For adults with previously treated
EGFRm mNSCLC or HR+/HER2– mBC

MANAGING SELECT ADVERSE REACTIONS

A pocket-sized guide to prophylaxis and dose modifications for DATROWAY®

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATIONS

DATROWAY® is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of:

- adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR)-mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy.

  This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.
- adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease.

CONTRAINDICATIONS

None.

EGFRm, epidermal growth factor receptor-mutated; HER2–, human epidermal growth factor receptor 2-negative; HR+, hormone receptor-positive; mBC, metastatic breast cancer; mNSCLC, metastatic non-small cell lung cancer.

DATROWAY®
datopotamab deruxtecan-dlnk
20 mg/mL INJECTION FOR INTRAVENOUS USE

Please see additional Important Safety Information on pages 11-17, and accompanying full Prescribing Information, including WARNINGS AND PRECAUTIONS, and Medication Guide.

Adverse reactions observed with DATROWAY[1]

Common adverse reactions (≥20%) from a pooled safety analysis*

- Stomatitis
- Nausea
- Fatigue
- Alopecia
- Constipation
- Decreased appetite
- Rash
- Vomiting
- Musculoskeletal pain

Select Grade 3 or 4 laboratory abnormalities (≥2%) from a pooled safety analysis*

- Decreased lymphocytes
- Decreased hemoglobin

Other clinically relevant adverse reactions occurring in <10% of patients with locally advanced or metastatic EGFRm NSCLC on DATROWAY included dry skin, blurred vision, abdominal pain, conjunctivitis, dry mouth, ILD/pneumonitis, skin hyperpigmentation, increased lacrimation, and visual impairment.†

Other clinically relevant adverse reactions occurring in <10% of patients with HR+/HER2– mBC on DATROWAY included infusion-related reactions (including bronchospasm), ILD/pneumonitis, headache, pruritus, dry skin, dry mouth, conjunctivitis, blepharitis, meibomian gland dysfunction, blurred vision, increased lacrimation, photophobia, visual impairment, skin hyperpigmentation, and madarosis.‡

*The pooled safety population reflects exposure to DATROWAY 6 mg/kg IV Q3W in 927 patients from TROPION-Lung05, TROPION-Lung01, TROPION-Breast01, and TROPION-PanTumor01.

†The pooled safety population reflects exposure to DATROWAY 6 mg/kg IV every 3 weeks in 125 patients with locally advanced or metastatic EGFRm NSCLC in TROPION-Lung05, TROPION-Lung01, and TROPION-PanTumor01.

‡The pooled safety population was evaluated in 360 patients with unresectable or metastatic HR+/HER2– breast cancer who received at least one dose of DATROWAY 6 mg/kg in TROPION-Breast01.

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WARNINGS AND PRECAUTIONS

Interstitial Lung Disease/Pneumonitis

DATROWAY can cause severe, life-threatening, or fatal interstitial lung disease (ILD) or pneumonitis.

Locally Advanced or Metastatic NSCLC

In the pooled safety population of 484 patients with NSCLC from TROPION-Lung01, TROPION-Lung05, and TROPION-PanTumor01, ILD/pneumonitis occurred in 7% of patients treated with DATROWAY, including 0.6% of patients with Grade 3 and 0.4% with Grade 4. There were 8 (1.7%) fatal cases. The median time to onset for ILD was 1.4 months (range: 0.2 months to 9 months). Eleven patients (2.3%) had DATROWAY withheld and 20 patients (4.1%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 79% (26/33) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 45% of patients.

Unresectable or Metastatic Breast Cancer

In the pooled safety population of 443 patients with breast cancer from TROPION-Breast01 and TROPION-PanTumor01, ILD/pneumonitis occurred in 3.6% of patients treated with DATROWAY, including 0.7% of patients with Grade 3. There was one fatal case (0.2%). The median time to onset for ILD was 2.8 months (range: 1.1 months to 10.8 months). Four patients (0.9%) had DATROWAY withheld and 7 patients (1.6%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 60% (9/15) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 40% of patients.

