



**NEW
INDICATION**
for 2L HER2+ aGC



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

Now approved in 2L HER2+ aGC for adult patients with HER2+ advanced gastric or gastroesophageal junction (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen¹

Based on data from DESTINY-Gastric01,
**ENHERTU is the first and only HER2-directed treatment
to surpass 1 year median overall survival in aGC following
a trastuzumab-based regimen¹⁻⁴**

- **12.5-month mOS (95% CI: 9.6, 14.3) vs 8.4 months (95% CI: 6.9, 10.7) with irinotecan or paclitaxel; HR=0.59; 95% CI: 0.39, 0.88; P=0.0097¹**
- **40.5% confirmed ORR (n=51/126; 95% CI: 31.8, 49.6) vs 11.3% (n=7/62; 95% CI: 4.7, 21.9) with irinotecan or paclitaxel; P<0.0001^{1,a}**
 - **7.9% CR (n=10) vs 0% with chemotherapy; 32.5% PR (n=41) vs 11.3% (n=7) with irinotecan or paclitaxel**

DESTINY-Gastric01: A multicenter, open-label, randomized, Phase 2 trial in Japan/South Korea of 188 adult patients with HER2+ locally advanced or metastatic gastric or gastroesophageal junction adenocarcinoma who had progressed on ≥ 2 prior regimens, including trastuzumab, a fluoropyrimidine- and a platinum-containing chemotherapy regimen. Patients in the ENHERTU arm received 6.4 mg/kg IV once every 3 weeks^b until unacceptable toxicity or disease progression. The major efficacy outcomes were ORR assessed by ICR according to RECIST v1.1 and OS. Additional efficacy outcomes were PFS and DOR.^{1,2}

^aConfirmed ORR was defined as a response (CR+PR according to RECIST v1.1) as confirmed on a follow-up scan ≥ 4 weeks after an initial response as designated by ICR.²

^bPatients in the chemotherapy arm received either irinotecan monotherapy 150 mg/m² IV every 2 weeks or paclitaxel monotherapy 80 mg/m² IV weekly for 3 weeks.¹

aGC, advanced gastric cancer; CI, confidence interval; CR, complete response; DOR, duration of response; HER2, human epidermal growth factor receptor 2; ICR, independent central review; mOS, median overall survival; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PR, partial response.

Important Safety Information

Indication

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

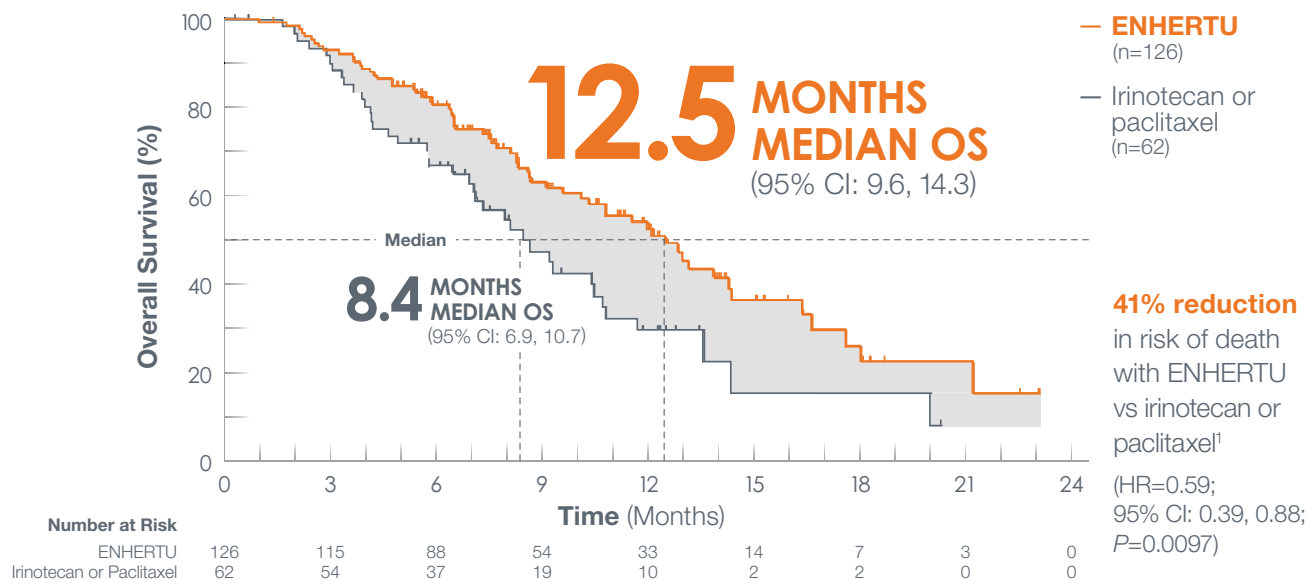
- **Interstitial lung disease (ILD) and pneumonitis, including fatal cases, have been reported with ENHERTU. Monitor for and promptly investigate signs and symptoms including cough, dyspnea, fever, and other new or worsening respiratory symptoms. Permanently discontinue ENHERTU in all patients with Grade 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.**

