

HER2 Low Breast Cancer and ADCs - TDXd

Posttest Rationale

1. What therapy would you select for a 54-year-old post-menopausal, female patient with HR+/HER2- (IHC 1+, FISH negative) metastatic breast cancer who had disease progression on 3 lines of endocrine/targeted therapy, then capecitabine?
 - a) Paclitaxel
 - b) Trastuzumab deruxtecan
 - c) Sacituzumab govitecan
 - d) Eribulin

Rationale: Trastuzumab deruxtecan (T-DXd) is the best choice for this patient and recently received FDA approval for adults with unresectable or metastatic HER2-low breast cancer who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within six months of completing adjuvant chemotherapy. In the phase 3 DESTINY-Breast-04 trial, T-DXd compared with chemotherapy prolonged mPFS (9.9 vs 5.1 months) and mOS (23.4 vs 16.8 months) in patients with unresectable or metastatic breast cancer. Both sacituzumab govitecan (SG) and eribulin may be considered, but are not the best options. SG compared with chemotherapy significantly improved mPFS (5.5 vs 4.0 months) but not mOS (13.9 vs 12.3 months) in patients with HR+/HER2- mBC (TROPiCS-02). Eribulin compared with chemotherapy significantly improved mPFS (3.7 vs 2.2 months) and mOS (13.1 vs 10.6 months) in this patient population (EMBRACE).

References: FDA. FDA approves fam-trastuzumab deruxtecan-nxki for HER2-low breast cancer. Accessed August 8, 2022. <https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-fam-trastuzumab-deruxtecan-nxki-her2-low-breast-cancer>

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