Gilead Sciences, Inc. is providing this document to you, a US Healthcare Professional, in response to your unsolicited request for medical information.

GILEAD | Medical Information

Trodelvy® (sacituzumab govitecan-hziy) Real-World Data in mTNBC

This document is in response to your request for information regarding Trodelvy® (sacituzumab govitecan-hziy [SG]) and its real-world use in patients with metastatic triple-negative breast cancer (mTNBC).

Some data may be outside of the US FDA-approved prescribing information. In providing this data, Gilead Sciences, Inc. is not making any representation as to its clinical relevance or to the use of any Gilead product(s). For information about the approved conditions of use of any Gilead drug product, please consult the FDA-approved prescribing information.

The full indication, important safety information, and boxed warnings for neutropenia and diarrhea are available at: www.gilead.com/-/media/files/pdfs/medicines/oncology/trodelvy/trodelvy_pi.

Relevant Product Labeling[1]

SG as a single agent is indicated for the 1L treatment of adult patients with unresectable locally advanced or mTNBC who are not candidates for programmed death-(ligand) 1 inhibitor-based therapy.

SG is indicated for the treatment of adult patients with unresectable locally advanced or mTNBC who have received ≥2 prior systemic therapies, ≥1 of them for metastatic disease.

Real-World Data on SG Use in mTNBC

This document summarizes real-world evidence on SG in mTNBC from multiple studies (N≥150), focusing on patient characteristics, LOT, efficacy, and safety. It is not intended to be comprehensive; additional real-world evidence summaries are available for specific topics, including antibody-drug conjugate sequencing, use in Asian patients, and neutropenia incidence and management.

Summaries of real-world studies that evaluated SG use in patients with mTNBC are shown in Table 1.[2-18]

Gilead Sciences, Inc. is providing this document to you, a US Healthcare Professional, in response to your unsolicited request for medical information.

Table 1. Real-World Studies of Patients With mTNBC[2-18]

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Descriptive cohort study[2,3] France; SNDS (health insurance reimbursement and hospitalization data)	N=3653; mTNBC, n=2527; HR+/HER2- mBC, n=1126; female, 99.7% • Age, median (IQR), 58 (48–68) y • Most common (>15%) metastatic sites, n (%): bone, 1010 (40); pulmonary, 861 (34.1); digestive, 740 (29.3; including liver, 667 [26.4]); lymph node, 723 (28.6); brain, 449 (17.8)	Previous anticancer regimens from 6 categories of anticancer regimens,[a] median (IQR): 1 (1–2) • ≥2 categories[a] in the prior year: 15.6% • <2 categories[a] in the prior year: 84.4%	Follow-up, median (IQR): 9.4 (5.2–15.5) mo mOS (95% CI): • 11 (10.4–11.7) mo • 12-mo survival rate: 47% (45.1–49.1%) • 18-mo survival rate: 32.2% (30.2–34.3%) mTTD[b] (95% CI): • 4.3 (4.1–4.4) mo • 12-mo rate: 12% (10.8–13.5%) • 18-mo rate: 6.3% (5.3–7.5%)	SG was DC in 1630 pts (64.5%), and 54 (2.1%) restarted SG after 81 d No other safety data were reported
Retrospective review of clinical database[4,5] US; breast tumor specimens that underwent profiling and insurance claim database review	Breast tumors, N=4030 SG-only (n=1807) • Age, median (IQR), y: 58 (48–67) • Female, 100% • HER2 category, n (%): ○ Null, 1218 (67) ○ Ultra-low, 316 (17) ○ Low, 273 (15)	SG LOT not reported	Time on treatment • Overall HR-/HER2- pts (n=1174), median (95% CI): 3.42 (3.03–3.65) mo • HER2- pts by category, median: null (n=822), 3.5 mo; ultra-low (n=188), 3 mo; low (n=164), 3.9 mo OS • Overall HR-/HER2- pts (n=1279), median (95% CI): 11.3 (10.5–12.1) mo	Safety data were not reported