Please see Important Safety Information throughout as well as on pages 9-11, and [click here for full Prescribing Information](#), including **Boxed WARNINGS**, and [click here for Medication Guide](#).

Studied in DESTINY-Gastric01,

Patients taking ENHERTU surpassed 1 year mOS in aGC following a trastuzumab-based regimen¹

Significantly longer overall survival vs irinotecan or paclitaxel^{1,2,a}



^aOS was evaluated following a statistically significant outcome of ORR. Interim OS analyses were conducted after all patients had tumor assessment at approximately 24 weeks or discontinued the study. At the time of analysis, 64 (51%) patients in the ENHERTU arm and 23 (37%) in the irinotecan or paclitaxel arm had their data censored, as noted by the tick marks. In the full analysis set of patients who received the study therapies (n=187), the two-sided P value of 0.01 crossed the O'Brien-Fleming boundary of significance (0.0202 on the basis of the number of deaths). Analysis was stratified by region. Data cut-off date November 8, 2019. Final OS analysis to be performed after approximately 133 deaths have occurred.^{2,5}

- DESTINY-Gastric01 studied 188 adult patients with HER2+ aGC who had received ≥ 2 prior lines of treatment, including a trastuzumab-based regimen
- At the time of data cutoff, 49.6% of patients in the ENHERTU arm (n=62/126) had died vs 62.9% in the irinotecan or paclitaxel arm (n=39/62)⁵
- The prespecified analysis was based on the full analysis set (n=125, all randomized patients who received at least one dose of ENHERTU); data shown are based on the intent-to-treat analysis set (n=126, all randomized patients in the ENHERTU arm)⁵

Progression-free survival with ENHERTU and with irinotecan or paclitaxel¹

- **5.6-month median PFS** (95% CI: 4.3, 6.9) with ENHERTU and 3.5 months (95% CI: 2.0, 4.3) with irinotecan or paclitaxel
 - **53% reduction in risk of progression or death** with ENHERTU vs irinotecan or paclitaxel (HR=0.47; 95% CI: 0.31, 0.71)

Important Safety Information (continued)

Interstitial Lung Disease / Pneumonitis

Severe, life-threatening, or fatal interstitial lung disease (ILD), including pneumonitis, can occur in patients treated with ENHERTU. In clinical studies, of the 234 patients with unresectable or metastatic HER2-positive breast cancer treated with ENHERTU, 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).