Patients were excluded from clinical studies for a history of ILD/pneumonitis requiring treatment with steroids or for ongoing ILD/pneumonitis.

EGFRm, epidermal growth factor receptor-mutated; HER2–, human epidermal growth factor receptor 2-negative; HR+, hormone receptor-positive; ILD, interstitial lung disease; IV, intravenous; mBC, metastatic breast cancer; NSCLC, non-small cell lung cancer; Q3W, once every 3 weeks.

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Prophylactic and supportive regimens for select adverse reactions[1-3]

Premedication,* concomitant medications, and required eye care[1]

Stomatitis[1]

- When starting DATROWAY, and throughout treatment, advise patients to **use dexamethasone oral solution 0.1 mg/mL (or similar steroid-containing mouthwash) for prophylaxis 4 times daily and as needed**
- Instruct the patient to hold ice chips or ice water in the mouth throughout the infusion

Dexamethasone oral solution

(or similar steroid-containing mouthwash)

For discussion with patients[2]

- Suggest patients to swish for 1-2 minutes with oral solution and then spit out
- Encourage patients to brush with a soft toothbrush and continue flossing, if it's already part of their routine

Remind your patients about the important role prophylactic measures may play in preventing adverse reactions[1]

Each patient is unique; when treating with DATROWAY, follow institutional guidelines.

*With or without systemic corticosteroids.[1]

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Remind your patients about the important role prophylactic measures may play in preventing adverse reactions[1]

Ocular adverse reactions[1]

Lubricant eye drops and avoid contact lenses

- Advise patients to use **preservative-free lubricant eye drops at least 4 times daily and as needed**
- Refer patients to an **eye care professional (optometrist or ophthalmologist)** for an ophthalmic exam* at treatment initiation, annually while on treatment, at end of treatment, and as clinically indicated
- Advise patients to **avoid using contact lenses** during treatment unless directed by an eye care professional

Nausea and vomiting[1]

Antiemetic medications

- **Antiemetic agents prior to each infusion and thereafter, as needed**
  - Example: 5-HT3 serotonin receptor antagonist or appropriate alternatives intravenously or orally

National Comprehensive Cancer Network® (NCCN®) Recommendations[3]
Datopotamab deruxtecan-dlnk (DATROWAY) is categorized as a high emetic risk agent in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis. Administer prophylactic antiemetic medications per local institutional guidelines for prevention of anticancer agent-induced nausea and vomiting.

Infusion-related reactions[1]

Antihistamines and antipyretics

- **Administer premedication, including antihistamines and antipyretics,** 30-60 minutes prior to each infusion
  - Example: Diphenhydramine 25-50 mg and acetaminophen 650-1000 mg intravenously or orally

Each patient is unique; when treating with DATROWAY, consider institutional guidelines.

Monitor patients for infusion-related reactions in a setting where cardiopulmonary resuscitation medication and equipment are available.

*Exam to include visual acuity testing, slit lamp examination (with fluorescein staining), intraocular pressure, and fundoscopy.[1]

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Adverse reactions should be managed with dose delays, reductions, or discontinuations, if needed[1,4]

Dosage reduction schedule[1]

The recommended starting dose of DATROWAY is 6 mg/kg* IV once every 3 weeks until disease progression or unacceptable toxicity

First dose reduction	**4 mg/kg** (up to a maximum dose of 360 mg for patients ≥90 kg)
Second dose reduction	**3 mg/kg** (up to a maximum dose of 270 mg for patients ≥90 kg)
Third dose reduction	**Permanently discontinue**

Do not re-escalate the dose of DATROWAY after a dose reduction. Permanently discontinue DATROWAY in patients who are unable to tolerate 3 mg/kg intravenously once every 3 weeks.

*Up to a maximum of 540 mg for patients ≥90 kg.[1]

Continued on page 7.

