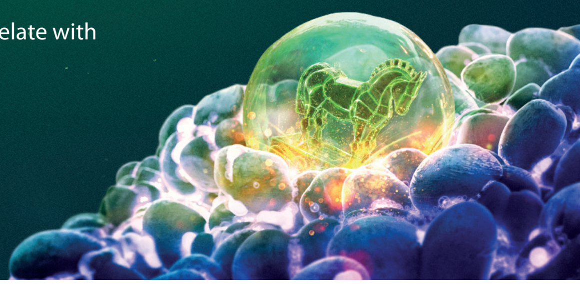
For the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor. This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

A **DIFFERENT WAY IN** WITH TRODELVY

TRODELVY attacks mUC as the first antibody-drug conjugate (ADC) that binds to Trop-2.[1]

Based on preclinical data. May not correlate with clinical outcomes.



DOSING AND ADMINISTRATION INFORMATION

IMPORTANT SAFETY INFORMATION

BOXED WARNING: NEUTROPENIA AND DIARRHEA

- **Severe or life-threatening neutropenia may occur. Withhold TRODELVY for absolute neutrophil count below 1500/mm^3 or neutropenic fever. Monitor blood cell counts periodically during treatment. Consider G-CSF for secondary prophylaxis. Initiate anti-infective treatment in patients with febrile neutropenia without delay.**
- **Severe diarrhea may occur. Monitor patients with diarrhea and give fluid and electrolytes as needed. Administer atropine, if not contraindicated, for early diarrhea of any severity. At the onset of late diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.**

CONTRAINDICATIONS

- Severe hypersensitivity reaction to TRODELVY.

WARNINGS AND PRECAUTIONS

Neutropenia: Severe, life-threatening, or fatal neutropenia can occur and may require dose modification. Neutropenia occurred in 61% of patients treated with TRODELVY. Grade 3-4 neutropenia occurred in 47% of patients. Febrile neutropenia occurred in 7%. Withhold TRODELVY for absolute neutrophil count below 1500/mm^3 on Day 1 of any cycle or neutrophil count below 1000/mm^3 on Day 8 of any cycle. Withhold TRODELVY for neutropenic fever.

Please see full Important Safety Information on pages 6-7, and click to see full Prescribing Information, including BOXED WARNING.

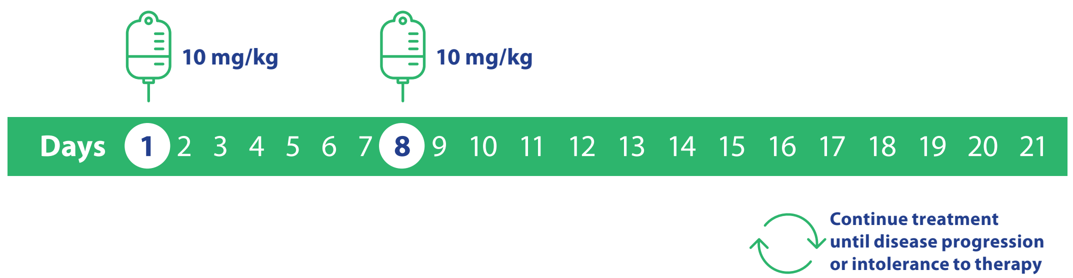
TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

START TRODELVY AT 10 MG/KG

The recommended dose of TRODELVY is 10 mg/kg intravenously on Days 1 and 8 of 21-day treatment cycles[1]

- Continue treatment until disease progression or intolerance to therapy
- Do not administer TRODELVY at doses greater than 10 mg/kg
- Administration considerations:
  - Administer TRODELVY as an intravenous infusion only. Protect infusion bag from light
  - Do not administer as an intravenous push or bolus
  - An infusion pump may be used
  - Do not mix TRODELVY, or administer as an infusion, with other medicinal products
  - Upon completion of the infusion, flush the intravenous line with 20 mL 0.9% Sodium Chloride Injection, USP
- **Do NOT substitute TRODELVY for or use with other drugs containing irinotecan or its active metabolite, SN-38**

21-day treatment cycles[1]



First infusion[1]

- Administer infusion over 3 hours
- Observe patients during the infusion and for at least 30 minutes following the initial dose for signs or symptoms of infusion-related reactions

Subsequent infusions[1]

- Administer infusion over 1 to 2 hours if prior infusions were tolerated
- Observe patients during the infusion and for at least 30 minutes after the infusion

Prior to each dose of TRODELVY[1]

- Premedication for prevention of infusion reactions and prevention of chemotherapy-induced nausea and vomiting (CINV) is recommended
- Premedicate with antipyretics, H1 and H2 blockers prior to infusion, and corticosteroids may be used for patients who had prior infusion reactions
- Premedicate with a 2- or 3-drug combination regimen (eg, dexamethasone with either a 5-HT3 receptor antagonist or an NK_1 receptor antagonist, as well as other drugs as indicated)
- Medication to treat infusion-related reactions, as well as emergency equipment, should be available for immediate use

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS *(cont'd)*

Diarrhea: Diarrhea occurred in 65% of all patients treated with TRODELVY. Grade 3-4 diarrhea occurred in 12% of patients. One patient had intestinal perforation following diarrhea. Neutropenic colitis occurred in 0.5% of patients. Withhold TRODELVY for Grade 3-4 diarrhea and resume when resolved to ≤Grade 1. At onset, evaluate for infectious causes and if negative, promptly initiate loperamide, 4 mg initially followed by 2 mg with every episode of diarrhea for a maximum of 16 mg daily. Discontinue loperamide 12 hours after diarrhea resolves. Additional supportive measures (e.g., fluid and electrolyte substitution) may also be employed as clinically indicated. Patients who exhibit an excessive cholinergic response to treatment can receive appropriate premedication (e.g., atropine) for subsequent treatments.

