e13108 Publication Only

Healthcare provider experiences in managing antibody-drug conjugate dosing adjustments due to nausea and vomiting: SABCS and ESMO survey findings.

Lee S. Schwartzberg, Luca Licata, Giampaolo Bianchini, Yeon Hee Park, Eric Roeland, Massimo Massagrande, Francesca Dato, Hirotoshi Iihara, Florian Scotte, Karin Jordan, Matti S. Aapro, Hope S. Rugo; Renown Health-Pennington Cancer Institute, Reno, NV; IRCCS San Raffaele Hospital, Milan, Italy; Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; Knight Cancer Institute, Oregon Health & Science University, Portland, OR; Elma Research, Milan, Italy; Department of Pharmacy, Gifu University Hospital, Gifu, Japan; Département Interdisciplinaire d'Organisation des Parcours Patients (DIOPP), Gustave Roussy, Villejuif, France; Department of Hematology, Oncology and Palliative Care, Ernst Von Bergmann Hospital, Potsdam, Germany; Genolier Cancer Centre, Clinique de Genolier, Genolier, Switzerland; University of California, San Francisco Comprehensive Cancer Center, San Francisco, CA

Background: Antibody-drug conjugates (ADCs) such as trastuzumab deruxtecan (T-DXd) and sacituzumab govitecan (SG) have revolutionized breast cancer (BC) treatment, delivering superior efficacy that allows for extended treatment durations. Nausea and vomiting (NV) are among the most frequent adverse effects associated with T-DXd and SG. Persistent nausea can significantly impact patients, negatively affecting their quality of life leading to treatment interruptions, delays, or dose adjustments with potential impact on treatment outcomes. With limited real-world data on ADC dose-intensity adjustments due to NV, surveys of healthcare providers (HCPs) were conducted to assess their experience. **Methods:** At the 2024 SABCS and 2024 ESMO Congress, HCPs were recruited to complete a short web-based survey in the exhibit hall. Eligible participants included HCPs who used ADCs in clinical practice or clinical trials and were caring for patients with solid tumors. Participants were asked, "How often have you implemented an adjustment (see Table) to ADC treatment due to NV?" Responses included "never," "rarely," "sometimes," "often," and "always." **Results:** A total of 288 HCPs were eligible and participated (90 at SABCS and 198 at ESMO). Most (77%) were oncologists who treated patients with BC. Participants had the most experience with T-DXd and SG. Approximately a third of HCPs had at least sometimes implemented an ADC dose reduction or delay due to NV, while a quarter reported interrupting or discontinuing ADC treatment (Table). Over half of HCPs at least sometimes use rescue medication for NV. **Conclusions:** Given the increased prominence of ADCs for the treatment of advanced BC, these real-world findings underscore the critical need to optimize NV prevention to reduce dose adjustments or discontinuation. Guideline-recommended NK1 receptor antagonist-based antiemetic prophylaxis may optimize ADCs' uninterrupted dosing and therapeutic potential. Prospective studies assessing maintenance of dose intensity with optimal antiemetics are needed. Research Sponsor: Helsinn Healthcare.

	SABCS + ESMO N = 288	SABCS + ESMO N = 288	SABCS only* N = 90	SABCS only* N = 90	SABCS only* N = 90
Implemented Due to Nausea/Vomiting	**ADC Dose Reduction**	**ADC Dose Delay**	**ADC Dose Interruption**	**ADC Discontinuation**	**Use of Rescue Medication**
Always	1%	1%	0%	0%	1%
Often	6%	5%	8%	6%	16%
Sometimes	33%	26%	18%	18%	40%
Rarely	35%	36%	42%	31%	34%
Never	25%	33%	32%	46%	9%

*not asked in the ESMO survey.