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Retrospective cohort database study[6] England; Cancer Analysis System database (data sources: Systemic Anti-Cancer Therapy database, Cancer Outcomes and Services Dataset, and Office of National Statistics)	N=980; female, 100% 2L cohort (n=606) • Age, mean ± standard deviation: 2L, 53.7±11.9 y; 3L, 53.1±11.4 y • ECOG PS 0 and 1,[c] n (%): 2L, 177 (29) and 276 (46), respectively; 3L, 67 (11) and 115 (19) 3L cohort (n=374) • Age, mean ± standard deviation: 2L 55±12.6 y; 3L, 55.4±12.7 y • ECOG PS 0 and 1,[c] n (%): 2L, 140 (37) and 168 (45), respectively; 3L, 106 (28) and 171 (46)	SG LOT: 2L, n=606 3L, n=374 3L was composed of two subcohorts: $3L_a$ (Stage I or II, or resectable Stage III TNBC) and $3L_m$ (unresectable Stage III or de novo Stage IV TNBC)	mPFS (95% CI): 2L, 2.53 (2.3–2.76) mo 3L, 2.43 (2.2–2.76) mo mOS (95% CI): 2L, 6.7 (6.14–7.62) mo 3L, 5.54 (4.9–6.14) mo Results are available for 3L subcohorts	Safety data were not reported
Retrospective, observational, multicenter study[7,8] Canada; pt support program	N=453 • Age, mean (IQR): 57 (49–66) y	SG LOT, %: 2L, 29.4 3L, 42.8 4L, 16.6 5L+, 11.3	Treatment duration, median (95% CI): 4.2 (3.7–4.9) mo Effectiveness data not reported	Treatment modifications: • Treatment delays, 78.4% • Number of delays, median (range): 3 (1–18) • Duration of delays (n=355), median (IQR): 23 (9–49) d • ≥1 dose reduction, 55% DCs (including DCs due to AEs), n (%): Pt decision, 12 (3.7); Physician decision, 10 (3.1)

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Retrospective study[9] US; Integra Connect Precision-Q database	N=409; female, 99.3% • Age, median (range): 61 (28–89) y • ECOG PS 0–1, n (%): 286 (69.9) • Metastatic sites, n (%): visceral (lung or liver), 300 (73.4); bone, 216 (52.8); brain, 87 (21.3)	SG LOT, n (%): 2L, 192 (46.9) 3L, 128 (31.3) 4+, 89 (21.8) SG used in multiple LOTs, 21 (5.1)	Follow-up, median (range): 10 (0.6–51.3) mo mPFS (95% CI): • 5 (4.4–5.5) mo • 3-mo rate: 66.8% (62–71.2%) • 6-mo rate: 42.4% (37.5–47.2%) mOS (95% CI): • 11.3 (10–12.8) mo • 12-mo rate: 47.5% (42.4–52.4%) • 24-mo rate: 22.5% (17.8–27.5%) mTTNTD (95% CI): 6 (5.3–6.6) mo	Most common AEs, %: fatigue, 47.4; diarrhea, 38.1; neutropenia, 34.7; nausea, 32 Treatment modifications: • Dose reduction rate, 43.1% (no appreciable differences by LOT) • Dose delay (by ≥7 d), 65% • Time to the first dose delay, median (range) d: 13.5 (1–682) • Of pts with dose delay, 51.9%, 11.3%, 9%, and 27.8% had their first dose delay in Cycle 1, 2, 3, and 4+, respectively Neutropenia, n (%): 281 (68.7); median time to onset, 8 d G-CSF use, n (%): 247 (60.4) • Primary prophylaxis, 88 (21.5); secondary prophylaxis 112 (27.4) • Treatment for neutropenia, 47 (11.5)
Retrospective, observational cohort study[10] US; Flatiron Health database	N=381; female, 99% • Age, median (IQR): 61 (52–69) y • ECOG PS 0–1, n (%): 247 (65) • Of pts with ≥1 metastasis site (n=291), n/N (%): bone, 180 (62); liver, 82 (28); brain, 68 (23).	SG LOT, n (%): 2L, 118 (31) 3L+, 263 (69)	Follow-up, median (IQR): 8.7 (4.5–14.6) mo mOS (95% CI): • Overall: 11.3 (10–12.9) mo • 2L: 10.8 (7.9–14.1) mo • 3L+: 11.3 (7.9–14.1) mo • 12-mo rate: 47% (41–52%) • 24-mo rate: 19% (14–25%) mTTNTD (95% CI): • 5.6 (5–6.4) mo • 3-mo rate: 75% (71–80%) • 6-mo rate: 48% (43–53%)	Treatment modifications, n/N (%): • Dose reductions, 157/308 (51) • Time to first dose reduction, median (IQR), 35 (21–71) d Neutropenia, n (%): • Grade 2, 94 (25); Grade 3 or 4, 101 (27) Time from SG start to Grade 3 or 4 neutropenia after G-CSF vs no G-CSF, median (IQR): 48 (36–322) d vs 8 (8–22) d G-CSF use, n (%): • Any concomitant use, 225 (59) • Grade 3 or 4 neutropenia with any G-CSF, 10% • Of pts who received G-CSF prophylaxis, Grade 3 or 4 neutropenia occurred in 4% with primary prophylaxis, 19% with secondary prophylaxis, 33% who received G-CSF as treatment, and 13% who received no G-CSF

