Sacituzumab govitecan-hziy for triple-negative breast cancer

Results of a recent trial have shown durable objective responses in patients with heavily pretreated, metastatic, triple-negative breast cancer who were treated with the antibody-drug conjugate sacituzumab govitecan-hziy.

In the phase 1–2 study, 108 patients with metastatic, triple-negative breast cancer were enrolled between June, 2013, and February, 2017, and received 10 mg per kg bodyweight of intravenous sacituzumab govitecan-hziy on days one and eight of each 28-day cycle. Treatment continued until disease progression or unacceptable adverse effects. The primary objectives were safety and preliminary activity (objective response, duration of response, progression-free survival, and overall survival).

The most common adverse effects of any grade were nausea (72 [67%] of 108 patients), diarrhoea (67 [62%]), fatigue (59 [55%]), neutropenia (69 [64%]), and anaemia (54 [50%]). The most common grade 3 or worse adverse events were neutropenia (45 [42%]), anaemia (12 [11%]), and decreased white cell count (12 [11%]). Four (4%) patients had adverse events resulting in death, and adverse events led to disruption of treatment in 48 (44%) patients. 36 (33·3%; 95% CI 24·6–43·1) of 108 patients achieved an objective response. Median duration of response was 7·7 months (95% CI 4·9–10·8), median progression-free survival was 5·5 months (4·1–6·3), and median overall survival was 13 months (11·2–13·7).

Co-author Aditya Bardia (Massachusetts General Hospital Cancer Center, Boston, MA, USA) said, "In addition to an ongoing phase 3 randomised clinical trial investigating sacituzumab govitecan versus standard chemotherapy for metastatic triple negative breast cancer (ASCENT), future studies will explore the potential of combination therapy in breast cancer as well as evaluate sacituzumab govitecan-hziy monotherapy in [oestrogen receptor-positive] breast cancer, thoracic, gynaecological, and urothelial malignancies".

Nancy Lin (Dana Farber Cancer Center, Boston, MA, USA) said, "The response rate in several historical control series or chemotherapy arms of prior randomised trials is in the 5–15% range at best and in this study the response rate was 33%, so the agent on face value appears more active than current chemotherapy standards". She added that "new and better treatment options for metastatic, triple-negative breast cancer are desperately needed, and this provides a proof of principle that antibody-drug conjugates can be active in triple-negative breast cancer".

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For the **study by Bardia and colleagues** see *N Engl J Med* 2019; **380:** 741–51