Adverse reactions should be managed with dose delays, reductions, or discontinuations, if needed (cont'd)[1,4]

Adverse reaction	Severity	Dosage modification
ILD/ pneumonitis	Asymptomatic Grade 1	Withhold DATROWAY until ILD/pneumonitis is completely resolved, then: • If resolved in ≤28 days, maintain current dose • If resolved in >28 days, reduce one dose level • Consider corticosteroids as soon as ILD/ pneumonitis is suspected
	Symptomatic Grade ≥2	• **Permanently discontinue** • Administer corticosteroids as soon as ILD/pneumonitis is suspected

Definition:

Grade 1: Asymptomatic

Grade 2: Symptomatic; medical intervention indicated; limiting instrumental activities of daily living

Grade 3: Severe symptoms; limiting self-care activities of daily living; oxygen indicated

Grade 4: Life-threatening respiratory compromise; urgent intervention indicated

Grade 5: Death

Toxicity grades are in accordance with National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0. Some aspects of this scale have been modified to reflect management strategies with DATROWAY.

ILD, interstitial lung disease; IV, intravenous.

Continued on page 8.

Adverse reactions should be managed with dose delays, reductions, or discontinuations, if needed (cont'd)[1,4]

Adverse reaction	Severity	Dosage modification
Keratitis	Nonconfluent superficial keratitis	• Monitor • Continue DATROWAY at current dose
	Confluent superficial keratitis, a cornea epithelial defect, or 3-line or more loss in best corrected visual acuity	• Withhold until improved or resolved • Restart at the same dose level or consider dose reduction
	Corneal ulcer or stromal opacity or best corrected distance visual acuity 20/200 or worse	• Withhold until improved or resolved • Restart at reduced dose level
	Corneal perforation	**Permanently discontinue**

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Adverse reactions should be managed with dose delays, reductions, or discontinuations, if needed (cont'd)[1,4]

Adverse reaction	Severity	Dosage modification
Stomatitis	Grade 1	• Optimize prophylactic and supportive medications • Continue DATROWAY at current dose
	Grade 2	• Withhold until resolved to ≤Grade 1 • Restart at the same dose level for first occurrence • Recurrence: consider restarting at reduced dose level
	Grade 3	• Withhold until resolved to ≤Grade 1 • Restart at reduced dose level
	Grade 4	• **Permanently discontinue**

Definition:

Grade 1: Asymptomatic or mild symptoms

Grade 2: Moderate pain or ulcer that does not interfere with oral intake; modified diet indicated

Grade 3: Severe pain; interfering with oral intake

Grade 4: Life-threatening consequences; urgent intervention indicated

Grade 5 is not included as part of the scale as there were no Grade 5 events.

Toxicity grades are in accordance with National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0. Some aspects of this scale have been modified to reflect management strategies with DATROWAY.

Continued on page 10.

Adverse reactions should be managed with dose delays, reductions, or discontinuations, if needed (cont'd)[1,4]

Adverse reaction	Severity	Dosage modification
Infusion-related reactions (IRR)	Grade 1	Reduce DATROWAY infusion rate by 50% if IRR is suspected and monitor patient closely
	Grade 2	• Interrupt DATROWAY infusion and administer supportive care medications • If the event resolves or improves to Grade 1, restart the infusion at 50% rate • Administer all subsequent infusions at the reduced rate
	Grade 3 or 4	• **Permanently discontinue**
Other non-hematologic adverse reactions	Grade 3	• Withhold dose until resolved to ≤Grade 1 or baseline • Restart at reduced dose level
	Grade 4	• **Permanently discontinue**

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATIONS

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- adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR)-mutated non-small cell lung cancer (NSCLC) who have received prior EGFR-directed therapy and platinum-based chemotherapy.

  This indication is approved under accelerated approval based on objective response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.
- adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease/Pneumonitis

DATROWAY can cause severe, life-threatening, or fatal interstitial lung disease (ILD) or pneumonitis.