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Retrospective, single-center study[11] US; MD Anderson Cancer Center	N=472; mTNBC and HR+/HER2- mBC • Overall median age: 51 y mTNBC cohort, n=354: • Prior treatments, %: chemotherapy, 77; immunotherapy, 21	SG LOT, %: 3L+, 21	Overall follow-up, median: 9.1 mo mTNBC cohort: • mOS: 16.5 mo • 84% had PD and 54% were alive at follow-up	Safety data were not reported
Retrospective cohort study[12] Poland/Czech Republic/Slovakia (18 centers)	N=303; female, 100% • Age, median (IQR): 54 (45–65) y • ECOG PS, n (%): 0, 125 (41.3); 1, 166 (54.8); 2, 10 (3.3); 3, 1 (0.3); unknown, 1 (0.3) • Most common metastatic sites, n (%): lymph nodes, 205 (67.7); lungs, 161 (53.1)	Prior palliative systemic LOTs, median (IQR): 1 (1–2); range, 1–10	Follow-up, median (IQR): 8.8 (4.52–14.41) mo mPFS: 4.37 mo; • 3-, 6-, 9-, and 12-mo rates: 62.9%, 39.9%, 26%, and 16.3%, respectively mOS: 11.3 mo • 3-, 6-, 9-, and 12-mo rates: 88.7%, 75%, 62.2%, and 46% ORR: 30.7%; outcomes, n (%): • CR, 6 (2) • PR, 87 (28.7) • SD, 102 (33.7) • PD, 83 (27.4) Multivariable analyses on factors that influenced OS and PFS are available	Most frequent AEs (any-grade/Grade 3/ Grade 4), %: • Neutropenia, 69/43.1/22 ○ Febrile neutropenia, 4.3/38.5/38.5 • Alopecia, 47.5; grades not collected • Anemia, 39.6/14.2/4.2 • Fatigue, 38.3/19.8/0.9 • Nausea, 23.8/11.1/1.4 • Diarrhea, 19.5/30.5/3.4 Treatment modifications, n (%): Delays, 191 (63) Dose reductions, 114 (37.6)

