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Trodelvy® (sacituzumab govitecan-hziy) Second-Line Use as Monotherapy in Platinum-Eligible mUC

This document is in response to your request for information regarding the use of Trodelvy® (sacituzumab govitecan-hziy [SG]) as monotherapy in the second-line (2L) setting in patients with locally advanced or metastatic urothelial cancer (mUC) who are eligible for platinum (PLT)-based therapy.

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Trodelvy is not indicated for use in patients with mUC. 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.

Summary

Clinical Studies on the Use of SG Monotherapy as 2L in PLT-Eligible Patients With mUC

TROPiCS-04, an open-label, global, multicenter, randomized controlled phase 3 study, compared the efficacy and safety of SG vs TPC in patients with locally advanced and unresectable or mUC who progressed after prior PLT-based chemotherapy and CPI therapies.[1]

- In the ITT population (SG, n=355; TPC, n=356), the median OS with SG vs TPC was 10.3 vs 9 months, respectively (HR, 0.86; 95% CI: 0.73–1.02; *P*=0.087).
- By BICR, the median PFS was 4.2 (95% CI: 3.8–4.5) months with SG and 3.6 (95% CI: 2.9–4.2) months with TPC (HR, 0.86; 95% CI: 0.72–1.03); ORR was 23% (95% CI: 18–27%) for SG and 14% (95% CI: 10–18%) for TPC.
- The most common Grade ≥3 TRAEs with SG vs TPC were neutropenia (35% vs 10%), diarrhea (15% vs 3%), anemia (13% vs 7%), fatigue (12% vs 5%), febrile neutropenia (12% vs 4%), and leukopenia (10% vs 3%).
- TEAEs that led to death occurred in 25 (7%) vs 7 (2%) patients in the SG vs TPC groups, respectively; of the Grade 5 TEAEs in the SG group, 16 (5%) were infections in the setting of neutropenia, and 14 of those occurred within the first month of treatment.

TROPHY-U-01 is an ongoing, global, phase 2, multicohort, open-label study of SG in patients with unresectable and locally advanced or mUC. Approximately 827 patients are anticipated to be enrolled.[2] Cohort 1 investigated the efficacy and safety of SG in 113 patients with mUC after progression on PLT-based chemotherapy + CPIs.[2,3]

- Treatment with SG resulted in an ORR of 28% (32/113; 95% CI: 20.2–37.6), a median DOR of 8.2 (95% CI: 4.7–13.7) months, a median PFS of 5.4 (95% CI: 3.5–6.9) months, and a median OS of 10.9 (95% CI: 8.9–13.8) months.[3]

- The most common Grade ≥3 TRAEs included neutropenia (35%), leukopenia (18%), anemia (14%), diarrhea (10%), and febrile neutropenia (10%).[3,4]

The phase 1/2 basket study (IMMU-132-01) evaluated the use of SG in adult patients with various advanced epithelial cancers, including patients with mUC (n=49), who were refractory to or relapsed after ≥1 prior treatment.[5-7]

- Among patients with mUC who received SG 10 mg/kg (n=45), the ORR was 28.9% (95% CI: 16.4–44.3), and the median PFS and OS were 6.8 and 16.8 months, respectively.[5]
- In an analysis of patients in the mUC cohort who received SG 10 mg/kg (n=45), the most common (≥5% of patients) Grade ≥3 AEs were neutropenia/decreased neutrophil count, anemia, hypophosphatemia, diarrhea, fatigue, and febrile neutropenia.[8]

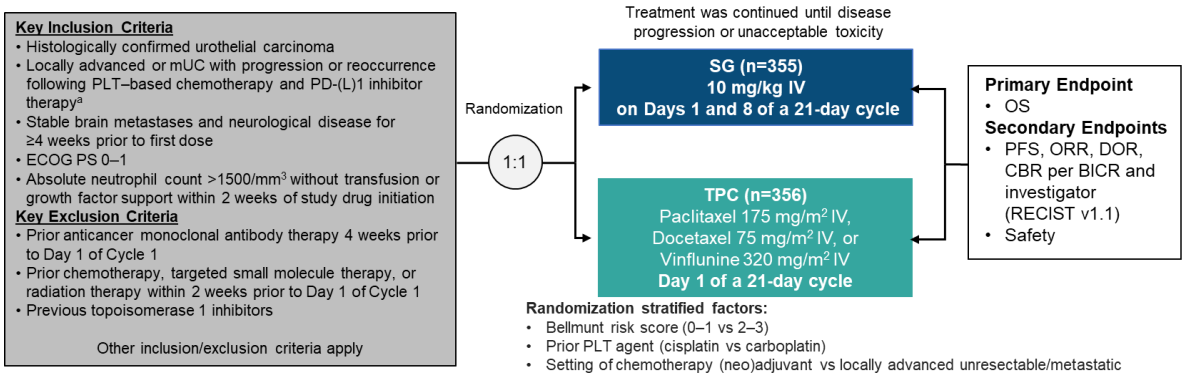
Clinical Studies on the Use of SG Monotherapy as 2L in PLT-Eligible Patients With mUC