Locally Advanced or Metastatic NSCLC

In the pooled safety population of 484 patients with NSCLC from TROPION-Lung01, TROPION-Lung05, and TROPION-PanTumor01, ILD/pneumonitis occurred in 7% of patients treated with DATROWAY, including 0.6% of patients with Grade 3 and 0.4% with Grade 4. There were 8 (1.7%) fatal cases. The median time to onset for ILD was 1.4 months (range: 0.2 months to 9 months). Eleven patients (2.3%) had DATROWAY withheld and 20 patients (4.1%) permanently discontinued DATROWAY due to ILD/pneumonitis. Systemic corticosteroids were required in 79% (26/33) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 45% of patients.

Unresectable or Metastatic Breast Cancer

In the pooled safety population of 443 patients with breast cancer from TROPION-Breast01 and TROPION-PanTumor01, ILD/pneumonitis occurred in 3.6% of patients treated with DATROWAY, including 0.7% of patients with Grade 3. There was one fatal case (0.2%). The median time to onset for ILD was 2.8 months (range: 1.1 months to 10.8 months). Four patients (0.9%) had DATROWAY withheld and 7 patients (1.6%) permanently discontinued DATROWAY due to ILD/pneumonitis.

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INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

Systemic corticosteroids were required in 60% (9/15) of patients with ILD/pneumonitis. ILD/pneumonitis resolved in 40% of patients.

Patients were excluded from clinical studies for a history of ILD/pneumonitis requiring treatment with steroids or for ongoing ILD/pneumonitis.

Monitor patients for new or worsening respiratory symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever) during treatment with DATROWAY. For asymptomatic (Grade 1) ILD/pneumonitis, consider corticosteroid treatment (e.g., ≥0.5 mg/kg/day prednisolone or equivalent). For symptomatic ILD/pneumonitis (Grade 2 or greater), promptly initiate systemic corticosteroid treatment (e.g., ≥1 mg/kg/day prednisolone or equivalent) and continue for at least 14 days followed by gradual taper for at least 4 weeks.

Withhold DATROWAY in patients with suspected ILD/pneumonitis and permanently discontinue DATROWAY if ≥Grade 2 ILD/pneumonitis is confirmed.

Ocular Adverse Reactions

DATROWAY can cause ocular adverse reactions including dry eye, keratitis, blepharitis, meibomian gland dysfunction, increased lacrimation, conjunctivitis, and blurred vision.

In the pooled safety population, ocular adverse reactions occurred in 36% of patients treated with DATROWAY. Twenty patients (2.2%) experienced Grade 3 ocular adverse reactions, which included keratitis, dry eye, and blurred vision, and one patient experienced a Grade 4 ocular adverse reaction of conjunctival hemorrhage. The most common (≥5%) ocular adverse reactions were dry eye (17%), keratitis (14%), and increased lacrimation (7%). The median time to onset for ocular adverse reactions was 2.3 months (range: 0.03 months to 23.2 months). Of the patients who experienced ocular adverse reactions, 39% had complete resolution, and 10% had partial improvement (defined as a decrease in severity by one or more grades from the worst grade at last follow up). Ocular adverse reactions led to dosage interruption in 3.6% of patients, dosage reductions in 2.5% of patients, and permanent discontinuation of DATROWAY in 1% of patients.

Patients with clinically significant corneal disease were excluded from clinical studies.

Advise patients to use preservative-free lubricant eye drops several times daily for prophylaxis. Advise patients to avoid use of contact lenses unless directed by an eye care professional.

Refer patients to an eye care professional for an ophthalmic exam including visual acuity testing, slit lamp examination (with fluorescein staining), intraocular pressure, and fundoscopy at treatment initiation, annually while on treatment, at end of treatment, and as clinically indicated.

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INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

Promptly refer patients to an eye care professional for any new or worsening ocular adverse reactions. Monitor patients for ocular adverse reactions during treatment with DATROWAY, and if diagnosis is confirmed, withhold, reduce the dose, or permanently discontinue DATROWAY based on severity.

Stomatitis

DATROWAY can cause stomatitis, including mouth ulcers and oral mucositis.

