

# ENHERTU DOSAGE GUIDE

- ▼ **Recommended weight-based dosage and schedule<sup>1</sup>**  
ENHERTU is always given as a monotherapy.



- 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 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.**

HER2, human epidermal growth factor receptor 2; IV, intravenous.

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**<sup>®</sup>  
fam-trastuzumab deruxtecan-nxki  
20 mg/mL INJECTION FOR INTRAVENOUS USE



## Included in NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) as a treatment for 3L+ HER2+ mBC

**NCCN Guidelines<sup>®</sup> recommends fam-trastuzumab deruxtecan-nxki (ENHERTU) as third- or fourth-line therapy for recurrent unresectable (local or regional) or stage IV HER2+ disease (preferred in patients with visceral metastases if progression on ado-trastuzumab emtansine [T-DM1])<sup>2,a</sup>**

<sup>a</sup>The optimal sequence for third-line therapy and beyond is not known.<sup>2</sup>



## Included in NCCN Guidelines as the only anti-HER2 treatment for 2L+ HER2+ advanced gastric/GEJ adenocarcinoma

**NCCN Guidelines include fam-trastuzumab deruxtecan-nxki (ENHERTU) as a preferred Category 2A recommendation<sup>3,4,b</sup>**

<sup>b</sup>Fam-trastuzumab deruxtecan-nxki (ENHERTU) is recommended (Category 2A) as a preferred 2L or subsequent therapy for HER2 overexpression positive gastric or gastroesophageal adenocarcinoma, where local therapy is not indicated for unresectable locally advanced, recurrent or metastatic disease. The National Comprehensive Cancer Network<sup>®</sup> (NCCN<sup>®</sup>) 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. For detailed recommendations, see the NCCN Guidelines<sup>®</sup> for Gastric Cancer and for Esophageal and Esophagogastric Junction Cancers at NCCN.org.<sup>3,4</sup>

### Patient selection considerations for locally advanced or metastatic gastric cancer<sup>1</sup>

- Select patients based on HER2 protein overexpression or HER2 gene amplification
- Reassess HER2 status if it is feasible to obtain a new tumor specimen after prior trastuzumab-based therapy and before treatment with ENHERTU

Information on FDA-approved tests for the detection of HER2 protein overexpression and HER2 gene amplification in gastric cancer is available at: <http://www.fda.gov/CompanionDiagnostics>.<sup>1</sup>

2L, second line; 3L, third line; FDA, Food and Drug Administration; GEJ, gastroesophageal junction; mBC, metastatic breast cancer; NCCN, National Comprehensive Cancer Network.

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## ENHERTU administration considerations<sup>1</sup>

- 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
- 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 in the full ENHERTU Prescribing Information

## Dose modifications for adverse reactions<sup>1</sup>

- 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<sup>1</sup>**
- 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	mBC: Starting dose 5.4 mg/kg	aGC: Starting dose 6.4 mg/kg
First dose reduction	4.4 mg/kg	5.4 mg/kg
Second dose reduction	3.2 mg/kg	4.4 mg/kg
Requirement for further dose reduction	Discontinue treatment	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 vomiting.<sup>5</sup>

aGC, advanced gastric cancer.

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## Recommended dose modifications for ILD/pneumonitis<sup>1</sup>

Severity	Treatment Modification
Asymptomatic ILD/ Pneumonitis (Grade 1)	<ul style="list-style-type: none"> <li>• Consider corticosteroid treatment (eg, <math>\geq 0.5</math> mg/kg/day prednisolone or equivalent) as soon as ILD/pneumonitis is suspected</li> <li>• Interrupt ENHERTU until resolved to Grade 0, then:               <ul style="list-style-type: none"> <li>– If resolved in 28 days or less from date of onset, maintain dose</li> <li>– If resolved in greater than 28 days from date of onset, reduce dose one level (see dose reductions for adverse reactions on page 3)</li> </ul> </li> </ul>
Symptomatic ILD/ Pneumonitis (Grade 2 or greater)	<ul style="list-style-type: none"> <li>• Permanently discontinue ENHERTU</li> <li>• Promptly initiate corticosteroid treatment (eg, <math>\geq 1</math> mg/kg/day prednisolone or equivalent and continue for at least 14 days followed by gradual taper for at least 4 weeks) as soon as ILD/pneumonitis is suspected</li> </ul>

Toxicity grades are in accordance with NCI-CTCAE v.4.03.

ILD, interstitial lung disease; NCI-CTCAE, National Cancer Institute—Common Terminology Criteria for Adverse Events.

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## Recommended dose modifications for neutropenia<sup>1</sup>

Severity	Treatment Modification
Grade 3 (less than $1.0 \times 10^9/L$ $0.5 \times 10^9/L$ )	<ul style="list-style-type: none"><li>• Interrupt ENHERTU until resolved to Grade 2 or less, then maintain dose</li></ul>
Grade 4 (less than $0.5 \times 10^9/L$ )	<ul style="list-style-type: none"><li>• Interrupt ENHERTU until resolved to Grade 2 or less</li><li>• Reduce dose by one level (see dose reductions for adverse reactions on page 3)</li></ul>

## Recommended dose modifications for febrile neutropenia<sup>1</sup>

Severity	Treatment Modification
Absolute neutrophil count of less than $1.0 \times 10^9/L$ and temperature greater than $38.3^\circ C$ or a sustained temperature of $38^\circ C$ or greater for more than 1 hour	<ul style="list-style-type: none"><li>• Interrupt ENHERTU until resolved</li><li>• Reduce dose by one level (see dose reductions for adverse reactions on page 3)</li></ul>

Toxicity grades are in accordance with NCI-CTCAE v.4.03.

