▼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 for how to report adverse reactions. **NAME OF THE MEDICINAL PRODUCT**: **Trodelvy 200 mg powder for concentrate for solution for infusion. QUALITATIVE AND QUANTITATIVE COMPOSITION**: One vial of powder contains 200 mg sacituzumab govitecan. After reconstitution, one mL of solution contains 10 mg sacituzumab govitecan. Sacituzumab govitecan is a Trop2-directed antibody-drug conjugate (ADC). Sacituzumab is a humanised monoclonal antibody (hRS7 IgG1κ) that recognises Trop2. The small molecule, SN38, is a topoisomerase I inhibitor, which is covalently attached to the antibody by a hydrolysable linker. Approximately 7-8 molecules of SN-38 are attached to each antibody molecule. For the full list of excipients, see section 6.1. **PHARMACEUTICAL FORM**: Powder for concentrate for solution for infusion: Off-white to yellowish powder. **CLINICAL PARTICULARS**: Therapeutic indications: Trodelvy as monotherapy is indicated for the treatment of adult patients with unresectable or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, including at least one of them for advanced disease (see section 5.1). Posology and method of administration: Trodelvy must only be prescribed and administered to patients by healthcare professionals experienced in the use of anti-cancer therapies and administered in an environment where full resuscitation facilities are available. Posology: The recommended dose of sacituzumab govitecan is 10 mg/kg body weight administered as an intravenous infusion once weekly on Day 1 and Day 8 of 21-day treatment cycles. Treatment should be continued until disease progression or unacceptable toxicity. Prevention treatment: Prior to each dose of sacituzumab govitecan, treatment for prevention of infusion-related reactions and prevention of chemotherapy-induced nausea and vomiting (CINV) is recommended (see section 4.4). Dose modifications for infusion-related reactions: The infusion rate of sacituzumab govitecan should be slowed down or infusion interrupted if the patient develops an infusion-related reaction. Sacituzumab govitecan should be permanently discontinued if life-threatening infusion-related reactions occur (see section 4.4). Dose modifications for adverse reactions: Dose modifications to manage adverse reactions of sacituzumab govitecan are described in Table 1. The sacituzumab govitecan dose should not be re-escalated after a dose reduction for adverse reactions has been made. Table 1: Recommended dose modifications for adverse reactions: Adverse reaction: Severe neutropenia: Grade 4 neutropenia ≥ 7 days, OR Grade 3 febrile neutropenia (absolute neutrophil count < 1000/mm^3 and fever ≥ 38.5°C), OR At time of scheduled treatment, Grade 3-4 neutropenia which delays dosing by 2 or 3 weeks for recovery to ≤ Grade 1. Occurrence: First Dose modification: Administer granulocyte-colony stimulating factor (GCSF) - Occurrence: Second Dose modification: 25% dose reduction - Occurrence: Third Dose modification: 50% dose reduction - Occurrence: Fourth Dose modification: Discontinue treatment • Adverse reaction: Severe neutropenia: At time of scheduled treatment, Grade 3-4 neutropenia which delays dosing beyond 3 weeks for recovery to ≤ Grade 1 Occurrence: First Dose modification: Discontinue treatment • Adverse reaction: Severe non-neutropenic toxicity: Grade 4 non-hematologic toxicity of any duration, OR Any Grade 3-4 nausea, vomiting or diarrhoea due to treatment that is not controlled with antiemetics and anti-diarrhoeal agents, OR Other Grade 3-4 non-hematologic toxicity persisting > 48 hours despite optimal medical management, OR At time of scheduled treatment, Grade 3-4 non-neutropenic hematologic or non-hematologic toxicity, which delays dose by 2 or 3 weeks for recovery to ≤ Grade 1. Occurrence: First Dose modification: 25% dose reduction - Occurrence: Second Dose modification: 50% dose reduction - Occurrence: Third Dose modification: Discontinue treatment • Adverse reaction: Severe non-neutropenic toxicity: In the event of Grade 3-4 non-neutropenic hematologic or non-hematologic toxicity, Grade 