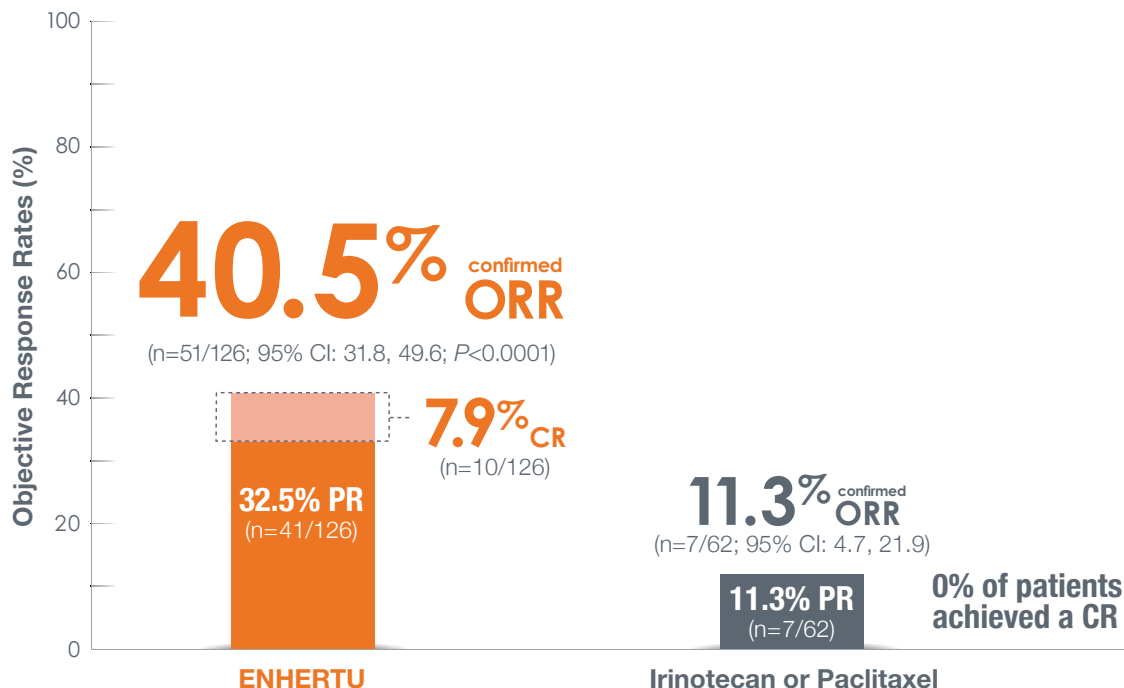
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Studied in DESTINY-Gastric01,

40.5% achieved a confirmed ORR with ENHERTU^{1,b}

Confirmed ORR with ENHERTU vs irinotecan or paclitaxel^{1,b}



- DESTINY-Gastric01 studied 188 adult patients with HER2+ aGC who had received ≥ 2 prior lines of treatment, including a trastuzumab-based regimen

Additional results from DESTINY-Gastric01¹:

- **11.3-month median duration of response** (95% CI: 5.6, NR) with ENHERTU vs 3.9 months (95% CI: 3.0, 4.9) with irinotecan or paclitaxel^c
- **1.5-month median time to response** (95% CI: 1.4, 1.7) with ENHERTU and 1.6 months (95% CI: 1.3, 1.7) with irinotecan or paclitaxel
 - Median is from Kaplan-Meier estimate. CI for median is computed using the Brookmeyer-Crowley method (exploratory endpoint)

^bConfirmed ORR was defined as a response (CR+PR according to RECIST v1.1) as confirmed on a follow-up scan ≥ 4 weeks after an initial response as designated by ICR.²

^cmDOR was measured for responding patients (PR or CR) only (ENHERTU, n=51; irinotecan, n=6; paclitaxel, n=1).⁵

CR, complete response; NR, not reached; PR, partial response.

Important Safety Information (continued)

Neutropenia

Severe neutropenia, including febrile neutropenia, can occur in patients treated with ENHERTU. Of the 234 patients with unresectable or metastatic HER2-positive breast cancer who received ENHERTU, a decrease in neutrophil count was reported in 30% of patients and 16% had Grade 3 or 4 events.