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## Recommended dose modifications for thrombocytopenia<sup>1</sup>

Severity	Treatment Modification
Grade 3 (platelets less than 50 to 25 x 10 <sup>9</sup> /L)	<ul style="list-style-type: none"><li>• Interrupt ENHERTU until resolved to Grade 1 or less, then maintain dose</li></ul>
Grade 4 (platelets less than 25 x 10 <sup>9</sup> /L)	<ul style="list-style-type: none"><li>• Interrupt ENHERTU until resolved to Grade 1 or less</li><li>• Reduce dose by one level (see dose reductions for adverse reactions on page 3)</li></ul>

Toxicity grades are in accordance with NCI-CTCAE v.4.03.

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## Recommended dose modifications for left ventricular dysfunction<sup>1</sup>

Severity		Treatment Modification
LVEF greater than 45% and absolute decrease from baseline is 10% to 20%		<ul style="list-style-type: none"> <li>Continue treatment with ENHERTU</li> </ul>
LVEF 40% to 45%	And absolute decrease from baseline is less than 10%	<ul style="list-style-type: none"> <li>Continue treatment with ENHERTU</li> <li>Repeat LVEF assessment within 3 weeks</li> </ul>
	And absolute decrease from baseline is 10% to 20%	<ul style="list-style-type: none"> <li>Interrupt ENHERTU</li> <li>Repeat LVEF assessment within 3 weeks</li> <li>If LVEF has not recovered to within 10% from baseline, permanently discontinue ENHERTU</li> <li>If LVEF recovers to within 10% from baseline, resume treatment with ENHERTU at the same dose</li> </ul>
LVEF less than 40% or absolute decrease from baseline is greater than 20%		<ul style="list-style-type: none"> <li>Interrupt ENHERTU</li> <li>Repeat LVEF assessment within 3 weeks</li> <li>If LVEF of less than 40% or absolute decrease from baseline of greater than 20% is confirmed, permanently discontinue ENHERTU</li> </ul>
Symptomatic congestive heart failure (CHF)		<ul style="list-style-type: none"> <li>Permanently discontinue ENHERTU</li> </ul>

Toxicity grades are in accordance with NCI-CTCAE v.4.03.

LVEF, left ventricular ejection fraction.

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## Important Safety Information

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- 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).

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## Important Safety Information (cont'd)

### Interstitial Lung Disease / Pneumonitis (cont'd)

#### 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  $0.5 \times 10^9/L$ ) interrupt ENHERTU until resolved to Grade 2 or less, then maintain dose. For Grade 4 neutropenia (ANC  $<0.5 \times 10^9/L$ ) interrupt ENHERTU until resolved to Grade 2 or less. Reduce dose by one level. For febrile neutropenia (ANC  $<1.0 \times 10^9/L$  and temperature  $>38.3^\circ C$  or a sustained temperature of  $\geq 38^\circ C$  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 5.4 mg/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.

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## Important Safety Information (cont'd)

### Left Ventricular Dysfunction (cont'd)

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.

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## Important Safety Information (cont'd)

### Adverse Reactions (cont'd)

#### Metastatic Breast Cancer (cont'd)

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%).

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## Important Safety Information (cont'd)

### 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).

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## Included in NCCN Guidelines as a treatment for 3L+ HER2+ mBC

**NCCN Guidelines<sup>®</sup> recommends fam-trastuzumab deruxtecan-nxki (ENHERTU) as third- or fourth-line therapy for recurrent unresectable (local or regional) or stage IV HER2+ disease (preferred in patients with visceral metastases if progression on ado-trastuzumab emtansine [T-DM1])<sup>2,a</sup>**

<sup>a</sup>The optimal sequence for third-line therapy and beyond is not known.<sup>2</sup>



## Included in NCCN Guidelines as the only anti-HER2 treatment for 2L+ HER2+ advanced gastric/GEJ adenocarcinoma

**NCCN Guidelines include fam-trastuzumab deruxtecan-nxki (ENHERTU) as a preferred Category 2A recommendation<sup>3,4,b</sup>**

<sup>b</sup>Fam-trastuzumab deruxtecan-nxki (ENHERTU) is recommended (Category 2A) as a preferred 2L or subsequent therapy for HER2 overexpression positive gastric or gastroesophageal adenocarcinoma, where local therapy is not indicated for unresectable locally advanced, recurrent or metastatic disease. The National Comprehensive Cancer Network<sup>®</sup> (NCCN<sup>®</sup>) 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. For detailed recommendations, see the NCCN Guidelines<sup>®</sup> for Gastric Cancer and for Esophageal and Esophagogastric Junction Cancers at NCCN.org.<sup>3,4</sup>

### 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.

### 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, Embryo-Fetal Toxicity.

**References:** 1. ENHERTU [prescribing information]. Daiichi Sankyo Inc., Basking Ridge, NJ and AstraZeneca Pharmaceuticals LP, Wilmington, DE, 2021. 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Breast Cancer V5.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed July 7, 2021. 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<sup>®</sup>) for Gastric Cancer V4.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed August 5, 2021. 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. 4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Esophageal and Esophagogastric Junction Cancers V4.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed August 5, 2021. 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. 5. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Antiemesis. V1.2021. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed January 15, 2021. 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.

**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<sup>®</sup>**

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

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