Summary of risk management plan for DATROWAY (datopotamab deruxtecan)

Daiichi Sankyo (Schweiz) AG

Vulkanstrasse 106

8048 Zürich

Document Version: 1.0
Document Date: 18 Jul 2025
Based on Part VI of EU RMP version 0.1, dated 01 Feb 2024

Disclaimer

The Risk Management Plan (RMP) is a comprehensive document submitted as part of the application dossier for market approval of a medicine. The RMP Summary contains information on the medicine's safety profile and explains the measures that are taken in order to further investigate and follow the risks as well as to prevent or minimise them. The RMP summary of DATROWAY is a concise document and does not claim to be exhaustive.

As the RMP is an international document, the summary might differ from the "Arzneimittelinformation/Information sur le médicament" approved and published in Switzerland, eg, by mentioning risks occurring in populations or indications not included in the Swiss authorization.

Please note that the reference document which is valid and relevant for the effective and safe use of DATROWAY in Switzerland is the "Arzneimittelinformation/Information sur le médicament" (see www.swissmedic.ch) approved and authorized by Swissmedic. Daiichi Sankyo (Schweiz) AG is fully responsible for the accuracy and correctness of the content of the published summary RMP of DATROWAY.

DATROWAY (datopotamab deruxtecan) intravenous infusion

Summary of risk management plan for DATROWAY (datopotamab deruxtecan)

This is a summary of the Risk Management Plan (RMP) for datopotamab deruxtecan (Dato-DXd). The RMP details important risks of Dato-DXd, how these risks can be minimised, and how more information will be obtained about Dato-DXd's risks and uncertainties (missing information).

Dato-DXd's Summary of Product Characteristics (SmPC) and its Package Leaflet (PL) give essential information to healthcare professionals and patients on how Dato-DXd should be used.

This summary of the RMP for Dato-DXd should be read in the context of all this information including the assessment report of the evaluation and its plain-language summary, all which is part of the European Public Assessment Report (EPAR).

Important new concerns or changes to the current ones will be included in updates of Dato-DXd's RMP.

I The Medicine and What It Is Used For

According to the Swiss label

DATROWAY is indicated as monotherapy for the treatment of adult patients with unresectable or metastatic hormone receptor (HR)-positive, HER2-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have already received an endocrine therapy, and at least one chemotherapy in the unresectable or metastatic setting and have progressed on the last therapy line (see "Clinical Efficacy").

According to the EU SmPC

Datroway as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic hormone receptor (HR)-positive, HER2-negative breast cancer who have received endocrine therapy and at least one line of chemotherapy in the advanced setting (see section 5.1)

It contains Dato-DXd as the active substance and is given intravenously.

Further information about the evaluation of Dato-DXd's benefits can be found in Dato-DXd's EPAR, including in its plain-language summary, available on the EMA website, under the medicine's webpage.

II Risks Associated with the Medicine and Activities to Minimise or Further Characterise the Risks

Important risks of Dato-DXd, together with measures to minimise such risks and the proposed studies for learning more about Dato-DXd's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals
- Important advice on the medicine's packaging
- The authorised pack size – the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly
- The medicine's legal status – the way a medicine is supplied to the patient (eg, with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation measures*.

In the case of Dato-DXd, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, including Periodic Safety Update Report assessment, so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

If important information that may affect the safe use of Dato-DXd is not yet available, it is listed under 'missing information' below.

II.A List of Important Risks and Missing Information

Important risks of Dato-DXd are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely administered. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Dato-DXd. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (eg, on the long-term use of the medicine).

Table VI.1: Lists of Important Risks and Missing Information

List of Important Risks and Missing Information	
Important identified risk	• Interstitial lung disease / pneumonitis • Keratitis
Important potential risk	• Embryo-foetal toxicity
Missing information	• Use in patients with moderate or severe hepatic impairment

II.B Summary of Important Risks

Table VI.2: Important Identified Risk: Interstitial lung disease / Pneumonitis

Important Identified Risk: Interstitial lung disease / Pneumonitis	
Evidence for linking the risk to the medicine	Dose-dependent changes in the lung were seen in nonclinical data and have been observed with drugs of a similar class. In the pivotal TB-01 and TL-01 clinical studies, events of interstitial lung disease (ILD)/pneumonitis (as confirmed by an independent Adjudication Committee), including those with a fatal outcome, were reported more frequently in the Dato-DXd arms in comparison to the control arms.
Risk factors and risk groups	There are no known risk factors for the development of ILD/pneumonitis following Dato-DXd administration; however, patients with a prior personal or family history of ILD/pneumonitis may be at increased risk, in addition to those who are current/former smokers, have underlying health conditions (such as sarcoidosis, autoimmune diseases, and connective tissue disorders), and/or those who have experienced long-term exposure to specific environmental or occupational toxins/pollutants (eg, mould, silica dust, asbestos fibres, grain dust, etc).
Risk minimisation measures	**Routine risk minimisation measures:** • SmPC Sections 4.2, 4.4, and 4.8

Table VI.2: Important Identified Risk: Interstitial lung disease / Pneumonitis

Important Identified Risk: Interstitial lung disease / Pneumonitis	
	• PL Sections 2 and 4 • Legal status: Prescription-only medicine **Additional risk minimisation measures:** • Healthcare Professional guide • Patient Guide (including Patient Alert Card)

Table VI.3: Important Identified Risk: Keratitis

Important Identified Risk: Keratitis	
Evidence for linking the risk to the medicine	Corneal toxicity was observed in nonclinical data and has been observed with drugs in a similar class. In the pivotal TB-01 and TL-01 clinical studies, events of keratitis were reported more frequently in the Dato-DXd arms in comparison to the control arms.
Risk factors and risk groups	No risk factors for Dato-DXd-induced keratitis have been identified; however, general risk factors for the development of keratitis include wearing contact lenses, reduced immunity, local corticosteroid use, preexisting ocular surface disorders (eg, dry eye), and eye injury.
Risk minimisation measures	**Routine risk minimisation measures:** • SmPC Sections 4.2, 4.4, and 4.8 • PL Sections 2 and 4 • Legal status: Prescription-only medicine **Additional risk minimisation measures:** • None

Table VI.4: Important Potential Risk: Embryo-foetal Toxicity

Important Potential Risk: Embryo-foetal Toxicity	
Evidence for linking the risk to the medicine	The findings from nonclinical data, the potential mechanism of the payload of Dato-DXd and the known effects of anti-trophoblast cell surface antigen 2 (TROP2) agents on embryo-foetal toxicity suggest that Dato-DXd may potentially cause foetal harm.
Risk factors and risk groups	No risk factors or risk groups associated with embryo-foetal toxicity have been identified for Dato-DXd.
Risk minimisation measures	**Routine risk minimisation measures:** • SmPC Sections 4.4 and 4.6 • PL Section 2 • Legal status: Prescription-only medicine **Additional risk minimisation measures:** • None

Table VI.5: Missing Information: Use in Patients With Moderate or Severe Hepatic Impairment

Missing Information: Use in Patients With Moderate or Severe Hepatic Impairment	
Risk minimisation measures	**Routine risk minimisation measures:** • SmPC Section 4.2 • Legal status: Prescription-only medicine **Additional risk minimisation measures:** • None

II.C Post-Authorisation Development Plan

II.C.1 Studies Which Are Conditions of the Marketing Authorization

There are no studies which are conditions of the marketing authorisation or specific obligation of Dato-DXd.

II.C.2 Other Studies in Post-Authorisation Development Plan

There are no studies required for Dato-DXd.