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ENHERTU safety in DESTINY-Gastric01

The safety of ENHERTU was evaluated in 187 patients with locally advanced or metastatic HER2+ gastric or gastroesophageal junction adenocarcinoma in DESTINY-Gastric01.¹

- Patients received intravenously at least 1 dose of either ENHERTU (n=125) 6.4 mg/kg once every 3 weeks or physician's choice of chemotherapy: either irinotecan (n=55) 150 mg/m² biweekly or paclitaxel (n=7) 80 mg/m² weekly for 3 weeks¹
- The median duration of treatment was 4.6 months (range: 0.7-22.3) in ENHERTU-treated patients and 2.8 months (range: 0.5-13.1) in irinotecan/paclitaxel-treated patients¹
- In the clinical trial, prophylactic or supportive treatment of ENHERTU-induced adverse events was not mandated and was per investigator's discretion and institutional guidelines; eg, granulocyte colony-stimulating factor was allowed as per protocol for prophylaxis or treatment and antiemetics were allowed for prophylactic treatment⁵

Adverse Reactions in ≥10% All Grades or ≥2% Grades 3 or 4 of Patients Receiving ENHERTU in DESTINY-Gastric01¹

Adverse Reactions	ENHERTU (n=125)		Irinotecan or Paclitaxel (n=62)	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
Gastrointestinal Disorders				
Nausea	63	4.8	47	1.6
Diarrhea	32	2.4	32	1.6
Vomiting	26	0	8	0
Constipation	24	0	23	0
Abdominal pain ^a	14	0.8	15	3.2
Stomatitis ^b	11	1.6	4.8	0
Metabolism and Nutrition Disorders				
Decreased appetite	60	17	45	13
Dehydration	6	2.4	3.2	1.6
Blood and Lymphatic System Disorders				
Anemia ^c	58	38	31	23
Febrile neutropenia	4.8	4.8	3.2	3.2

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ENHERTU safety in DESTINY-Gastric01 (continued)

Adverse Reactions in ≥10% All Grades or ≥2% Grades 3 or 4 of Patients Receiving ENHERTU in DESTINY-Gastric01¹ (continued)

Adverse Reactions	ENHERTU (n=125)		Irinotecan or Paclitaxel (n=62)	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
General Disorders and Administration Site Conditions				
Fatigue ^d	55	9	44	4.8
Pyrexia	24	0	16	0
Edema peripheral	10	0	0	0
Skin and Subcutaneous Tissue Disorders				
Alopecia	22	0	15	0
Respiratory, Thoracic and Mediastinal Disorders				
Interstitial lung disease ^e	10	2.4	0	0
Hepatobiliary Disorders				
Hepatic function abnormal	8	3.2	1.6	1.6

Events were graded using NCI CTCAE version 4.03. N = number of patients exposed; PT = preferred term.

Percentages were calculated using the number of patients in the Safety Analysis Set as the denominator.

^aGrouped term of abdominal pain includes PTs of abdominal discomfort, gastrointestinal pain, abdominal pain, abdominal pain lower, and abdominal pain upper.¹

^bGrouped term of stomatitis includes PTs of stomatitis, aphthous ulcer, mouth ulceration, oral mucosa erosion, and oral mucosal blistering.¹

^cGrouped term of anemia includes PTs of anemia, hemoglobin decreased, red blood cell count decreased, and hematocrit decreased.¹

^dGrouped term of fatigue includes PTs of fatigue, asthenia, and malaise.¹

^eInterstitial lung disease includes events that were adjudicated as ILD: pneumonitis, interstitial lung disease, respiratory failure, organizing pneumonia, acute respiratory failure, lung infiltration, lymphangitis, and alveolitis.¹

- Serious adverse reactions occurred in 44% of patients receiving ENHERTU 6.4 mg/kg¹
- Serious adverse reactions in >2% of patients who received ENHERTU were decreased appetite, ILD, anemia, dehydration, pneumonia, cholestatic jaundice, pyrexia, and tumor hemorrhage¹

