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Real-World Sacituzumab Govitecan Reinforces Benefit in mTNBC

Ryan Quigley:
Welcome to *AudioAbstracts* on ReachMD. I'm Ryan Quigley, and today, I'll be discussing a large real-world analysis evaluating sacituzumab govitecan in metastatic triple-negative breast cancer, recently published in *ESMO Open*.

Metastatic triple-negative breast cancer is one of the most challenging breast cancer subtypes to treat. Although sacituzumab govitecan has already demonstrated meaningful survival benefits in the phase III ASCENT trial, randomized studies don't always reflect the patients clinicians see in everyday practice. Individuals with poorer performance status, brain metastases, or multiple prior therapies are often underrepresented. This new multicenter study asked an important question: does sacituzumab govitecan deliver similar benefits in routine clinical care?

To answer that question, investigators analyzed outcomes from 256 women treated across 17 oncology centers in Italy between 2021 and 2025. Most patients were identified retrospectively, while a smaller group was enrolled prospectively. This represents the largest real-world European cohort of patients treated with sacituzumab govitecan for metastatic triple-negative breast cancer, and the second largest reported worldwide. Notably, more than one-quarter of patients had brain metastases, making this the largest reported real-world experience in that particularly high-risk population.

So what did the investigators find?

The objective response rate was 37.5 percent, with nearly two-thirds of patients achieving either tumor response or stable disease. Median real-world progression-free survival reached 6.4 months, while median overall survival was 13.6 months. Those outcomes compare favorably with prior clinical trials and other published real-world studies, despite the broader and more heterogeneous patient population included here.

The study also identified several factors associated with prognosis. Patients with poorer ECOG performance status had substantially worse progression-free and overall survival, although this subgroup was small. Brain metastases and a disease-free interval of 12 months or less were associated with shorter overall survival, while visceral disease predicted shorter progression-free survival. These exploratory findings may help identify patients who warrant closer monitoring, but they shouldn't be viewed as definitive because of the observational study design.

Safety findings were also reassuring. About three-quarters of patients experienced at least one treatment-related adverse event. The most common were alopecia, neutropenia, nausea, anemia, and diarrhea. Grade 3 or 4 neutropenia occurred in roughly one in four patients, but no cases of febrile neutropenia were reported. More than half of patients received prophylactic G-CSF, and investigators suggest that proactive supportive care likely contributed to the low rate of severe complications. Dose reductions occurred in about one-third of patients, but only 2.7 percent discontinued treatment because of toxicity.

These findings also highlight an important practical point. Managing adverse events proactively appears to be just as important as selecting the right therapy. Early use of supportive measures, individualized antiemetic strategies, and timely dose adjustments allowed many patients to remain on treatment while maintaining an acceptable safety profile.

Of course, several limitations deserve mention. This was an observational study without a control group, so treatment comparisons should be made cautiously. The exclusively Italian population may also limit generalizability to other healthcare settings. And although subgroup analyses generated clinically interesting hypotheses, they weren't powered to establish causal relationships.

This study strengthens the growing body of real-world evidence supporting sacituzumab govitecan for metastatic triple-negative breast cancer. It shows that the clinical benefits observed in randomized trials can extend to a broader population encountered in routine oncology practice, including patients with brain metastases and other high-risk features. At the same time, it reinforces that thoughtful supportive care is essential for maximizing treatment duration and patient outcomes.

This has been an *AudioAbstract*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference:

Caputo R, Buono G, Martinelli C, et al. Real-world evidence of sacituzumab govitecan in metastatic triple-negative breast cancer: an updated multicenter analysis. *ESMO Open*. 2026;11(7):108251. doi:10.1016/j.esmoop.2026.108251.