3 nausea or Grade 3-4 vomiting, which does not recover to ≤ Grade 1 within 3 weeks. Occurrence: First Dose modification: Discontinue treatment. • Special populations: Elderly: No dose adjustment is required in patients ≥ 65 years old. Data from sacituzumab govitecan in patients ≥ 75 years are limited. Hepatic impairment: No adjustment to the starting dose is required when administering sacituzumab govitecan to patients with mild hepatic impairment (bilirubin ≤ 1.5 upper limit of normal [ULN] and aspartate aminotransferase [AST]/alanine aminotransferase [ALT] < 3 ULN). The safety of sacituzumab govitecan in patients with moderate or severe hepatic impairment has not been established. Sacituzumab govitecan has not been studied in patients with serum bilirubin > 1.5 ULN, or AST or ALT > 3 ULN in patients without liver metastases, or AST or ALT > 5 ULN, in patients with liver metastases. The use of sacituzumab govitecan should be avoided in these patients. Renal impairment: No adjustment to the starting dose is required when administering sacituzumab govitecan to patients with mild renal impairment. Sacituzumab govitecan has not been studied in patients with moderate renal impairment, severe renal impairment or end-stage renal disease (Creatinine Clearance [CrCl] ≤ 15 mL/min). Paediatric population: The safety and efficacy of sacituzumab govitecan in children aged 0 to 18 years have not been established. No data are available. Method of administration: Sacituzumab govitecan is for intravenous use only. It must be administered as an intravenous infusion, not as an intravenous push or bolus. First infusion: the infusion should be administered over a period of 3 hours. Subsequent infusions: the infusion should be administered over a period of 1 to 2 hours if prior infusions were tolerated. Patients have to be observed during each infusion and for at least 30 minutes after each infusion for signs or symptoms of infusion-related reactions (see section 4.4). For instructions on reconstitution of the medicinal product before administration, see section 6.6. **CONTRAINDICATIONS**: Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. **UNDESIRABLE EFFECTS**: Summary of the safety profile: The most frequently reported adverse reactions reported in patients treated with sacituzumab govitecan were: diarrhoea (64.5%), nausea (64.2%), neutropenia (64.2%), fatigue (52.5%), alopecia (44.3%), anaemia (43.2%), vomiting (38.0%), constipation (36.3%), decreased appetite (28.1%), cough (22.7%), and abdominal pain (20.8%). The most frequently reported serious adverse reactions reported in patients treated with sacituzumab govitecan were febrile neutropenia (4.5%) and diarrhoea (3.6%). The most common grade 3 or higher adverse reactions were neutropenia (49.5%), leukopenia (12.0%), diarrhoea (10.7%), anaemia (10.1%), febrile neutropenia (6.6%), fatigue (5.2%), hypophosphataemia (5.2%), nausea (4.1%) and vomiting (3.0%). Tabulated list of adverse reactions: The safety profile for sacituzumab govitecan is derived from pooled data from two clinical studies involving 366 patients who received sacituzumab govitecan 10 mg/kg body weight for the treatment of TNBC. The median exposure to sacituzumab govitecan in this data set was 4.9 months. Table 2 presents adverse reactions reported with sacituzumab govitecan. The adverse reaction frequencies are based on all-cause adverse event frequencies, where a proportion of the events for an adverse reaction may have other causes than sacituzumab govitecan, such as the disease, other medicinal products or unrelated causes. The severity of adverse drug reactions was assessed based on the Common Terminology Criteria for Adverse Events (CTCAE), defining grade 1 = mild, grade 2 = moderate, grade 3 = severe, grade 4 = life threatening, and 5 = death. Adverse reactions are listed by System Organ Class and frequency category. Frequency categories are defined as: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); and not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in decreasing order of all severity grade frequencies. Table 2: List of adverse