Other clinically relevant adverse reactions reported in less than 10% of patients were:

- *Cardiac Disorders*: asymptomatic left ventricular ejection fraction decrease (8%)
- *Infections and Infestations*: pneumonia (6%)
- *Injury, Poisoning and Procedural Complications*: infusion-related reactions (1.6%)

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ENHERTU safety in DESTINY-Gastric01 (continued)

Selected Laboratory Abnormalities Occurring in Patients Receiving ENHERTU in DESTINY-Gastric01¹

Laboratory Parameter	ENHERTU (n=125)		Irinotecan or Paclitaxel (n=62)	
	All Grades (%)	Grade 3 or 4 (%)	All Grades (%)	Grade 3 or 4 (%)
Hematology				
Hemoglobin decreased	75	38	55	23
White blood cell count decreased	74	29	53	13
Neutrophil count decreased	72	51	45	23
Lymphocyte count decreased	70	28	53	12
Platelet count decreased	68	12	12	5
Chemistry				
Aspartate aminotransferase increased	58	9	32	8
Blood alkaline phosphatase increased	54	8	34	10
Alanine aminotransferase increased	47	9	17	1.7
Hypokalemia	30	4.8	18	8
Blood bilirubin increased	24	7	5	3.4

Percentages were calculated using patients with worsening laboratory values from baseline and the number of patients with both baseline and post-treatment measurements as the denominator. Frequencies were based on NCI CTCAE v.4.03 grade-derived laboratory abnormalities.

Adverse reactions may require dose discontinuation, interruption, or reduction¹

In patients treated with ENHERTU

- Discontinuation occurred in 15% of patients, of which ILD accounted for 6%
- Dose interruptions occurred in 62% due to adverse reactions
 - 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
 - The most frequent adverse reactions (>2%) associated with dose reduction were neutropenia, decreased appetite, fatigue, nausea, and febrile neutropenia

Fatalities due to adverse reactions occurred in 2.4% of patients¹:

- Disseminated intravascular coagulation, large intestine perforation, and pneumonia occurred in 1 patient each (0.8%)

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Interstitial lung disease (ILD) and pneumonitis, including fatal cases, have been reported with ENHERTU: monitor patients and initiate management at first sign of ILD^{1,a}

In DESTINY-Gastric01

- 10% of patients (n=12/125) in the ENHERTU arm experienced ILD/pneumonitis of any grade^{1,b}
- The majority of ILD/pneumonitis cases in previously treated patients with HER2+ aGC who received ENHERTU were Grade 1 or 2²
 - 2.4% of patients (n=3/125) experienced Grade 1 events
 - 4.8% of patients (n=6/125) experienced Grade 2 events
 - 1.6% of patients (n=2/125) experienced Grade 3 events
 - 0.8% of patients (n=1/125) experienced a Grade 4 event
- Median time to first onset was 2.8 months (range: 1.2-21.0)¹

ENHERTU Prescribing Information management recommendations for ILD/pneumonitis, including corticosteroid recommendations, were based on experience in the clinical trials and developed in collaboration with an external ILD expert panel comprised of oncologists, pulmonologists, and radiologists

Promptly investigate evidence of ILD/pneumonitis¹

- Evaluate patients with suspected ILD/pneumonitis by radiographic imaging
- Consider consultation with a pulmonologist
- Investigation may be prompted by incidental findings on routine scans when checking for progression or symptomatic findings
 - Diagnosis of ILD/pneumonitis requires exclusion of other causes

For asymptomatic ILD/pneumonitis (Grade 1)¹

- Consider corticosteroid treatment (eg, ≥ 0.5 mg/kg per day prednisolone or equivalent)
- 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 Table 1 in full Prescribing Information)

