NEW SUBSTANCE

Trastuzumab deruxtecan (ENHERTU®) in HER2-positive metastatic breast cancer

NOTHING NEW

Given the lack of any comparative evaluation, *trastuzumab deruxtecan* has not been shown to extend survival after failure of several cancer drugs in patients with HER2-positive metastatic breast cancer. *Trastuzumab deruxtecan* carries a risk of potentially serious adverse effects, in particular interstitial lung disease, which is sometimes fatal.

ENHERTU® – *trastuzumab deruxtecan* powder for concentrate for solution for intravenous infusion

- **100 mg** of *trastuzumab deruxtecan* per vial

Daiichi Sankyo

■ **Antineoplastic; anti-HER2 antibody conjugated to a cytotoxic drug**

■ **Indication**: as monotherapy for adults with unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens [EU centralised procedure, conditional authorisation]

■ **Dosage**: 5.4 mg/kg every 3 weeks by intravenous infusion, initially as a 90-minute infusion and then, if this is well tolerated, subsequently as 30-minute infusions. Treatment should be continued until disease progression or onset of unacceptable adverse effects.

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EDITORS' OPINION

The magic of words

It is sometimes difficult to determine if a new cancer drug represents a therapeutic advance for patients, because its evaluation has been based solely on surrogate, not clinical, endpoints.

This is the case, for example, with *trastuzumab deruxtecan* (Enhertu®), authorised for treatment of some inoperable or metastatic breast cancers (see opposite). As of mid-2022, its evaluation in this situation was mainly based on one non-comparative trial, with the so-called objective response rate as the primary endpoint. In reality, this amounts to determining the proportion of patients in whom the size of the tumour appears, on imaging, to have diminished.

Is an apparent reduction in tumour size really an "objective" endpoint? Not necessarily, because even if the assessors are independent of the trial sponsor, estimating changes on imaging is partly down to personal judgement, and therefore inherently subjective.

And what is a "complete response"? This implies that a tumour has completely disappeared, but how can we be sure? In this month's issue (p. 240), we see a drug which extended progression-free survival in patients with multiple myeloma, as assessed "objectively" by laboratory and imaging results, but nevertheless did not reduce mortality.

Behind the optimistic terms commonly used to describe some endpoints lies a much more uncertain and confusing reality. It is best to recognise this and to ensure that the use of such appealing terminology does not inadvertently raise false hopes for patients, their family and friends, and healthcare professionals.

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