reactions: MedDRA System organ class: Infections and infestations: Urinary tract infection: All severity grades Frequency: Very common All severity grades (%) n=366: 15.3 Severity grade ≥3 (%) n=366: 1.1 - Upper respiratory tract infection: All severity grades Frequency: Very common All severity grades (%) n=366: 13.1 Severity grade ≥3 (%) n=366: 0.3 - Nasopharyngitis: All severity grades Frequency: Common All severity grades (%) n=366: 5.2 Severity grade ≥3 (%) n=366: 0.0 - Sinusitis: All severity grades Frequency: Common All severity grades (%) n=366: 4.4 Severity grade ≥3 (%) n=366: 0.0 - Bronchitis: All severity grades Frequency: Common All severity grades (%) n=366: 3.8 Severity grade ≥3 (%) n=366: 0.3 - Influenza: All severity grades Frequency: Common All severity grades (%) n=366: 2.5 Severity grade ≥3 (%) n=366: 0.5 - Oral herpes: All severity grades Frequency: Common All severity grades (%) n=366: 2.5 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class: Blood and lymphatic system disorders: Neutropenia: All severity grades Frequency: Very common All severity grades (%) n=366: 64.2 Severity grade ≥3 (%) n=366: 49.5 - Anaemia: All severity grades Frequency: Very common All severity grades (%) n=366: 43.2 Severity grade ≥3 (%) n=366: 10.1 - Leukopenia: All severity grades Frequency: Very common All severity grades (%) n=366: 19.4 Severity grade ≥3 (%) n=366: 12.0 - Lymphopenia: All severity grades Frequency: Very common All severity grades (%) n=366: 10.9 Severity grade ≥3 (%) n=366: 2.5 - Febrile neutropenia: All severity grades Frequency: Common All severity grades (%) n=366: 6.6 Severity grade ≥3 (%) n=366: 6.6 • MedDRA System organ class: Immune system disorders: Hypersensitivity[v1]: All severity grades Frequency:Very common All severity grades (%) n=366: 36.6 Severity grade ≥3 (%) n=366: 1.9 • Metabolism and nutrition disorders: Decreased appetite: All severity grades Frequency: Very common All severity grades (%) n=366: 28.1 Severity grade ≥3 (%) n=366: 1.4 - Hypokalaemia: All severity grades Frequency: Very common All severity grades (%) n=366: 16.7 Severity grade ≥3 (%) n=366: 2.5 - Hypomagnesaemia: All severity grades Frequency: Very common All severity grades (%) n=366: 15.0 Severity grade ≥3 (%) n=366: 0.3 - Hyperglycaemia: All severity grades Frequency: Very common All severity grades (%) n=366: 11.7 Severity grade ≥3 (%) n=366: 1.6 - Hypophosphataemia: All severity grades Frequency: Common All severity grades (%) n=366: 8.7 Severity grade ≥3 (%) n=366: 5.2 - Hypocalcaemia: All severity grades Frequency: Common All severity grades (%) n=366: 7.1 Severity grade ≥3 (%) n=366: 0.8 • MedDRA System organ class: Psychiatric disorders: Insomnia: All severity grades Frequency: Very common All severity grades (%) n=366: 11.7 Severity grade ≥3 (%) n=366: 0.0 - Anxiety: All severity grades Frequency: Common All severity grades (%) n=366: 6.3 Severity grade ≥3 (%) n=366: 0.3 • MedDRA System organ class: Nervous system disorders: Headache: All severity grades Frequency: Very common All severity grades (%) n=366: 19.4 Severity grade ≥3 (%) n=366: 0.8 - MedDRA System organ class: Dizziness: All severity grades Frequency: Very common All severity grades (%) n=366: 13.7 Severity grade ≥3 (%) n=366: 0.0 - Dysgeusia: All severity grades Frequency: Common All severity grades (%) n=366: 9.0 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class: Respiratory, thoracic and mediastinal disorders: Cough: All severity grades Frequency: Very common All severity grades (%) n=366: 22.7 Severity grade ≥3 (%) n=366: 0.0 - Rhinorrhoea: All severity grades Frequency: Common All severity grades (%) n=366: 6.6 Severity grade ≥3 (%) n=366: 0.0 - Nasal congestion: All severity grades Frequency: Common All severity grades (%) n=366: 6.0 Severity grade ≥3 (%) n=366: 0.0 - Epistaxis: All severity grades Frequency: Common All severity grades (%) n=366: 5.2 Severity grade ≥3 (%) n=366: 0.0 - Dyspnoea exertional: All severity grades Frequency: Common All severity grades (%) n=366: 4.1 Severity grade ≥3 (%) n=366: 0.0 - Productive cough: All severity grades Frequency: