

San Antonio Breast Cancer Symposium - December 9-12, 2025

# Real-world outcomes of sacituzumab govitecan in hormone receptor–positive and triple-negative breast cancer: Impact of prior therapy

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## INTRODUCTION

- The antibody-drug conjugate (ADC) sacituzumab govitecan (SG) is approved for patients with metastatic triple-negative breast cancer (mTNBC)[1,2] and hormone receptor (HR)+/Human epidermal growth factor receptor 2 (HER2-low)[3] metastatic breast cancer (MBC).
- Using a large, well-curated dataset, this study examines overall survival (OS) by subtype and prior therapies, explores predictors of time to next treatment (TTNT), and evaluates TTNT as a potential surrogate for SG benefit.

## METHODS

- From a single institution retrospective cohort, we identified 472 patients who received SG for HR+/HER2- MBC or mTNBC from April 2021 to September 2024.
- TTNT was defined as the interval between initiation of the index treatment and initiation of the subsequent therapy, and was modeled as a time dependent variable.
- We evaluated OS by breast cancer receptor subtype and examined impact of treatment history, TTNT, and HER2-low status (IHC 1+/IHC2+ISH-).
- Univariate and multivariable analyses were performed to identify factors associated with survival including TTNT.

## RESULTS

N = 472
Median age: 51 years
Median follow up: 9.1 months
HER2 status
- 62% HER2-low
- 38% HER2-IHC 0

Prior therapy lines
- 84% ≥1 prior line
- 34% ≥3 lines

**HR +**
N = 118
Prior chemo : 88%
Prior IO : 11%
≥3 lines of therapy: 74%

**HR-**
N = 354
Prior chemo : 77%
Prior IO : 21%
≥3 lines of therapy: 21%

## RESULTS

**Table 1. Summary of Subjects and Clinical Characteristics by TNBC vs. HR+/HER2-**

| Measure | Level | Total (N=472) | HR+/HER2- (N=118) | TNBC (N=354) | p-value |
|---|---|---|---|---|---|
| De novo stage IV/recurrent, n (%) | Denovo IV | 266 (56) | 71 (60) | 195 (55) | 0.39 |
| | Recurrent | 206 (44) | 47 (40) | 159 (45) | |
| Chemotherapy at early stage | Yes | 332 (70) | 81 (69) | 251 (71) | 0.64 |
| | No | 140 (30) | 37 (31) | 103 (29) | |
| Prior immunotherapy in any setting, n (%) | Atezolizumab | 60 (13) | 6 (5) | 54 (15) | <0.001 |
| | Pembrolizumab | 86 (18) | 7 (6) | 79 (22) | |
| Previous therapies in metastatic setting, n (%) | Chemotherapy | 376 (80) | 104 (88) | 272 (77) | 0.008 |
| | Taxane | 191 (40) | 51 (43) | 140 (40) | 0.52 |
| | Anthracycline | 62 (13) | 29 (25) | 33 (9) | <0.001 |
| | Cyclophosphamide | 24 (5) | 6 (5) | 18 (5) | 1.00 |
| | Carboplatin | 134 (28) | 19 (16) | 115 (32) | <0.001 |
| | Capecitabine | 167 (35) | 73 (62) | 94 (27) | <0.001 |
| | PARPi | 32 (7) | 9 (8) | 23 (6) | 0.67 |
| Order of ADC, n (%) | T-DXd After SG | 75 (16) | 15 (13) | 60 (17) | <0.001 |
| | T-DXd before SG | 59 (12) | 36 (31) | 23 (6) | |
| | No T-DXd | 338 (72) | 67 (57) | 271 (24) | |
| Time to next treatment (TTNT, months)* | Median (Range) | 4.9 (0-47.8) | 4.3 (1.4-17.9) | 5.2 (0-47.8) | - |
| Progressed, n (%) | Yes | 398 (84) | 99 (84) | 299 (84) | 0.88 |
| | No | 74 (16) | 19 (16) | 55 (16) | |
| Death, n (%) | Dead | 218 (46) | 54 (46) | 164 (46) | 1.00 |
| | Alive | 254 (54) | 64 (54) | 190 (54) | |
| Median OS (months) | | 15.3 | 12.1 | 16.5 | 0.023 |

* The cohort included 277 patients with time-to-next-treatment (TTNT) data available, of whom 59 (21%) had HR+/HER2– disease and 218 (79%) had TNBC.

## RESULTS

**Table 2. Summary of Overall Survival Multivariable Analysis**

| | | Overall Survival | |
|---|---|---|---|
| **Measure** | Level | Hazard ratio (95% CI) | p-value |
| **HER2 low at any time, n (%)** | No | Reference | |
| | Yes | 0.96 (0.64 – 1.45) | 0.85 |
| **TTNT*** | <6 months | Reference | |
| | >=6 months | 0.53 (0.34 – 0.83) | **0.006** |
| **Order of ADC, n (%)** | Only one ADC received | Reference | |
| | T-DXd After SG | 0.40 (0.25 – 0.65) | **<0.001** |
| | T-DXd Before SG | 1.28 (0.66 – 2.49) | 0.46 |

*** TTNT was modeled as a time-dependent variable.**

Table 2 shows factors associated with overall survival in a multivariable model.*Adjusted for age, subtype, and prior therapies. All variables with a p-value < 0.1 from the univariate results in the initial multivariable model were included.

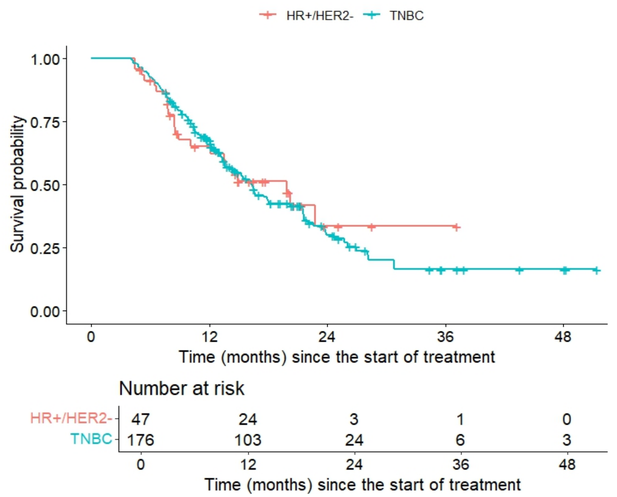
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**ACKNOWLEDGMENT**: Research reported in this abstract was funded in part by Cancer Center Support Grant (CCSG) – NIH/NCI P30 CA016672 (Peter Pisters, PI)

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**Figure 1: Overall survival by breast cancer subtype**




## CONCLUSIONS

- Real-world outcomes by breast cancer subtype were consistent with those reported in clinical trials
- TTNT ≥ 6 months was an independent predictor of improved survival outcomes, reinforcing its value as a pragmatic real-world surrogate for treatment benefit and disease control.
- Prior therapy including immunotherapy did not impact overall survival, suggesting tumor biology and treatment sequencing may be more influential.
- Receiving T-DXd after sacituzumab govitecan was associated with longer OS in exploratory analyses, though this may reflect selection bias and small sample sizes.