When treating adult patients with gBRCA-mutated HR+/HER2or triple-negative locally advanced or metastatic breast cancer<sup>1</sup>



TALZENNA is a proven alternative to chemotherapy\* that provides patients with convenient administration (once-daily oral dose)1

## **LONGER MEDIAN PROGRESSION-FREE SURVIVAL (PFS)**

TALZENNA significantly prolonged median PFS vs chemotherapy: 8.6 months vs 5.6 months (HR=0.54 [95% CI: 0.41-0.71]; P<0.0001)<sup>1†</sup>

## **DOUBLED OBJECTIVE RESPONSE RATE (ORR)**

ORR for TALZENNA was 62.6% (95% CI: 55.8-69.0) vs 27.2% (95% CI: 19.3-36.3) with chemotherapy (OR=4.99 [95% CI: 2.93-8.83]; P<0.0001)1115

## **SAFETY PROFILE**

Most common adverse reactions were fatigue, anemia, nausea, neutropenia, thrombocytopenia, and headache. Most common Grade ≥3 adverse reactions were anemia, neutropenia, and thrombocytopenia<sup>1</sup>

## CONVENIENT **DOSING**

The recommended starting dose is a 1 mg capsule taken orally once daily, with or without food1

Indication: TALZENNA is indicated as monotherapy for the treatment of adult patients with germline BRCA1/2-mutations, who have HER2-negative locally advanced or metastatic breast cancer. Patients should have been previously treated with an anthracycline and/or taxane in the (neo)adjuvant, locally advanced or metastatic setting unless patients were not suitable for these treatments (see section 5.1 of full SmPC). Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine-based therapy, or be considered unsuitable for endocrine-based therapy.1

BICR=blinded independent central review; BRCA=breast cancer susceptibility gene; CI=confidence interval; gBRCA=germline breast cancer susceptibility gene; HER2-=human epidermal growth factor receptor 2 negative; HR=hazard ratio; HR+=hormone receptor-positive; OR=odds ratio; RECIST=Response Evaluation Criteria in Solid Tumors.

Reference: 1. TALZENNA Summary of Product Characteristics. 2020.

This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 of the SmPC for how to report adverse reactions.

Before prescribing, please refer to local recommendations applicable in your country and SmPC available at this virtual booth or on the EMA website.

SmPC available here (EN)

SmPC available here (FR)



<sup>\*</sup>Capecitabine, eribulin, gemcitabine, or vinorelbine.

<sup>†</sup>EMBRACA is a Phase 3, open-label, 2:1 randomized study of TALZENNA vs chemotherapy (capecitabine, eribulin, gemcitabine, or vinorelbine) (N=431). Primary endpoint was PFS evaluated according to RECIST v1.1 as assessed by BICR. Secondary endpoints included ORR.1

<sup>&</sup>lt;sup>†</sup>Conducted in the intent-to-treat population with measurable disease at baseline. Per RECIST v1.1, confirmation of response was not required.

<sup>&</sup>lt;sup>§</sup>ORR is the proportion of patients who have a partial or complete response to treatment.