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Retrospective, observational, multicenter study: TROPSPAIN[13] Spain (20 sites)	N=288; female, 98.6% • Age, median (IQR): 54 (46–62) y • ECOG PS 0–1/≥2, n (%): 197 (86.4)/31 (13.6) • Metastatic sites, n (%): lymph nodes, 144 (62.9); bone, 118 (51.5); lung, 97 (42.4); liver, 85 (37.1); brain, 20 (8.7)	SG LOT, n (%): 2L, 86 (29.9) 3L, 77 (26.7) 4L+, 125 (43.4)	Follow-up, median (IQR): • 9 (4.7–15.1) mo Outcome (95% CI): • OS, 9.6 (8.3–11.1) mo • TTNTD, 4.6 (4.1–5) mo mOS by LOT (95% CI): • 2L, 10 (8.6–3.4) mo • 3L, 9.6 (6.8–12.1) mo • 4L+, 8.6 (7.4–11) mo mTTNTD by LOT (95% CI): • 2L, 5.5 (4.2–7) mo • 3L, 4.7 (3.5–5.8) mo • 4L+, 4.2 (3.4–4.7) mo	Any AEs: n=241 (83.7%) AESIs, n (%): • Diarrhea, 104 (43.1); neutropenia, 88 (36.5) Grade, n (%): ○ Grade 3, 126 (11.8) ○ Grade 4, 19 (1.8) ○ Grade 5, 3 (0.3)[d] AEs led to, n (%): • Dose reductions, 64 (26.6) • Interruption, 77 (31.9) • SG DC, 6 (2.5) G-CSF use, n (%): • Any use, 123 (42.7) • Of 905 administrations, 61.4% vs 38.6% received primary vs secondary prophylaxis
Retrospective multicenter study[14] Turkey (52 centers)	N=285; female, 100% • Age, mean (range): 53 (26–81) y • ECOG PS, n (%): 0–1, 270 (94.7); 2, 15 (5.3) • Metastases, n (%): visceral, 208 (72.9); lungs, 141 (49.5); bone, 122 (42.8); liver, 107 (37.5); lymph nodes, 103 (36.1); brain, 64 (22.5)	Previous LOT, median (range): 2 (1–6) SG LOT ,n (%): 2L, 27 (9.4) 3L, 139 (48.7) 4L, 53 (18.6) 5L, 39 (13.7) 6L+, 27 (9.4)	mPFS (95% CI): • 5.4 (4.6–6.2) mo • 12-mo rate: 13.5% (6.1–20.9%) mOS (95% CI): • 12.2 (10.5–13.9) mo • 12-mo rate: 49.2% (39.6–58.8%) • On multivariate analysis, brain and liver metastases were each associated with worse OS outcomes ORR/DCR, %: • Overall (n=277), 36.8/63.9 • 2L setting (n=27), 40.7/66.7 BMPos (n=64), 31.3/56.3	Select TRAEs, any grade (Grade 3 or 4), %: • Neutropenia, 57.1 (32.9) ○ Febrile neutropenia, 3.5 (3.5) • Alopecia, 49.1 (0) • Fatigue, 45.6 (2.1) • Nausea, 40 (1.4) • Diarrhea, 39.% (9.1) • Anemia, 30.5 (7.3) G-CSF use: • Primary prophylaxis, n=119; 28 (23.5%) developed Grade ≥3 neutropenia ○ 10 pts (8.4%) required dose reductions • Secondary prophylaxis for Grade ≥3 neutropenia, n/N: 66/94 ○ 30 (45.5%) pts required dose reductions • Primary vs secondary prophylaxis: no difference in safety profile Dose modifications due to AEs, n (%): Dose reduction, 57 (20); DC, 8 (2.8)

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Multicenter observational analysis[15] Italy (18 centers)	N=271; n=76 LTRs (defined as PFS ≥9 mo; included n=60 [78.9%] 9–18 mo and n=16 [21.1%] ≥18 mo) • Age, median (range): 56 (32–80) y • ECOG PS, 0/1/2, n (%): 45 (59.2)/30 (39.5)/1 (1.3) • mTNBC, n=56 (73.7%)	SG LOT, n (%): 1L, 3 (3.9) 2L, 26 (34.2) ≥3L, 47 (61.8)	Follow-up, median: 19.4 mo Outcome (95% CI): mPFS, 14 (13.3–16.7) mo mOS, 25.6 (21–NR) mo ORR, 67.1% • CR, n=1 (1.3%) • PR, n=50 (65.8%) • SD, n=24 (31.6%) • PD, n=1 (1.3%) mPFS by LOT (95% CI): 2L vs 3L+: 6.7 (5–8.4) vs 6.2 (4.7–7.3) mo (*P*=0.28)	Safety data were not reported
Retrospective, observational cohort study[16] US; ConcertAI Patient 360™ and physician notes	N=230; female, 100% • Age, median (IQR): 60 (49–69) y • ECOG PS 0–1, n (%): 162 (70) Metastatic sites, n (%): visceral, 167 (73); brain, 17 (7)	SG LOT, %: 2L, 33 3L+, 67	Follow-up, median: 7.2 mo mOS (95% CI): • 2L, 13.9 (9.8–NE) mo • 2L+, 10 (8.3–11.1) mo • 3L+, 8.4 (7.7–10.3) mo mPFS (95% CI): • 2L, 4.9 (2.9–6) mo • 2L+, 3.8 (3.1–4.3) mo • 3L+, 3.5 (2.7–4.2) mo mTTNTD (95% CI): • 2L, 4.8 (3.2–6.9) mo • 2L+, 4.6 (3.9–5.3) mo • 3L+, 4.4 (3.8–5.5) mo	Toxicities, %: Fatigue, 45; neutropenia, 33; and diarrhea, 30 Toxicity led to, n (%): • DC, 17 (7); • Dose reduction, 59 (26); • Treatment interruption, 89 (39) G-CSF use, n (%): • Prior to SG treatment, 99 (43) • First use during SG treatment, 35 (15) • Time from SG initiation to G-CSF use (among pts receiving G-CSF during SG use), median (IQR): 8.5 (8–29) d

