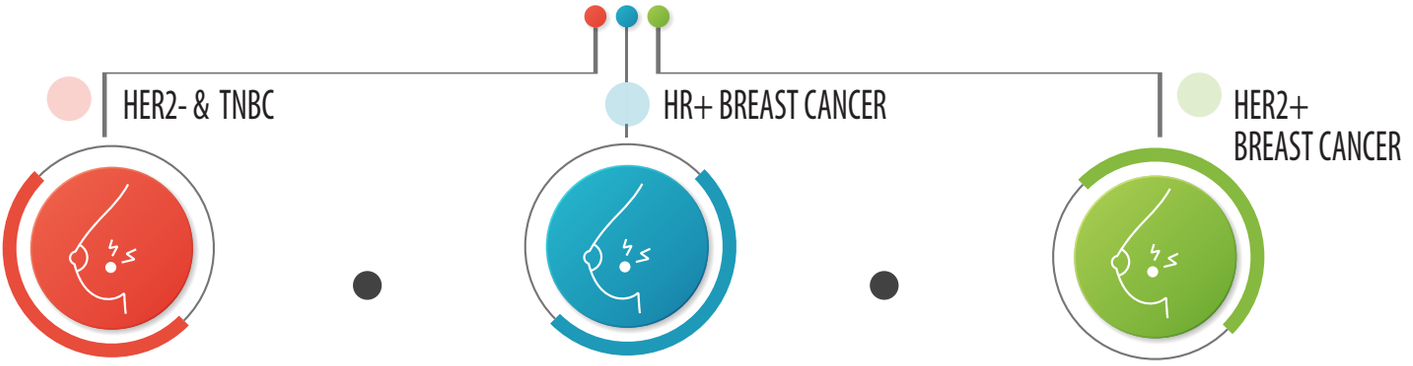
SABCS 2025 DATA REVIEW
January 22, 2026



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HER2- & TNBC

ASCENT-03: In first-line metastatic TNBC patients ineligible for PD-1/PD-L1 inhibitors, sacituzumab govitecan reduced the risk of progression or death by 38% vs standard chemotherapy (median PFS 9.7 vs 6.9 months; HR 0.62) – *not yet approved in this setting*

TROPION-Breast02: In first-line metastatic TNBC patients ineligible for PD-1/PD-L1 inhibitors, datopotamab deruxtecan improved OS (23.7 vs 18.7 mo, HR: 0.79) and PFS (10.8 vs 5.6 mo, HR: 0.57) by ~5 months, with unique adverse events (stomatitis and ocular) that require extra attention – *not yet approved in this setting*

DATO-Base: In patients with HER2-negative metastatic breast cancer and leptomeningeal disease, datopotamab deruxtecan demonstrated early intracranial and systemic activity, with responses observed by LANO criteria and prolonged intracranial disease control in some patients

ASCENT-04: In previously untreated PD-L1+ metastatic TNBC, sacituzumab govitecan plus pembrolizumab reduced the risk of disease progression compared with chemotherapy plus pembrolizumab (median PFS 11.2 vs 7.8 months; HR 0.65), with an expected safety profile – *combination not yet approved*

HALLOW: Interim real-world data suggest that trastuzumab deruxtecan provides intracranial disease control in patients with HER2-low metastatic breast cancer and active brain metastases, with no new safety signals observed

HR+ BREAST CANCER

lidERA: In ER+, HER2- early breast cancer adjuvant setting, giredestrant reduced the risk of recurrence, with a 36-mo invasive disease-free survival of rate 92.4% versus 89.6% with standard endocrine therapy – *not yet approved*

ASCENT-07: Sacituzumab govitecan as first-line post–endocrine therapy setting did not demonstrate benefit over chemotherapy and remains a later-line standard of care for HR+, HER2- metastatic breast cancer – *not yet approved in first-line setting*

EMBER-3: Imlunestrant monotherapy provided 11.4-month benefit in overall survival vs standard of care (HR: 0.60; 95% CI, 0.42-0.86; p=0.0043) in ER+, HER2-, ESR1m advanced breast cancer, supporting its potential as a new standard of care – *FDA approved September 2025*

evERA: In ER+/HER2– advanced breast cancer, post-CDK4/6 inhibitors treatment with giredestrant plus everolimus reduced the risk of progression by ~44% overall and ~62% in ESR1-mutant patients versus standard endocrine therapy + everolimus – *not yet approved*

EPIK-B5: Alpelisib plus fulvestrant after a CDK4/6 inhibitor, lowered the risk of disease progression or death (median PFS of 7.4 mo vs 2.8 mo) and improving median overall survival by 5.7 months for patients with PIK3CA-mutated, HR+, HER2- mBC after a CDK4/6 inhibitor; notable adverse events require proactive monitoring / management and careful patient selection – *FDA approved May 2019*

HER2+ BREAST CANCER

DESTINY-Breast11: Neoadjuvant T-DXd x4 →THP x4 achieved a 67.3% pCR rate (vs 56.3% with ddAC x4 →THP x4), improving response with fewer Grade ≥3 ILD adverse events and lower rates of cardiac events. Proactive antiemetic use is warranted for T-DXd Potentially a new standard of care in the curative intent setting for HER2+ early breast cancer – *not yet approved*

DESTINY-Breast05: Post-neoadjuvant T-DXd improved invasive disease-free survival compared to T-DM1 (92.4% vs 83.7%) in patients with high-risk HER2+ early breast cancer with residual invasive disease after neoadjuvant therapy regardless of prior chemotherapy, HER2 status, or timing of adjuvant radiation therapy (T-DXd Grade ≥3 ILD was 1.2%) Potentially a new standard of care in the curative intent setting for HER2+ early breast cancer – *not yet approved*

HER2Climb05: In first-line HER2+ metastatic breast cancer, the addition of tucatinib to trastuzumab and pertuzumab as maintenance therapy following taxane-based induction improved PFS (median ~ 24.9 months vs 16.3 months; HR 0.641) versus trastuzumab and pertuzumab alone with similar any grade toxicity rates but higher rates of grade ≥3 TEAEs for tucatinib combination (42.3% vs 24.4%) – *not yet approved*

DESTINY-Breast09: In first-line HER2+ metastatic breast cancer, T-DXd plus pertuzumab significantly improved PFS (median ~ 40.7 months vs 26.9 months; HR 0.56) versus THP with a favorable benefit to risk profile, with patient reported outcomes indicating similar tolerability and proactive management with antiemetics warranted →*FDA approved December 2025*

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