TROPiCS-04 Study of SG vs TPC in Patients With mUC

Study design and patient population[1]

TROPiCS-04, an open-label, global, multicenter, randomized, phase 3 study, compared the efficacy and safety of SG vs single-agent chemotherapy TPC in patients with locally advanced and unresectable or mUC who progressed after prior PLT-based and CPI therapies (Figure 1).

Figure 1. TROPiCS-04: Study Design[1,9]



[a]Patients who received prior EV were eligible for the study, as were patients who were ineligible for or unable to tolerate EV.

In both arms, 83% of patients received their most recent PLT-based therapy in the locally advanced unresectable/metastatic setting, with 17% having received this therapy in the (neo)adjuvant setting. Additional demographics and characteristics are in Table 1.

Table 1. TROPiCS-04: Baseline Demographics and Disease Characteristics[1]

Key Demographics and Characteristics		SG (n=355)	TPC (n=356)
Age	Median (range), years	67 (41–89)	68 (30–85)
	≥65 years, n (%)	222 (63)	225 (63)
Male, n (%)		284 (80)	279 (78)

Key Demographics and Characteristics		SG (n=355)	TPC (n=356)
Geographic region, n (%)	Europe	230 (65)	260 (73)
	North America	20 (6)	9 (3)
	Other regions[a]	105 (30)	87 (24)
ECOG PS, 0–1, n (%)		355 (100)	352 (99)[b]
Bellmunt risk score,[c] n (%)	0–1	262 (74)	267 (75)
	2–3	93 (26)	89 (25)
Disease at enrollment, n (%)	Metastatic	330 (93)	320 (90)
	Locally advanced unresectable	25 (7)	36 (10)
Site of primary tumor,[d] n (%)	Lower urinary tract	220 (62)	233 (65)
	Upper urinary tract	134 (38)	119 (33)
Metastatic sites, n (%)	Liver	105 (30)	104 (29)
	Lymph node only	50 (14)	37 (10)
	Brain	6 (2)	5 (1)
Prior anticancer regimens	Median (range), n	2 (1–7)	2 (1–6)
	1–2/≥3, n (%)	243 (68)/112 (32)	252 (71)/104 (29)
Most recent prior PLT therapy, n (%)	Cisplatin	212 (60)	203 (57)
	Carboplatin	143 (40)	153 (43)
Prior EV use, n (%)		24 (7)	15 (4)

[a]Other regions not listed included Australia, China, Hong Kong, Korea, Singapore, and Taiwan.
[b]ECOG PS of 2, n=3; ECOG PS of 3, n=1.
[c]Bellmunt risk scores range from 0 to 3; scores are assigned by the following risk factors: Hgb level of <10 g/dL, ECOG PS score >0, and liver metastases.
[d]Missing data: SG, n=1; TPC, n=4.

Exposure and disposition[1]

In total, 711 patients underwent randomization (ITT population; SG, n=355; TPC, n=356); 349 patients and 337 patients received ≥1 dose of SG and TPC, respectively (safety population). Within the TPC group, patients received the following treatments: paclitaxel, n=164 (157 received treatment); docetaxel, n=143 (137 received treatment); and vinflunine, n=48 (43 received treatment). At the data cutoff on March 8, 2024, the median treatment duration was 3 months of SG and 2.1 months of TPC, the median (range) follow-up duration was 9.2 (0–33.7) months; 674 patients (95%) discontinued treatment. Reasons for treatment discontinuation were as follows: disease progression, 67%; AEs, 15%; withdrawal of consent, 6%; and other reasons, 7%. Approximately half of the patients in the SG and TPC groups (50% and 49%, respectively) received subsequent chemotherapy after study discontinuation; EV was the most commonly used therapy (SG, 19%; TPC, 21%).

