FOLLOW UP THE EFFECTIVENESS AND SAFETY OF SACITUZUMAB-GOVITECAN IN A COHORT OF PATIENTS WITH TRIPLE NEGATIVE METASTATIC BREAST CANCER: A MULTICENTER STUDY

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Background and importance

Sacituzumab-govitecan (SG) is a new antibody-drug conjugate approved for unresectable/metastatic triple negative breast cancer (TNBC), available from the end of 2022 in the Spanish public health system. Real-life data remains scarce.

Aim and objectives

To update data after a longer follow-up period of the effectiveness and safety of SG in TNBC patients from the three main university hospitals in a city.

Materials and methods

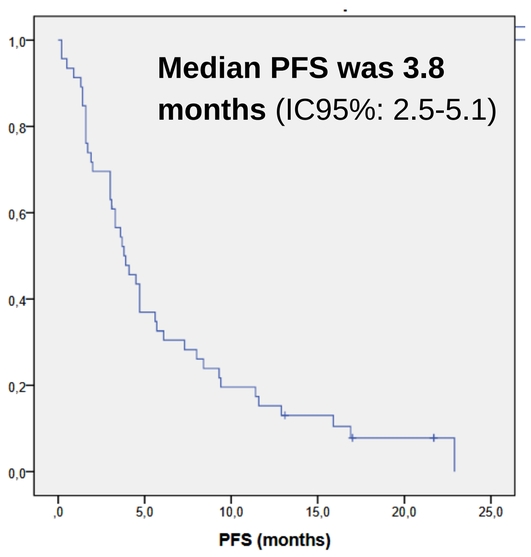
Retrospective, observational and multicenter study including all patients treated with SG until November 2023, with a median follow-up of 10.3 months.

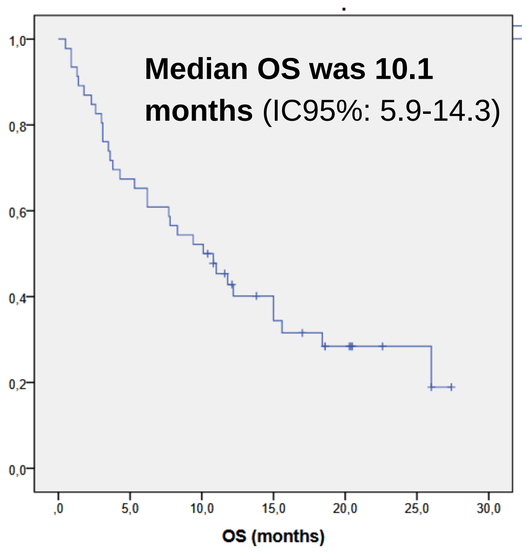
Variables collected: sex, age, BMI, G-CSF prophylaxis, location of metastases, BRCA status, ECOG, treatment duration, objective response rate (ORR), progression-free survival (PFS), overall survival (OS), treatment discontinuation, cycles received, previous chemotherapy lines and adverse events (AEs).

RESULTS

N= 46		
Female (%)	100	
Age (years), median (RIQ)	52 (45-61)	
BMI, media (SD)	26 (4.4)	
Primary prophylaxis with G-CSF (%)	32.6	
Metastases (%)	Lung	56.5
	Bone	43.5
	Hepatic	25.5
	Ganglionar	21.3
BRCA (%)	Negative	56.5
	BRCA2	6.5
	Not available	34.8
ECOG 0-1 (%)	72	
Treatment duration (m), median (RIQ)	3 (2-7)	
Cycles receives, median (RIQ)	5 (3-8)	
Previous CT-lines, median (RIQ)	2 (1-3)	

ORR (%)	32.6
Stable disease (%)	21.7





AE during treatment (%)	98
Asthenia (%)	80
Anemia (%)	67
Neutropenia (%)	51
Diarrhea (%)	47
Alopecia (%)	42

69.6% had any reduction or delay of dose because of toxicity

No patient discontinued treatment due to AEs

Conclusion and relevance

Median PFS and OS were lower than in the pivotal ASCENT trial. While most patients experienced AEs, none led to treatment discontinuation. Further studies with a larger sample size are needed to confirm these results.

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