In the pooled safety population, stomatitis occurred in 63% of patients treated with DATROWAY, including 8% of patients with Grade 3 events and one patient with a Grade 4 reaction. The median time to first onset of stomatitis was 0.5 months (range: 0.03 months to 18.6 months). Stomatitis led to dosage interruption in 6% of patients, dosage reductions in 11% of patients, and permanent discontinuation of DATROWAY in 0.5% of patients.

In patients who received DATROWAY in TROPION-Breast01, 39% used a mouthwash containing corticosteroid for management or prophylaxis of stomatitis/oral mucositis at any time during the treatment.

Advise patients to use a steroid-containing mouthwash for prophylaxis and treatment of stomatitis. Instruct the patient to hold ice chips or ice water in the mouth throughout the infusion of DATROWAY.

Monitor patients for signs and symptoms of stomatitis. If stomatitis occurs, increase the frequency of mouthwash and administer other topical treatments as clinically indicated. Based on the severity of the adverse reaction, withhold, reduce the dose, or permanently discontinue DATROWAY.

Embryo-Fetal Toxicity

Based on its mechanism of action, DATROWAY can cause embryo-fetal harm when administered to a pregnant woman because the topoisomerase inhibitor component of DATROWAY, DXd, is genotoxic and affects actively dividing cells.

Advise patients of the potential risk to a fetus. Advise female patients of reproductive potential to use effective contraception during treatment with DATROWAY and for 7 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with DATROWAY and for 4 months after the last dose.

ADVERSE REACTIONS

The pooled safety population described in WARNINGS AND PRECAUTIONS reflects exposure to DATROWAY in 927 patients as a single agent at 6 mg/kg administered as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or

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INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

unacceptable toxicity. This included 137 patients with NSCLC in TROPION-Lung05, 297 patients with NSCLC in TROPION-Lung01, 360 patients with HR-positive, HER2-negative breast cancer in TROPION-Breast01, 50 patients with NSCLC, and 83 patients with breast cancer in TROPION-PanTumor01. Among 927 patients who received DATROWAY, 45% were exposed for 6 months or longer and 19% were exposed for greater than one year. In this pooled safety population, the most common (≥20%) adverse reactions were stomatitis (63%), nausea (52%), fatigue (45%), alopecia (38%), constipation (28%), decreased appetite (23%), rash (23%), vomiting (22%), and musculoskeletal pain (20%). In this pooled safety population, the most common (≥2%) Grade 3 or 4 laboratory abnormalities were decreased lymphocytes (9%) and decreased hemoglobin (3.5%).

Locally Advanced or Metastatic EGFR-Mutated Non-Small Cell Lung Cancer

TROPION-Lung05, TROPION-Lung01, TROPION-PanTumor01

The safety of DATROWAY was evaluated in 125 patients with EGFR-mutated NSCLC who received DATROWAY 6 mg/kg administered as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity in TROPION-Lung05 and TROPION-Lung01 as well as TROPION-PanTumor01. Among these patients, the median duration of treatment was 6.1 months (range 0.7 months to 41.7 months).

The median age was 63 years (range: 36 to 81), 56% of patients were <65 years, 62% of patients were female; 66% were Asian, 26% were White, 0.8% were Black, 6% were other races; and 2.4% were of Hispanic ethnicity.

Serious adverse reactions occurred in 26% of patients who received DATROWAY. Serious adverse reactions in >1% of patients who received DATROWAY were COVID-19 (4%), stomatitis (2.4%), and pneumonia (1.6%). Fatal adverse reactions occurred in 1.6% of patients who received DATROWAY, due to death not otherwise specified.

Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 8% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >1% of patients included ILD/pneumonitis (2.4%) and abnormal hepatic function (1.6%).

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 43% of patients. Adverse reactions which required dosage interruption in >1% of patients included COVID-19 (13%), stomatitis (7%), fatigue (6%), pneumonia (4%), anemia (2.4%), amylase increased (2.4%), keratitis (2.4%), ILD/pneumonitis (1.6%), decreased appetite (1.6%), dyspnea (1.6%), rash (1.6%), and infusion-related reaction (1.6%).

INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

Dose reductions of DATROWAY due to an adverse reaction occurred in 26% of patients. Adverse reactions which required dose reduction in >1% of patients included stomatitis (14%), keratitis (1.6%), fatigue (1.6%), decreased weight (1.6%) and COVID-19 (1.6%).

The most common (≥20%) adverse reactions, including laboratory abnormalities, were stomatitis (71%), nausea (50%), alopecia (49%), fatigue (42%), decreased hemoglobin (34%), decreased lymphocytes (32%), constipation (31%), increased calcium (31%), increased AST (28%), decreased white blood cell count (27%), increased lactate dehydrogenase (23%), musculoskeletal pain (22%), decreased appetite (20%), increased ALT (20%), and rash (20%).

Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included dry skin, blurred vision, abdominal pain, conjunctivitis, dry mouth, ILD/pneumonitis, skin hyperpigmentation, increased lacrimation, and visual impairment.

Unresectable or Metastatic, HR-Positive, HER2-Negative Breast Cancer

TROPION-Breast01

The safety of DATROWAY was evaluated in 360 patients with unresectable or metastatic HR-positive, HER2-negative (IHC 0, IHC1+ or IHC2+/ISH-) breast cancer who received at least one dose of DATROWAY 6 mg/kg in TROPION-Breast01. DATROWAY was administered by intravenous infusion once every three weeks. The median duration of treatment was 6.7 months (range: 0.7 months to 16.1 months) for patients who received DATROWAY.

Serious adverse reactions occurred in 15% of patients who received DATROWAY. Serious adverse reactions in >0.5% of patients who received DATROWAY were urinary tract infection (1.9%), COVID-19 infection (1.7%), ILD/pneumonitis (1.1%), acute kidney injury, pulmonary embolism, vomiting, diarrhea, hemiparesis, and anemia (0.6% each). Fatal adverse reactions occurred in 0.3% of patients who received DATROWAY and were due to ILD/pneumonitis.

Permanent discontinuation of DATROWAY due to an adverse reaction occurred in 3.1% of patients. Adverse reactions which resulted in permanent discontinuation of DATROWAY in >0.5% of patients included ILD/pneumonitis (1.7%) and fatigue (0.6%).

Dosage interruptions of DATROWAY due to an adverse reaction occurred in 22% of patients. Adverse reactions which required dosage interruption in >1% of patients included COVID-19 (3.3%), infusion-related reaction (1.4%), ILD/pneumonitis (1.9%), stomatitis (1.9%), fatigue (1.7%), keratitis (1.4%), acute kidney injury (1.1%), and pneumonia (1.1%).

Dose reductions of DATROWAY due to an adverse reaction occurred in 23% of patients. Adverse reactions which required dose reduction

INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

in >1% of patients included stomatitis (13%), fatigue (3.1%), nausea (2.5%), and weight decrease (1.9%).

The most common (≥20%) adverse reactions, including laboratory abnormalities, were stomatitis (59%), nausea (56%), fatigue (44%), decreased leukocytes (41%), decreased calcium (39%), alopecia (38%), decreased lymphocytes (36%), decreased hemoglobin (35%), constipation (34%), decreased neutrophils (30%), dry eye (27%), vomiting (24%), increased ALT (24%), keratitis (24%), increased AST (23%), and increased alkaline phosphatase (23%).