For symptomatic ILD/pneumonitis (Grade 2 or greater)¹

- Promptly initiate systemic corticosteroid treatment (eg, ≥ 1 mg/kg per day prednisolone or equivalent)
 - Continue for at least 14 days followed by gradual taper for at least 4 weeks
- Permanently discontinue ENHERTU in patients who are diagnosed with any symptomatic ILD/pneumonitis

^aInterstitial lung disease includes events that were adjudicated as ILD: pneumonitis, interstitial lung disease, respiratory failure, organizing pneumonia, acute respiratory failure, lung infiltration, lymphangitis, alveolitis.¹

^bPercentages of ILD/pneumonitis events by grade may not add up to 10% due to rounding. CT, computerized tomography.

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ENHERTU4U provides support resources for patients prescribed ENHERTU

Comprehensive coverage and access support	<ul style="list-style-type: none">• ENHERTU4U can help with benefit verification, prior authorization assistance, and pharmacy research and coordination• If there is a delay in a patient's coverage decision, ENHERTU4U may be able to provide the first dose at no cost
Patient Savings Program	<ul style="list-style-type: none">• Eligible commercial patients may pay as little as \$0 per infusion up to \$26,000 per year to assist with ENHERTU out-of-pocket costs• The annual benefit may also cover up to \$100 in infusion costs per administration• There are no income requirements to participate in the program
Patient Assistance Programs	<ul style="list-style-type: none">• Designed to help uninsured or underinsured patients who meet the financial requirements

ENHERTU4U does not guarantee access or cost savings for patients prescribed ENHERTU. Restrictions apply.

To receive support for your patients and obtain more information about reimbursement, visit [ENHERTU4U.com](https://www.enherthu4u.com) or call 1-833-ENHERTU (1-833-364-3788)

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Important Safety Information

Indication

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

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.

Neutropenia

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

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Important Safety Information (continued)

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.

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 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. 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.

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

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/m² biweekly or paclitaxel (N=7) 80 mg/m² 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%).

Important Safety Information (continued)

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 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 ≥ 65 years and 14% were ≥ 75 years. No overall differences in efficacy or safety were observed between patients ≥ 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.

References: 1. ENHERTU [prescribing information]. Daiichi Sankyo Inc., Basking Ridge, NJ and AstraZeneca Pharmaceuticals LP, Wilmington, DE, 2021. 2. Shitara K, Bang Y-J, Iwasa S, et al. Trastuzumab deruxtecan in previously treated HER2-positive gastric cancer. *N Engl J Med.* 2020;382(25):2419-2430. 3. Curea FG, Hebbar M, Ilie SM, et al. Current targeted therapies in HER2-positive gastric adenocarcinoma. *Cancer Biother Radiopharm.* 2017;32(10):351-363. 4. Zhao D, Klempner SJ, Chao J. Progress and challenges in HER2-positive gastroesophageal adenocarcinoma. *J Hematol Oncol.* 2019;12(1):50. 5. Data on file. Daiichi Sankyo Inc., Basking Ridge, NJ.

Please [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

NOW APPROVED IN 2L HER2+ aGC: For your adult patients with HER2+ advanced gastric or gastroesophageal junction (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen¹



ENHERTU is given as an intravenous (IV) infusion once every 3 weeks¹

Patient selection considerations for locally advanced or metastatic gastric cancer¹

- 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>.

Recommended weight-based dosage and schedule¹

- ENHERTU is always given as a monotherapy



Until disease progression or unacceptable toxicity¹

ENHERTU aGC dosage (6.4 mg/kg) differs from that of other approved indication(s).

Learn more at [ENHERTUhcp.com/gastric](https://www.enherthu.com/gastric)

Indication

ENHERTU is a HER2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with 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. Please see Important Safety Information.

Please see Important Safety Information throughout as well as on pages 9-11, and [click here for full Prescribing Information](#), including **Boxed WARNINGS, and [click here for Medication Guide](#).**