Efficacy[1]

The primary endpoint of improved OS with SG vs TPC was not met; there was no significant difference between groups in OS (*P*=0.087; Table 2). Additional efficacy data are shown in Table 2.

Table 2. TROPiCS-04: OS and PFS Data (ITT Population)[1]

Endpoints		SG (n=355)	TPC (n=356)
OS (primary endpoint)	Number of patients with events	272	279
	Median (95% CI), months	10.3 (9.1–11.8)	9 (7.5–9.7)
	Stratified HR (95% CI); log rank *P*-value	0.86 (0.73–1.02); 0.087	
	OS rate at Month 12, % (95% CI)	44 (39–49)	37 (32–42)

Endpoints		SG (n=355)	TPC (n=356)
PFS by BICR	Number of patients with events	258	226
	Median (95% CI), months	4.2 (3.8–4.5)	3.6 (2.9–4.2)
	Stratified HR (95% CI)	0.86 (0.72–1.03)[a,b]	
	PFS rate at Month 12, % (95% CI)	14.5 (10–19)	9 (5–14)

[a]Using a 2-sided α of 0.05, a hierarchical testing strategy was performed for the primary endpoint (OS) and key secondary endpoint (PFS per BICR). As the *P*-value for OS was not significant, PFS was not tested.
[b]PFS per investigator assessment was similar to these results.

In a prespecified subgroup analysis of OS, SG was numerically favored vs TPC in most subgroups based on demographics, disease characteristics, prognostic factors, and prior treatments at baseline.

ORR, BOR, DOR, and CBR outcomes by BICR are provided in Table 3.

Table 3. TROPiCS-04: Secondary Efficacy Endpoints by BICR (ITT Population)[1]

Endpoints per BICR		SG (n=355)	TPC (n=356)
ORR (CR or PR[a]), n (%); [95% CI]		80 (23); [18–27]	49 (14); [10–18]
Stratified odds ratio (95% CI)		1.84 (1.24–2.73)	
BOR, n (%)	CR	19 (5)	9 (3)
	PR	61 (17)	40 (11)
	SD	151 (43)	170 (48)
	SD ≥6 months	26 (7)	24 (7)
	PD	75 (21)	77 (22)
	Not evaluable	49 (14)	60 (17)
DOR, median (95% CI), months		7.2 (6.3–8.4)	6.5 (5.2–8.3)
CBR (CR + PR + SD ≥6 months), n (%); [95% CI]		106 (30); [25–35]	73 (21); [16–25]
Stratified odds ratio (95% CI)		1.68 (1.19–2.37)	

[a]Responses were confirmed ≥4 weeks later.

Safety

Most patients experienced any-grade TEAEs; Grade ≥3 TEAEs occurred more frequently in the SG group (77%) than in the TPC group (51%; Table 4).[1]

Thirty-two TEAEs that led to death were reported in 25 patients (7%) in the SG group and 7 patients (2%) in the TPC group. Of these TEAEs in the SG group, 16 (5%) were infections in the setting of neutropenia (7 of which were considered treatment related, and 7 more were possibly treatment related); 14 deaths occurred within the first month of treatment. Eleven of the patients in the SG group who died had also received G-CSF (primary prophylaxis, n=2; therapeutic, n=9). Patients in the SG group who experienced fatal infections in the setting of neutropenia had a greater number of risk factors for medical complications than did the overall SG group: 81% were aged ≥65 years; 81% had a prior major urinary tract procedure; 56% had a prior cystectomy; 50% had prior radiotherapy; and 50% had received ≥3 prior anticancer regimens. In the TPC group, 4 patients died due to infections in the setting of neutropenia.[1,9]

Table 4. TROPiCS-04: Safety Summary (Safety Population)[1,9]

Safety-Evaluable Patients, n (%)	SG (n=349)	TPC (n=337)
Any-grade TEAEs	347 (99)	320 (95)
Treatment-related	339 (97)	296 (88)
Grade ≥3 TEAEs	269 (77)	171 (51)
Treatment-related	233 (67)	119 (35)
Serious TEAEs	183 (52)	110 (33)