Region and Data Source	Pt Characteristics	SG Setting/ Prior LOT	Effectiveness Outcomes	Safety Outcomes
Retrospective, observational, SACISUR study[17,18] Spain (18 hospitals)	N=159; female, 100% • Age, median (IQR): 53 (21–77) y • Metastatic sites, n (%): visceral, 120 (76.9); CNS, 22 (13.8)	Previous LOT, median (range): 3 (2–8) SG LOT, %: 1L, 3.8 2L, 41.5 3L+, 54.1	Follow-up, median: 11.6 mo Outcome (95% CI): mPFS, 4.6 (3.7–6.3) mo mOS, 10.9 (7.6–14.2) mo ORR (CR or PR): 31.2% DCR: 68.9% Results are available for BMPos cohort	Most common AEs (Grade 3 or 4), %: • Neutropenia, 59.4 (30.4) • Diarrhea, 49 (8.2) • Nausea, 45.3 (0.6) • ALT/AST elevation, 24.5 (1.9) AEs led to, %: • ≥1 SG dose reduction: 43.4 • SG DC: 5.7 G-CSF use, %: Primary/secondary prophylaxis, 29.6/17.6

[a]Categories included the following: capecitabine, anti-PD-(L)1, hormone therapy (aromatase inhibitors or anti-estrogens), poly adenosine phosphate ribose polymerase inhibitors; cyclin-dependent 4/6 inhibitors; and trastuzumab deruxtecan. The median values were calculated in pts with ≥1 prior treatment.
[b]Defined as first occurrence of SG discontinuation (no redosing of SG within 21 d + 60 d washout period, even if SG was restarted later), death, or study end.
[c]ECOG PS was missing/unknown at BC diagnosis in 377, 254, 211, and 43 pts in the 2L, 3L combined, $3L_a$, and $3L_m$ cohorts, respectively; at initiation in 78 and 45 pts in the 2L and 3L combined cohorts; and at initiation of 3L in 394 pts in the 2L cohort.
[d]Of the 3 pts who died, 2 events were due to neutropenia. One of these events was considered treatment related, and the patient was not treated with G-CSF. The third death was due to pulmonary embolism.

Gilead Sciences, Inc. is providing this document to you, a US Healthcare Professional, in response to your unsolicited request for medical information.