Common All severity grades (%) n=366: 3.8 Severity grade ≥3 (%) n=366: 0.0 - Upper airway cough syndrome: All severity grades Frequency: Common All severity grades (%) n=366: 2.7 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class: Gastrointestinal disorders: Diarrhoea: All severity grades Frequency: Very common All severity grades (%) n=366: 64.5 Severity grade ≥3 (%) n=366: 10.7 - Nausea: All severity grades Frequency: Very common All severity grades (%) n=366: 64.2 Severity grade ≥3 (%) n=366: 4.1 - Vomiting: All severity grades Frequency: Very common All severity grades (%) n=366: 38.0 Severity grade ≥3 (%) n=366: 3.0 - Constipation: All severity grades Frequency: Very common All severity grades (%) n=366: 36.3 Severity grade ≥3 (%) n=366: 0.5 - Abdominal pain: All severity grades Frequency: Very common All severity grades (%) n=366: 20.8 Severity grade ≥3 (%) n=366: 2.2 - Stomatitis: All severity grades Frequency: Common All severity grades (%) n=366: 9.6 Severity grade ≥3 (%) n=366: 0.8 - Abdominal pain upper: All severity grades Frequency: Common All severity grades (%) n=366: 6.8 Severity grade ≥3 (%) n=366: 0.3 - Gastrooesophageal reflux disease: All severity grades Frequency: Common All severity grades (%) n=366: 5.7 Severity grade ≥3 (%) n=366: 0.0 - Abdominal distension: All severity grades Frequency: Common All severity grades (%) n=366: 5.5 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class:Skin and subcutaneous tissue disorders: Alopecia: All severity grades Frequency: Very common All severity grades (%) n=366: 44.3 Severity grade ≥3 (%) n=366: 0.0 - Rash: All severity grades Frequency: Very common All severity grades (%) n=366: 15.8 Severity grade ≥3 (%) n=366: 1.1 - Pruritus: All severity grades Frequency: Very common All severity grades (%) n=366: 12.0 Severity grade ≥3 (%) n=366: 0.0 - Dry Skin: All severity grades Frequency: Common All severity grades (%) n=366: 9.0 Severity grade ≥3 (%) n=366: 0.0 - Rash maculopapular: All severity grades Frequency: Common All severity grades (%) n=366: 6.8 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class: Musculoskeletal and connective tissue disorders: Back pain: All severity grades Frequency: Very common All severity grades (%) n=366: 18.3 Severity grade ≥3 (%) n=366: 0.8 - Arthralgia: All severity grades Frequency: Very common All severity grades (%) n=366: 13.7 Severity grade ≥3 (%) n=366: 0.3 - Musculoskeletal chest pain: All severity grades Frequency: Common All severity grades (%) n=366: 6.3 Severity grade ≥3 (%) n=366: 0.0 - Muscle spasms: All severity grades Frequency: Common All severity grades (%) n=366: 5.2 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class: Renal and urinary disorders: Dysuria: All severity grades Frequency: Common All severity grades (%) n=366: 4.4 Severity grade ≥3 (%) n=366: 0.3 - Haematuria: All severity grades Frequency: Common All severity grades (%) n=366: 2.7 Severity grade ≥3 (%) n=366: 0.3 • MedDRA System organ class: General disorders and administration site conditions: Fatigue: All severity grades Frequency: Very common All severity grades (%) n=366: 52.5 Severity grade ≥3 (%) n=366: 5.2 - Pain: All severity grades Frequency: Common All severity grades (%) n=366: 7.1 Severity grade ≥3 (%) n=366: 0.8 - Chills: All severity grades Frequency: Common All severity grades (%) n=366: 5.5 Severity grade ≥3 (%) n=366: 0.0 • MedDRA System organ class: Investigations: Weight decreased: All severity grades Frequency: Very common All severity grades (%) n=366: 10.1 Severity grade ≥3 (%) n=366: 0.0 - Blood alkaline phosphatase increased: All severity grades Frequency: Common All severity grades (%) n=366: 8.5 Severity grade ≥3 (%) n=366: 1.4 - Activated partial thromboplastin time prolonged: All severity grades Frequency: Common All severity grades (%) n=366: 4.1 Severity grade ≥3 (%) n=366: Severity grade ≥3 (%) n=366: x • 1: Hypersensitivity events reported up to the end of the day after treatment was administered. Includes events coded to the following preferred terms: dyspnoea; hypotension; flushing; erythema; chest