Safety-Evaluable Patients, n (%)	SG (n=349)	TPC (n=337)
Treatment-related	120 (34)	60 (18)
TEAEs that led to dose interruption	232 (66)	105 (31)
Treatment-related	183 (52)	61 (18)
TEAE that led to dose reduction	132 (38)	94 (28)
Treatment-related	129 (37)	86 (26)
TEAEs that led to discontinuation	54 (15)	50 (15)
Treatment-related	39 (11)	42 (12)
TEAEs that led to death	25 (7)	7 (2)
Treatment-related	15 (4)	5 (1)

The most common Grade ≥3 TRAE was neutropenia (SG, 35%; TPC, 10%); additional any-grade and Grade ≥3 TRAEs are shown in Table 5.[1]

Table 5. TROPiCS-04: Most Common Any Grade (≥15%) and Grade ≥3 (≥5%)TRAEs (Safety Population)[1]

Most Common TRAEs, n (%)	SG (n=349)		TPC (n=337)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Fatigue[a]	187 (54)	41 (12)	132 (39)	18 (5)
Diarrhea	182 (52)	51 (15)	47 (14)	9 (3)
Neutropenia[b]	166 (48)	122 (35)	51 (15)	35 (10)
Anemia[c]	161 (46)	46 (13)	97 (29)	23 (7)
Nausea	143 (41)	11 (3)	49 (15)	2 (1)
Alopecia	134 (38)	0	110 (33)	2 (1)
Vomiting	77 (22)	10 (3)	18 (5)	2 (1)
Leukopenia[d]	68 (19)	36 (10)	20 (6)	9 (3)
Febrile neutropenia	41 (12)	41 (12)	15 (4)	15 (4)
Neuropathy peripheral	9 (3)	0	56 (17)	8 (2)

[a]Included fatigue and asthenia.
[b]Included neutropenia and neutrophil count decreased.
[c]Included anemia, Hgb decreased, and red blood cell count decreased.
[d]Included leukopenia and white blood cell count decreased.
Note: Included AEs that occurred after the first dose of study drug until 30 days after the last dose of study drug

G-CSF use[1]

G-CSF primary prophylactic use for neutropenia was not required per study protocol, but investigators were encouraged to consider primary prophylaxis in patients with risk factors for febrile neutropenia, per ASCO guidelines for use of growth factors. G-CSF use in SG and TPC groups for primary, secondary, and therapeutic prophylaxis are as follows: 21% vs 22%, 15% vs 4%, and 30% vs 10%, respectively. Relative to those who received SG and primary prophylactic G-CSF, numerically more SG-treated patients who did not receive primary prophylactic G-CSF had Grade ≥3 neutropenia (48% vs 32%, respectively), febrile neutropenia (12% vs 9%), and a fatal infection secondary to neutropenia (5% vs 3%).

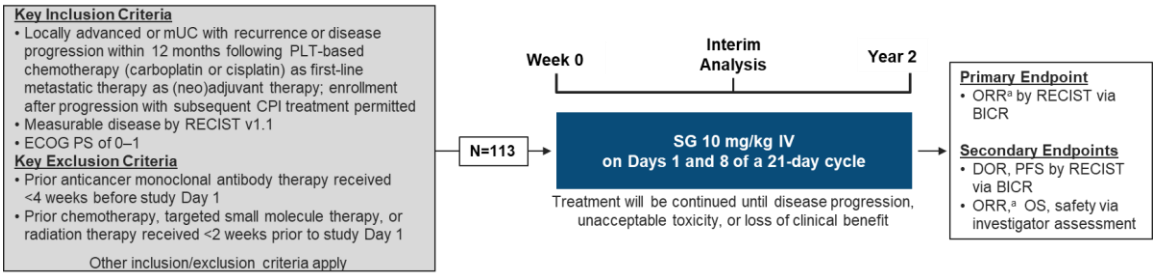
TROPHY-U-01 Cohort 1 Study in PLT-Eligible Patients

TROPHY-U-01, an ongoing, multicohort, global, phase 2, open-label study, is evaluating the efficacy and safety of SG in approximately 827 patients with unresectable and locally advanced or mUC. Results from Cohort 1 are summarized below.[2]

Cohort 1: study design and baseline demographics[3]

Cohort 1 investigated the role of SG in patients with mUC who were previously treated with PLT-based therapy ± CPIs (eg, PD-[L]1 therapy; Figure 2).