References

1. Enclosed. Gilead Sciences Inc, TRODELVY® (sacituzumab govitecan-hziy) for injection, for intravenous use. U.S. Prescribing Information. Foster City, CA.
2. Shaaban AY, Jourdain H, Desplas D, Vignot S, Zureik M, N H. Real-world use and survival outcomes of sacituzumab govitecan in metastatic triple-negative breast cancer and hormone receptor-positive/HER2-negative metastatic breast cancer. *Br J Cancer.* 2026;134(8):1198-1208.
3. Shaaban AY, Jourdain H, Desplas D, Vignot S, Zureik M, N H. Real-world use and survival outcomes of sacituzumab govitecan in metastatic triple-negative breast cancer and hormone receptor-positive/HER2-negative metastatic breast cancer [Supplementary Material]. *Br J Cancer.* 2026;134(8):1198-1208.
4. Sledge GWJ, Xiu J, Solzak JP, et al. Comparison of trastuzumab deruxtecan and sacituzumab govitecan in HER2-negative metastatic breast cancer: a large real-world data analysis. *Breast Cancer Res.* 2025;27(1):144.
5. Sledge GWJ, Xiu J, Solzak JP, et al. Comparison of trastuzumab deruxtecan and sacituzumab govitecan in HER2-negative metastatic breast cancer: a large real-world data analysis [Supplementary Appendix]. *Breast Cancer Res.* 2025;27(1).
6. Chang L, Hall P. S, Preger L, et al. Real-world treatment patterns and outcomes among 2nd line (2L) and 3rd line (3L) metastatic triple-negative breast cancer (TNBC) patients (pts) in England using the Cancer Analysis System (CAS) [Poster #1075]. Presented at: American Society of Clinical Oncology (ASCO) Annual Meeting; June 2-6, 2022; Chicago, IL.
7. Tanguay PL, Wang M, Winson Y, Cheung A, Cumaraswamy A, P D. Real-world use of sacituzumab govitecan in the management of metastatic triple-negative breast cancer through a Canadian patient support program [Poster P3-12-05]. Presented at: San Antonio Breast Cancer Symposium (SABCS); December 10-13, 2024; San Antonio, TX.
8. Tanguay PL, Wang M, Winson Y, Cheung A, Cumaraswamy A, P D. Real-world use of sacituzumab govitecan in the management of metastatic triple-negative breast cancer through a Canadian patient support program [Abstract P3-12-05]. Presented at: San Antonio Breast Cancer Symposium (SABCS); December 10-13, 2024; San Antonio, TX.
9. Gorantla V, Choksi R, Kudrik F, et al. Real-world sacituzumab govitecan treatment patterns and outcomes in second-line or later metastatic triple negative breast cancer: leveraging electronic health records and manual curation of a US database [Poster 31]. Presented at: Miami Breast Cancer Conference; March 6-9, 2025; Miami, FL.
10. Nanda R, Yam C, Spring L, et al. Effectiveness of sacituzumab govitecan and management of neutropenia in patients with metastatic triple-negative breast cancer treated in real-world settings in the United States. *ESMO Open.* 2025;10(6):105308.
11. Raghavendra AS, Wang Z, Bassett R, et al. Real-world outcomes of sacituzumab govitecan in hormone receptor-positive and triple-negative breast cancer: Impact of prior therapy [Poster]. Presented at: San Antonio Breast Cancer Symposium; December 9-12, 2025; San Antonio, TX.
12. Pieniazek M, Polakiewicz-Gilowska A, Zubrowska J, et al. Effectiveness of sacituzumab govitecan in metastatic triple-negative breast cancer: a real-world retrospective cohort study from Central Europe. *Oncologist.* 2026;31(3):oyag014.
13. Puy MB, Bianch MA, Carrasco FH, et al. Sacituzumab govitecan (SG) in patients with previously treated unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) within routine clinical practice in Spain. Results from the retrospective, observational, multicentre TROPSPAIN study [Poster 442P]. Presented at: European Society for Medical Oncology Breast Cancer (ESMO BC); 6-8 May, 2026; Berlin, Germany.
14. Tunbekici S, Sahin G, On S, et al. Real-world effectiveness and safety of sacituzumab govitecan in patients with metastatic or unresectable locally advanced triple-negative breast cancer: a multicenter study by the Turkish Oncology Group. *Int J Cancer.* 2026;158(7):1881-1890.
15. Caputo R, Buono G, Martinelli C, et al. Long-term responders to sacituzumab govitecan in metastatic triple-negative breast cancer: real-world outcomes and predictors from a multicenter Italian cohort [Abstract #1129]. Presented at: American Society of Clinical Oncology (ASCO) Annual Meeting; May 29-June 2, 2026; Chicago, IL.

