatigue (54%), decreased platelet count (47%), increased aspartate aminotransferase (48%), vomiting (44%), increased alanine aminotransferase (42%), alopecia (39%), increased blood alkaline phosphatase (39%), constipation (34%), musculoskeletal pain (32%), decreased appetite (32%), hypokalemia (28%), diarrhea (28%), and respiratory infection (24%).

HER2-Positive Metastatic Breast Cancer

DESTINY-Breast03

The safety of ENHERTU was evaluated in 257 patients with unresectable or metastatic HER2-positive breast cancer who received at least one dose of ENHERTU 5.4 mg/kg intravenously every three weeks in DESTINY-Breast03. The median duration of treatment was 14 months (range: 0.7 to 30).

Serious adverse reactions occurred in 19% of patients receiving ENHERTU. Serious adverse reactions in >1% of patients who received ENHERTU were vomiting, interstitial lung disease, pneumonia, pyrexia, and urinary tract infection. Fatalities due to adverse reactions occurred in 0.8% of patients including COVID-19 and sudden death (one patient each).

ENHERTU was permanently discontinued in 14% of patients, of which ILD/pneumonitis accounted for 8%. Dose interruptions due to adverse reactions occurred in 44% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose interruption were neutropenia, leukopenia, anemia, thrombocytopenia, pneumonia, nausea, fatigue, and ILD/pneumonitis. Dose reductions occurred in 21% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose reduction were nausea, neutropenia, and fatigue.

The most common (≥20%) adverse reactions, including laboratory abnormalities, were nausea (76%), decreased white blood cell count (74%), decreased neutrophil count (70%), increased aspartate aminotransferase (67%), decreased hemoglobin (64%), decreased lymphocyte count (55%), increased alanine aminotransferase (53%), decreased platelet count (52%), fatigue (49%), vomiting (49%), increased blood alkaline phosphatase (49%), alopecia (37%), hypokalemia (35%), constipation (34%), musculoskeletal pain (31%), diarrhea (29%), decreased appetite (29%), respiratory infection (22%), headache (22%), abdominal pain (21%), increased blood bilirubin (20%), and stomatitis (20%).

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Important Safety Information (cont'd)

HER2-Low Metastatic Breast Cancer
DESTINY-Breast04
The safety of ENHERTU was evaluated in 371 patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer who received ENHERTU 5.4 mg/kg intravenously every 3 weeks in DESTINY-Breast04. The median duration of treatment was 8 months (range: 0.2 to 33) for patients who received ENHERTU.

Serious adverse reactions occurred in 28% of patients receiving ENHERTU. Serious adverse reactions in >1% of patients who received ENHERTU were ILD/pneumonitis, pneumonia, dyspnea, musculoskeletal pain, sepsis, anemia, febrile neutropenia, hypercalcemia, nausea, pyrexia, and vomiting. Fatalities due to adverse reactions occurred in 4% of patients including ILD/pneumonitis (3 patients); sepsis (2 patients); and ischemic colitis, disseminated intravascular coagulation, dyspnea, febrile neutropenia, general physical health deterioration, pleural effusion, and respiratory failure (1 patient each).

ENHERTU was permanently discontinued in 16% of patients, of which ILD/pneumonitis accounted for 8%. Dose interruptions due to adverse reactions occurred in 39% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose interruption were neutropenia, fatigue, anemia, leukopenia, COVID-19, ILD/pneumonitis, increased transaminases, and hyperbilirubinemia. Dose reductions occurred in 23% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose reduction were fatigue, nausea, thrombocytopenia, and neutropenia.

The most common (≥20%) adverse reactions, including laboratory abnormalities, were nausea (76%), decreased white blood cell count (70%), decreased hemoglobin (64%), decreased neutrophil count (64%), decreased lymphocyte count (55%), fatigue (54%), decreased platelet count (44%), alopecia (40%), vomiting (40%), increased aspartate aminotransferase (38%), increased alanine aminotransferase (36%), constipation (34%), increased blood alkaline phosphatase (34%), decreased appetite (32%), musculoskeletal pain (32%), diarrhea (27%), and hypokalemia (25%).

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 after 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 7 months after the last dose. *Males*: Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ENHERTU and for 4 months after the last dose. Infertility: ENHERTU may impair male reproductive function and fertility.

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Important Safety Information (cont'd)

Use in Specific Populations (cont'd)

- **Pediatric Use:** Safety and effectiveness of ENHERTU have not been established in pediatric patients.
- **Geriatric Use:** Of the 883 patients with breast cancer treated with ENHERTU 5.4 mg/kg, 22% were ≥65 years and 3.6% were ≥75 years. No overall differences in efficacy within clinical studies were observed between patients ≥65 years of age compared to younger patients. There was a higher incidence of Grade 3-4 adverse reactions observed in patients aged ≥65 years (60%) as compared to younger patients (48%).
- **Renal Impairment:** A higher incidence of Grade 1 and 2 ILD/pneumonitis has been observed in patients with moderate renal impairment. Monitor patients with moderate renal impairment more frequently. The recommended dosage of ENHERTU has not been established for patients with severe renal impairment (CLcr <30 mL/min).
- **Hepatic Impairment:** In patients with moderate hepatic impairment, due to potentially increased exposure, closely monitor for increased toxicities related to the topoisomerase inhibitor. The recommended dosage of ENHERTU has not been established for patients with severe hepatic impairment (total bilirubin >3 times ULN and any AST).

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.

Abbreviations: 2L, second line; FDA, Food and Drug Administration; HER2, human epidermal growth factor receptor 2; HR+, hormone receptor-positive; IHC, immunohistochemistry; ILD, interstitial lung disease; ISH, in situ hybridization; IV, intravenous; LVEF, left ventricular ejection fraction; mBC, metastatic breast cancer; NCCN, National Comprehensive Cancer Network; NCI-CTCAE, National Cancer Institute-Common Terminology Criteria for Adverse Events.

References: 1. ENHERTU. Prescribing Information. Daiichi Sankyo, Inc.; 2023. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.4.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed June 21, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis V.2.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed June 6, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

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[a]Fam-trastuzumab deruxtecan-nxki may be considered in the first-line metastatic setting as an option for select patients (ie, those with rapid progression within 6 months of neoadjuvant or adjuvant therapy [12 months for pertuzumab-containing regimens]). Regimen may also be used as an option for third-line and beyond; the optimal sequence for third-line therapy and beyond is not known.

Included in NCCN Guidelines as a preferred systemic therapy regimen

NCCN CATEGORY 1, Preferred Systemic Therapy Regimen—NCCN Guidelines recommends fam-trastuzumab deruxtecan-nxki (ENHERTU) as the Category 1 preferred systemic therapy option for recurrent unresectable (local or regional) or stage IV HER2-negative disease, for patients with tumors that are HER2 IHC 1+ or 2+ and ISH negative[2,b]

[b]For patients with tumors that are HER2 IHC 1+ or 2+ and ISH negative, who have received at least 1 prior line of chemotherapy for metastatic disease and, if tumor is HR+, are refractory to endocrine therapy.

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 a prior anti-HER2-based regimen either:
  - In the metastatic setting, or
  - In the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy
- HER2-low (IHC 1+ or IHC 2+/ISH-) breast cancer, as determined by an FDA-approved test, who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy

Selected Information Regarding Warnings and Precautions

ENHERTU is associated with a number of serious, potentially fatal, Warnings and Precautions, including Interstitial Lung Disease/Pneumonitis, Neutropenia, Left Ventricular Dysfunction, and Embryo-Fetal Toxicity.

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