Figure 2. TROPHY-U-01 Cohort 1: Study Design[3,10]



[a]Defined as the rate of the BOR of CR + PR.

Updated efficacy and safety data for 113 patients were included in this analysis. At the time of data cutoff (July 26, 2022), 79% of patients had discontinued treatment due to death, 4% completed 2-year follow-up, 3% were lost to follow-up, and 3% withdrew consent. See Table 6 for key baseline demographics and disease characteristics.

Table 6. TROPHY-U-01 Cohort 1: Baseline Demographics and Disease Characteristics[3,10]

Key Demographics and Characteristics		Cohort 1 (N=113)
Age	Median (range), years	66 (33–90)
	≥75 years, n (%)	26 (23)
Male, n (%)		88 (78)
Race, n (%)	White	84 (74)
	Black	3 (3)
	Asian	3 (3)
	Other	1 (1)
	Not reported	22 (20)
ECOG PS, 0/1, n (%)		32 (28)/81 (72)
Type of disease, n (%)	mUC	108 (96)
	Locally advanced unresectable	4 (3)
	Missing	1 (<1)
Visceral metastasis,[a] n (%)		75 (66)
Visceral metastatic sites, lung/liver/other, n (%)		49 (43)/38 (34)/15 (13)
Time since diagnosis of metastatic cancer, median (range), months		24.1 (4–144)
Number of prior anticancer regimens, median (range)		3 (1–8)
Lines of prior metastatic regimens, 1/2/≥3, n (%)		22 (20)/30 (27)/56 (50)
Prior PLT therapy, cisplatin/carboplatin, n (%)		89 (79)/24 (21)
Prior CPI, n (%)		112 (99)
Other prior therapies, EV/erdafitinib, n (%)		10 (9)/2 (1.8)
Bellmunt risk factor groups,[b] n (%)	0	18 (16)
	1	54 (48)
	2	32 (28)
	3	9 (8)

Key Demographics and Characteristics		Cohort 1 (N=113)
UGT1A1 status, n (%)	Heterozygous, **1/*28*	47 (42)
	Wild type, **1/*1*	45 (40)
	Homozygous, **28/*28*	14 (12)
	Missing	7 (6)

[a]Sites included target and non-target lesions that were reviewed by BICR and investigator assessments at baseline.
[b]Risk factors included ECOG PS >0, presence of liver metastases, and Hgb level <10 g/dL.

Cohort 1: efficacy results

The median (range) follow-up duration was 10.5 (0.3–40.9) months, with a median time to response of 1.6 months and an ORR of 28%. See Table 7 for further results. Most responders to SG, and some non-responders, maintained the reduction from baseline in target lesion size.[3]

Table 7. TROPHY-U-01 Cohort 1: Efficacy Endpoints[3,11]

Endpoints		Cohort 1 (N=113)
ORR, n (%); [95% CI]		32 (28); [20.2–37.6]
BOR, n (%)	CR	6 (5)
	PR	26 (23)
	SD	37 (33)
	PD	22 (19)
	Not evaluable	8 (7)
	Not assessed[a]	14 (12)
CBR,[b] n (%); [95% CI]		43 (38); [29.1–47.7]
Time to onset of response, median (range), months		1.6 (1.2–5.6)
DOR, median (95% CI), months		8.2 (4.7–13.7)
DOR rate at Month 12, % (95% CI)		31 (14.7–50.1)
DOR from most recent CPI, median (range), months		4 (1–35)[c]
DOR from most recent PLT-based systemic therapy, median (range), months		4 (0.5–25)[d]
PFS, median; 95% CI, months		5.4 (3.5–6.9)
PFS rate at Month 12, %; 95% CI		14 (7.2–23.3)
OS, median; 95% CI, months		10.9 (8.9–13.8)
OS rate at Month 12, %; 95% CI		45 (35.4–53.8)

[a]Patients did not have tumor assessments after their baseline imaging.
[b]Defined as patients who achieved CR + PR + SD for ≥6 months.
[c]n=51.
[d]n=47.