discomfort; wheezing; oedema; urticaria; anaphylactic reaction; mouth ulceration; skin exfoliation; swollen tongue; throat tightness. Description of selected adverse reactions: Neutropenia: The median time to onset of neutropenia following the start of the first treatment cycle was 15 days. The median duration of neutropenia was 8 days. Neutropenia occurred in 64.2% (235/366) of patients treated with sacituzumab govitecan, including Grade 3-4 neutropenia in 49.5% of patients. Neutropenia was the reason for dose reduction in 6.3% (23/366) of patients. Febrile neutropenia occurred in 6.6% (24/366) of patients treated with sacituzumab govitecan. Febrile neutropenia was the reason for dose reduction in 1.9% (7/366) of patients. Use in patients with reduced UGT1A1 activity: The incidence of Grade 3-4 neutropenia was 57% (40/70) in patients homozygous for the UGT1A1*28 allele, 47% (115/246) in patients heterozygous for the UGT1A1*28 allele, and 45% (117/261) in patients homozygous for the wild-type allele. The incidence of Grade 3-4 febrile neutropenia was 19% (13/70) in patients homozygous for the UGT1A1*28 allele, 4% (10/246) in patients heterozygous for the UGT1A1*28 allele, and 4% (10/261) in patients homozygous for the wild-type allele. The incidence of Grade 3-4 anaemia was 24% (17/70) in patients homozygous for the UGT1A1*28 allele, 8% (20/246) in patients heterozygous for the UGT1A1*28 allele, and 10% (26/261) in patients homozygous for the wild-type allele. Diarrhoea: The median time to onset of diarrhoea following the start of the first treatment cycle was 13 days. The median duration of diarrhoea was 8 days. Diarrhoea occurred in 64.5% (236/366) of patients treated with sacituzumab govitecan. Grade 3 events occurred in 10.7% (39/366) of patients. One of 366 patients (< 1%) discontinued treatment because of diarrhoea. Neutropenic colitis was observed in < 1% (1/366) of patients. Hypersensitivity: Hypersensitivity reactions reported up to the end of the day following dosing occurred in 36.6% (134/366) of patients treated with sacituzumab govitecan. Grade 3 and above hypersensitivity occurred in 1.9% (7/366) of patients treated with sacituzumab govitecan. The incidence of hypersensitivity reactions leading to permanent discontinuation of sacituzumab govitecan was 0.3% (1/366). Immunogenicity: Available data are limited. Thus, no conclusion can be drawn on the impact of treatment-emergent anti-drug antibodies (ADAs) on the efficacy and safety of sacituzumab govitecan. Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system: Belgium: Federaal Agentschap voor Geneesmiddelen en Gezondheidsproducten: Afdeling Vigilantie: Galileelaan 5/03 - 1210 BRUSSEL - Postbus 97 - 1000 BRUSSEL - Madou - Website: www.eenbijwerkingmelden.be - e-mail: adr@fagg.be. Luxembourg: Centre Régional de Pharmacovigilance de Nancy - Bâtiment de Biologie Moléculaire et de Biopathologie (BBB) - CHRU de Nancy – Hôpitaux de Brabois - Rue du Morvan - 54 511 Vandoeuvre les Nancy Cedex - Tél.: (+33) 3 83 65 60 85 / 87 - E-mail: crpv@chru-nancy.fr ou Direction de la Santé - Division de la Pharmacie et des Médicaments - 20, rue de Bitbourg - L-1273 Luxembourg-Hamm - Tél.: (+352) 2478 5592 - E-mail : pharmacovigilance@ms.etat.lu. Link pour le formulaire: https://guichet.public.lu/fr/entreprises/sectoriel/sante/medecins/notification-effets-indesirables-medicaments.html. 4.9 Overdose: In clinical studies, doses of up to 18 mg/kg (approximately 1.8 times the maximum recommended dose of 10 mg/kg body weight) led to a higher incidence of severe neutropenia. In case of overdose, patients should be closely monitored for signs or symptoms of adverse reactions, in particular severe neutropenia, and appropriate treatment instituted. **MARKETING AUTHORISATION HOLDER**: Gilead Sciences Ireland UC - Carrigtohill - County Cork, T45 DP77 - Ireland. **MARKETING AUTHORISATION NUMBER(S)**: EU/1/21/1592/001. **MODE OF DELIVERY**: Medicinal product subject to restricted medical prescription. **DATE OF REVISION OF THE TEXT**: 07/2022. Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

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