Clinically relevant adverse reactions occurring in <10% of patients who received DATROWAY included infusion-related reactions (including bronchospasm), ILD/pneumonitis, headache, pruritus, dry skin, dry mouth, conjunctivitis, blepharitis, meibomian gland dysfunction, blurred vision, increased lacrimation, photophobia, visual impairment, skin hyperpigmentation, and madarosis.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** Based on its mechanism of action, DATROWAY can cause embryo-fetal harm when administered to a pregnant woman because the topoisomerase inhibitor component of DATROWAY, DXd, is genotoxic and affects actively dividing cells. There are no available data on the use of DATROWAY in pregnant women to inform a drug-associated risk. Advise patients of the potential risks to a fetus.
- **Lactation**: There are no data regarding the presence of datopotamab deruxtecan-dlnk or its metabolites in human milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with DATROWAY and for 1 month after the last dose.
- **Females and Males of Reproductive Potential:** Pregnancy Testing: Verify pregnancy status of females of reproductive potential prior to initiation of DATROWAY. Contraception: *Females*: Advise females of reproductive potential to use effective contraception during treatment with DATROWAY and for 7 months after the last dose. *Males*: Because of the potential for genotoxicity, advise male patients with female partners of reproductive potential to use effective contraception during treatment with DATROWAY and for 4 months after the last dose. Infertility: Based on findings in animal toxicity studies, DATROWAY may impair male and female reproductive function and fertility. The effects on reproductive organs in animals were irreversible.
- **Pediatric Use:** Safety and effectiveness of DATROWAY have not been established in pediatric patients.

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INDICATION AND IMPORTANT SAFETY INFORMATION (cont'd)

- **Geriatric Use:** Of the 125 patients with EGFR-mutated NSCLC in TROPION-Lung05, TROPION-Lung01, TROPION-PanTumor01 treated with DATROWAY 6 mg/kg, 44% were ≥65 years of age and 10% were ≥75 years of age. No clinically meaningful differences in efficacy and safety were observed between patients ≥65 years of age versus younger patients. Of the 365 patients in TROPION-Breast01 treated with DATROWAY 6 mg/kg, 25% were ≥65 years of age and 5% were ≥75 years of age. Grade ≥3 and serious adverse reactions were more common in patients ≥65 years (42% and 25%, respectively) compared to patients <65 years (33% and 15%, respectively). In TROPION-Breast01, no other meaningful differences in safety or efficacy were observed between patients ≥65 years of age versus younger patients.
- **Renal Impairment:** A higher incidence of ILD/pneumonitis has been observed in patients with mild and moderate renal impairment (creatinine clearance [CLcr] 30 to <90 mL/min). Monitor patients with renal impairment for increased adverse reactions, including respiratory reactions. No dosage adjustment is recommended in patients with mild to moderate renal impairment. The effect of severe renal impairment (CLcr <30 mL/min) on the pharmacokinetics of datopotamab deruxtecan-dlnk or DXd is unknown.
- **Hepatic Impairment:** No dosage adjustment is recommended in patients with mild hepatic impairment (total bilirubin ≤ULN and any AST >ULN or total bilirubin >1 to 1.5 times ULN and any AST). Limited data are available in patients with moderate hepatic impairment (total bilirubin >1.5 to 3 times ULN and any AST). Monitor patients with moderate hepatic impairment for increased adverse reactions. The recommended dosage of DATROWAY has not been established for patients with severe hepatic impairment (total bilirubin >3 times ULN and any AST).

To report SUSPECTED ADVERSE REACTIONS, contact Daiichi Sankyo, Inc. at 1-877-437-7763 or FDA at 1-800-FDA-1088 or fda.gov/medwatch.

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References

1. DATROWAY. Prescribing information. Daiichi Sankyo, Inc.; 2025.
2. Heist RS, Sands J, Bardia A, et al. Clinical management, monitoring, and prophylaxis of adverse events of special interest associated with datopotamab deruxtecan. *Cancer Treat Rev*. 2024;125:102720.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis V.2.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed May 12, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
4. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. U.S. Department of Health and Human Services. November 27, 2017. Accessed May 9, 2025. https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_8.5x11.pdf

For adults with previously treated
EGFRm mNSCLC or HR+/HER2– mBC

DATROWAY®

datopotamab deruxtecan-dlnk

20 mg/mL INJECTION FOR INTRAVENOUS USE

Scan to learn more about managing adverse reactions, prophylaxis, and dose modifications

COMMON ADVERSE REACTIONS
PROPHYLACTIC REGIMENS
DOSING AND DOSAGE MODIFICATIONS
IMPORTANT SAFETY INFORMATION

Please see additional Important Safety Information on pages 11-17, and accompanying full Prescribing Information, including WARNINGS AND PRECAUTIONS, and Medication Guide.

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