There were 32 responders (CR or PR) to treatment, and 3 were experiencing ongoing response while still receiving treatment. Efficacy of SG was observed in all evaluated subgroups, including patients who received ≥2 prior lines of therapy, those with visceral and liver metastases at baseline, those with Bellmunt risk factors, and according to *UGT1A1* status. Among the 10 patients who received prior EV, the ORR was 30%, and 4 patients had a BOR of SD. A comparison of treatment efficacy according to prior EV treatment can be found in Table 8.[3,4]

Table 8. TROPHY-U-01 Cohort 1: Efficacy According to Prior EV Treatment[4]

Variable		Prior EV (n=10)	No Prior EV (n=103)
BOR, n (%)	CR	0	6 (6)
	PR	3 (30)	23 (22)
	SD	4 (40)	33 (32)
	SD ≥6 months	1 (10)	10 (10)
	PD	3 (30)	19 (18)
	Not evaluable	0	8 (8)
	Not assessed	0	14 (14)
ORR, n (%); [95% CI]		3 (30); [6.7–65.2]	29 (28); [19.7–37.9]
CBR (CR + PR + SD ≥6 months), n (%); [95% CI]		4 (40); [12.2–73.8]	39 (38); [28.5–48]

In patients who received prior PLT (n=39) in the (neo)adjuvant setting, the ORR was 38%. In patients with visceral metastases and those with liver metastases, the ORRs were 28% and 32%, respectively.[3]

Cohort 1: safety results

The most commonly reported TRAEs of any grade were diarrhea (65%), nausea (60%), and fatigue (52%). Grade ≥3 TRAEs occurred in 65% of patients; see Table 9 for the most commonly reported (≥5% of patients) Grade ≥3 TRAEs. Forty percent of patients required SG dose reduction due to TRAEs, 47% required SG dose interruption, and 7% discontinued SG due to TRAEs. G-CSF was given as primary prophylaxis in 22% of patients and as secondary prophylaxis in 23% of patients.[3]

Table 9. TROPHY-U-01 Cohort 1: Most Commonly (≥5%) Reported Grade ≥3 TRAEs[3]

TRAE, n (%)	Cohort 1 (N=113)
Neutropenia	39 (35)
Leukopenia	20 (18)
Anemia	16 (14)
Diarrhea	11 (10)
Febrile neutropenia	11 (10)
Lymphopenia	8 (7)
Urinary tract infection	7 (6)

A treatment-related death occurred in a 65-year-old man (history of Stage 3 chronic kidney disease and lung cancer; genotype homozygous for the wild-type *UGT1A1* allele) due to severe sepsis with concurrent Grade 4 febrile neutropenia (onset was 4 days after the last dose of Cycle 3, Day 1) that was initially treated with G-CSF and broad-spectrum antibiotics (the patient also had Grade 3 thrombocytopenia).[3,5]

IMMU-132-01 Study in Metastatic Epithelial Cancer

Study design and demographics

The safety and efficacy of SG were evaluated in a multicenter, single-arm, phase 1/2 basket study that enrolled 495 adult patients with metastatic epithelial cancers, including mUC (n=49), who had relapsed after or were refractory to ≥1 prior standard therapeutic regimen. Patients received SG IV on Days 1 and 8 of 21-day cycles and were treated with SG until disease progression or unacceptable toxicity, death, or withdrawal of consent. Overall, the median (range) follow-up duration for the OSP (defined as all patients who received ≥1 dose of SG at 8, 10, 12, or 18 mg/kg) at data cutoff was 8.97 (0.26–55.72) months.[5-7]

Of the patients with mUC, 45 patients received SG 10 mg/kg, 3 received SG 8 mg/kg, and 1 received SG 12 mg/kg.[12] Baseline demographics for patients with mUC who received SG 10 mg/kg are listed in Table 10.