16. Kalinsky K, Spring L, Yam C, et al. Real-world use patterns, effectiveness, and tolerability of sacituzumab govitecan for second-line and later-line treatment of metastatic triple-negative breast cancer in the United States. *Breast Cancer Res Treat.* 2024;208(1):203-214.
17. Falcón-González A, Llabrés-Valenti E, Fernando H-C, et al. SACISUR, results of a real-world evidence observational study of the use of sacituzumab govitecan (SG) in triple negative metastatic breast cancer (mTNBC) clinical practice in the south of Spain [Poster P2-10-02]. Presented at: San Antonio Breast Cancer Symposium (SABCS); December 10-13, 2024; San Antonio, TX.
18. Falcón-González A, Llabrés-Valenti E, Henao-Carrasco F, et al. Real-world effectiveness and safety of Sacituzumab Govitecan in metastatic triple-negative breast cancer: results from the multicenter retrospective observational SACISUR cohort in Southern Spain. *Front Oncol.* 2026;16:1717135.

Abbreviations

1L/2L/3L/4L=first-/second-/third-/fourth-line
2L+/3L+/4L+/5L+/6L+=second-/third-/fourth-/fifth-/sixth-line or later
AE=adverse event
AESI=adverse event of special interest
BC=breast cancer
BMPos=positive for brain metastases
CNS=central nervous system
CR=complete response
DC=discontinuation
DCR=disease control rate
ECOG PS=Eastern Cooperative Oncology Group Performance Status
G-CSF=granulocyte colony-stimulating factor
HER2=human epidermal growth factor receptor 2
HR=hazard ratio
HR-/+=hormone receptor-negative/positive
LOT=line of therapy
LTR=long-term responder
mBC=metastatic breast cancer
mOS=median overall survival
mPFS=median progression-free survival
mTNBC=metastatic triple-negative breast cancer
mTTD=median time to treatment discontinuation
mTTNT=median time to next treatment
mTTNTD=median time to next treatment or death
NE=not estimable
NR=not reached
ORR=objective response rate
OS=overall survival
PD=progressive disease
PFS=progression-free survival
PR=partial response
pt(s)=patient(s)
SD=stable disease
SG=sacituzumab govitecan-hziy
SNDS=Systéme National des Données de Santé (French National Health Data System)
TNBC=triple-negative breast cancer
TRAE=treatment-related adverse event

Product Label

For the full indication, important safety information, and boxed warning(s), please refer to the Trodelvy US Prescribing Information available at: www.gilead.com/-/media/files/pdfs/medicines/oncology/trodelvy/trodelvy_pi.

Follow-Up

For any additional questions, please contact Trodelvy Medical Information at:

☎1-888-983-4668 or www.askgileadmedical.com

Adverse Event Reporting

Please report all adverse events to:

Gilead Global Patient Safety ☎ 1-800-445-3235, option 3 or
https://www.gilead.com/utility/contact/report-an-adverse-event

FDA MedWatch Program by ☎ 1-800-FDA-1088 or ✉MedWatch, FDA, 5600 Fishers Ln, Rockville, MD 20852 or www.accessdata.fda.gov/scripts/medwatch

Data Privacy

The Medical Information service at Gilead Sciences may collect, store, and use your personal information to provide a response to your medical request. We may share your information with other Gilead Sciences colleagues to ensure that your request is addressed appropriately. If you report an adverse event or concern about the quality of a Gilead or Kite product, we will need to use the information you have given us in order to meet our regulatory requirements in relation to the safety of our medicines.

It may be necessary for us to share your information with Gilead's affiliates, business partners, service providers, and regulatory authorities located in countries besides your own. Gilead Sciences has implemented measures to protect the personal information you provide. Please see the Gilead Privacy Statement (www.gilead.com/privacy-statements) for more information about how Gilead handles your personal information and your rights. If you have any further questions about the use of your personal information, please contact gilead.privacy@gilead.com.

TRODELVY, GILEAD, and the GILEAD logo are registered trademarks of Gilead Sciences, Inc., or its related companies.
© 2026 Gilead Sciences, Inc.