

#### I BA18

Trastuzumab deruxtecan (T-DXd) + pertuzumab (P) vs taxane + trastuzumab + pertuzumab (THP) for patients (pts) with HER2+ advanced/metastatic breast cancer (a/mBC): Additional analyses of DESTINY-Breast09 in key subgroups of interest

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## Background

In the DESTINY-Breast09 (NCT04784715) interim analysis, first-line treatment with T-DXd + P significantly improved progression-free survival (PFS) vs THP for pts with HER2+ a/mBC, with no new safety signals identified. Here, we report outcomes in key subgroups, focusing on stratification factors.

### Methods

Pts had HER2+ (IHC 3+ or ISH+) a/mBC with no prior systemic therapy and ≤1 line of endocrine therapy for a/mBC. Pts had to have a disease-free interval of >6 months between (neo)adjuvant therapy and a/mBC. Pts with hormone receptor (HR)+ disease could receive endocrine therapy after taxane discontinuation or six cycles of T-DXd. Randomization (1:1:1) to T-DXd + placebo, T-DXd + P, or THP was stratified by de-novo/recurrent disease, HR+/- status, and *PIK3CA* mutation (m) detected/undetected status. The primary endpoint was PFS by blinded independent central review (BICR). Confirmed objective response rate (ORR) by BICR, duration of response (DOR) by BICR, and safety were secondary endpoints.

#### Results

Of pts assigned to T-DXd + P (n=383) or THP (n=387),  $\boxtimes 52\%$  had de-novo a/mBC,  $\boxtimes 54\%$  had HR+ status, and  $\boxtimes 31\%$  had detected *PIK3CA*m. Baseline characteristics were balanced across treatments. Use of concurrent endocrine therapy occurred in 13.5% (T-DXd + P) vs 38.3% (THP) of pts with HR+ disease. At data cutoff (Feb 26, 2025), PFS was longer with T-DXd + P than THP in all subgroups per strata. T-DXd + P also consistently improved confirmed ORR and DOR vs THP (Table). Safety outcomes in subgroups were in line with the overall population.

## **Conclusions**

T-DXd + P demonstrated a clinically meaningful efficacy benefit vs THP regardless of disease history, or HR or *PIK3CA*m status, with no new safety signals. Results were consistent with the overall population and support T-DXd + P as a new first-line treatment option across all pts with HER2+ a/mBC.Table: LBA18

De novo	Recurrent	HR+	HR-	<i>PIK3CA</i> m	No <i>PIK3CA</i> m	
T-DXd + PTHP	T-DXd + P THP	T-DXd + P THP				
(n=200) (n=200)	(n=183) (n=187)	(n=207) (n=209)	(n=176) (n=178)	(n=116)* (n=121)	(n=266) (n=266)	

	<i>De novo</i> T-DXd + P THP		Recurrent		HR+		HR-		<i>PIK3CA</i> m		No <i>PIK3CA</i> m	
			T-DXd + P THP		T-DXd + P THP		T-DXd + P THP		T-DXd + P THP		T-DXd + P THP	
1	(n=200)	(n=200)	(n=183)	(n=187)	(n=207)	(n=209)	(n=176)	(n=178)	(n=116)*	(n=121)	(n=266)	(n=266)
Confirmed ORR,	90.5	82.0	79.2	74.9	81.2	77.0	89.8	80.3	81.0 (72.7,	73.6	87.2	80.8
% (95% CI) <sup>†</sup>	' (85.6,	(76.0,	(72.6,	(68.0,	(75.2,	(70.7,	(84.3,	(73.7,	87.7)	' (64.8,	(82.6,	(75.6,
	94.2)	87.1)	84.9)	80.9)	86.2)	82.6)	93.8)	85.9)		81.2)	91.0)	85.4)
Median DOR,	39.2	31.3 (24.5,	35.3	21.9 (18.4,	35.3	26.4 (22.3,	39.2	26.3	34.8 (34.8,	18.4 ' (13.2,	39.2	NC (25.6,
mo (95% CI) <sup>†</sup>	(35.1, NC)	) (24.5, NC)	(27.3, NC)	NC)	(34.8, NC)	NC)	(39.2, NC)	(20.2, NC)	NC)	26.1)	(35.3, NC)	NC)

<sup>\*</sup>n=1 missing status: †BICR NC. not calculable.

#### Clinical trial identification

NCT04784715.

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### Legal entity responsible for the study

AstraZeneca.

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## Disclosure

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