Table 10. IMMU-132-01: Baseline Demographics and Disease Characteristics in the mUC Cohort Who Received SG 10 mg/kg[8]

Key Demographics and Characteristics	mUC Cohort (n=45)
Age, median (range), years	67 (49–90)
Male, n	41
ECOG PS, 0/1, %	31/69
Prior treatment lines, median (range), n	2 (1–6)
PLT-based/CPI-based, %	95/38
Visceral metastases, n	33
Lung/liver/other, n	27/15/5

Efficacy among patients with mUC who received SG 10 mg/kg

Among patients in the mUC cohort who received SG 10 mg/kg, the ORR was 28.9%. See Table 11 for details of further response rates in this cohort.[5]

Table 11. IMMU-132-01: Efficacy Data in the mUC Cohort Who Received SG 10 mg/kg[5]

ORR, % (95% CI)	CR/PR/SD, n (%)	DOR, Median (95% CI), Months	CBR, n (%); [95% CI]	OS, Median (95% CI), Months	PFS, Median (95% CI), Months
28.9 (16.4–44.3)	2 (4.4)/11 (24.4)/ 16 (35.6)	12.9 (3.8–22.5)	20 (44.4); [29.6–60]	16.8 (9–21.9)	6.8 (3.6–9.7)

Preliminary efficacy results showed that, among the 33 patients who had visceral involvement, the ORR was 27% (n=9); among CPI-treated patients, the ORR was 23% (4/17).[8]

Safety

Results from the mUC cohort[8]

The most common (≥5% of patients) Grade ≥3 AEs included the following: neutropenia/decreased neutrophil count (38%), anemia (11%), hypophosphatemia (11%), diarrhea (9%), fatigue (9%), and febrile neutropenia (7%).

Results from the OSP[5]

Nearly all patients (n/N=494/495) experienced ≥1 AE during the study; of these patients, 97.6% experienced TRAEs (Table 12). Nausea, neutropenia, diarrhea, fatigue, alopecia, vomiting, and anemia were the most commonly reported (≥20%) TRAEs.

Table 12. IMMU-132-01: Key TRAEs of Interest Observed in ≥20% of Patients in the OSP[5]

TRAEs, n (%)		All Grades	Grade 3	Grade 4
Any TRAE		483 (97.6)	284 (57.4)	73 (14.7)
Gastrointestinal	Nausea	310 (62.6)	18 (3.6)	0
	Diarrhea	278 (56.2)	39 (7.9)	0
	Vomiting	191 (38.6)	14 (2.8)	0

TRAEs, n (%)		All Grades	Grade 3	Grade 4
Hematologic	Neutropenia	286 (57.8)	143 (28.9)	67 (13.5)
	Febrile neutropenia[a]	27 (5.5)	21 (4.2)	5 (1)
	Anemia	173 (34.9)	51 (10.3)	0
Systemic/ other	Fatigue	239 (48.3)	31 (6.3)	0
	Alopecia	200 (40.4)	0	0

[a]No Grade 5 febrile neutropenia events were reported. For 1 patient, febrile neutropenia was entered as Grade 2 per investigator assessment; however, febrile neutropenia is Grade ≥3 by definition.

Overall, 38.8% of study patients in the OSP experienced SAEs, and 15.2% of the SAEs were considered to be related to SG. The most common treatment-related SAEs were febrile neutropenia (4%), diarrhea (2.8%), vomiting (1.4%), neutropenia (1.4%), and nausea (1.2%). Dose reductions were required in 32.3% of patients, and 8.3% of patients permanently discontinued SG due to AEs.

Post hoc analyses showed that treatment-related neutropenia of any grade had a median onset of 19 days and a median duration of 8.5 days; treatment-related diarrhea of any grade had a median onset of 14 days and a median duration of 8 days.

References

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Abbreviations

2L=second line
AE=adverse event
AESI=adverse event of special interest
ASCO=American Society of Clinical Oncology
BICR=blinded independent central review
BOR=best overall response
CBR=clinical benefit rate
CPI=checkpoint inhibitor
CR=complete response
DOR=duration of response
ECOG PS=Eastern Cooperative Oncology Group Performance Status
EV=enfortumab vedotin
G-CSF=granulocyte colony-stimulating factor
H-score=histochemical score
HR=hazard ratio
mUC=metastatic urothelial cancer
ORR=objective response rate
OS=overall survival
OSP=overall safety population
PD=progressive disease
PD-(L)1=programmed death (ligand)-1
PFS=progression-free survival
PLT=platinum
PR=partial response
RECIST=Response Evaluation Criteria in Solid Tumors
SAE=serious adverse event
SD=stable disease
SG=sacituzumab govitecan-hziy
TEAE=treatment-emergent adverse event
TPC=treatment of physician's choice
TRAE=treatment-related adverse event
UGT1A1=uridine diphosphate glucuronosyl transferase family 1 member A1

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