Please see full Important Safety Information on pages 6-7, and click to see full Prescribing Information, including BOXED WARNING.

AFTER INITIATION ON STARTING DOSE, DOSES CAN BE MODIFIED AS NEEDED TO HELP MANAGE ADVERSE REACTIONS

Withhold or discontinue TRODELVY to manage adverse reactions as described in the table below

Dose modifications for adverse reactions[1]

Adverse reaction	Occurrence	Dose modification
Severe neutropenia		
Grade 4 neutropenia ≥7 days, OR Grade 3 febrile neutropenia (absolute neutrophil count <1000/mm³ 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	First	25% dose reduction and administer granulocyte colony-stimulating factor (G-CSF)
	Second	50% dose reduction
	Third	Discontinue treatment
At time of scheduled treatment, Grade 3-4 neutropenia, which delays dosing beyond 3 weeks for recovery to ≤Grade 1	First	Discontinue treatment
Severe non-neutropenic toxicity		
Grade 4 non-hematologic toxicity of any duration, OR Any Grade 3-4 nausea, vomiting, or diarrhea due to treatment that is not controlled with antiemetics and antidiarrheal 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	First	25% dose reduction
	Second	50% dose reduction
	Third	Discontinue treatment
In the event of Grade 3-4 non-neutropenic hematologic or non-hematologic toxicity, which does not recover to ≤Grade 1 within 3 weeks	First	Discontinue treatment

- Do not re-escalate the TRODELVY dose after a dose reduction for adverse reactions has been made
- Slow or interrupt the infusion rate of TRODELVY if the patient develops an infusion-related reaction
- Permanently discontinue TRODELVY for life-threatening infusion-related reactions

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

ESTABLISHED SAFETY PROFILE OF TRODELVY IN LOCALLY ADVANCED OR mUC

Adverse reactions that led to discontinuation of TRODELVY occurred in 10% of patients[1]

- The most frequent adverse reaction leading to permanent discontinuation of TRODELVY was neutropenia (4%, including febrile neutropenia in 2%)

Adverse reactions reported in ≥15% (Grade 1-4) or ≥5% (Grade ≥3) of patients treated with TRODELVY (N=113)[1]

	Grade 1-4 (%)	Grade 3-4 (%)
Any	**94**	**80**
Gastrointestinal disorders		
Diarrhea	72	12
Nausea	66	4
Constipation	34	1
Vomiting	34	1
Abdominal pain[a]	31	2
General disorders and administration site conditions		
Fatigue[b]	68	5
Pyrexia	19	0
Edema[c]	17	2
Skin and subcutaneous tissue disorders		
Alopecia	49	0
Rash[d]	32	2
Metabolism and nutrition disorders		
Decreased appetite	41	3
Weight loss[e]	17	2
Renal and urinary disorders		
Acute kidney injury[f]	24	7
Hematuria	16	1
Infections and infestations		
Any infection[g]	50	25
Urinary tract infection	19	12
Respiratory, thoracic, and mediastinal disorders		
Cough[h]	17	0
Dyspnea	16	0
Musculoskeletal		
Back pain	16	0
Vascular disorders		
Venous thromboembolism[i]	9	6

Selected laboratory abnormalities reported in ≥20% (any grade) or ≥5% (Grade 3-4) of patients treated with TRODELVY (N=113)[1]

	Any Grade[j] (%)	Grade 3-4[j] (%)
Laboratory abnormality		
Hematology		
Leukocytes decreased	78	38
Lymphocytes decreased	71	35
Hemoglobin decreased	71	18
Neutrophils decreased	67	43
Platelets decreased	25	2
Chemistry		
Glucose increased	59	8
Albumin decreased	51	4
Calcium decreased	46	9
Sodium decreased	43	1
Phosphate decreased	41	15
Alkaline phosphatase increased	36	0
Creatinine increased	32	5
Magnesium decreased	31	2
Alanine aminotransferase increased	28	2
Lactate dehydrogenase increased	28	0
Potassium decreased	27	0
Aspartate aminotransferase increased	26	2
Coagulation		
Activated partial thromboplastin time increased	33	6

[j]Denominator for each laboratory parameter is based on the number of patients with a baseline and post-treatment laboratory value available (range: 66 to 111 patients).

[a]Includes abdominal discomfort, abdominal pain, abdominal pain lower, abdominal pain upper, gastrointestinal pain.
[b]Includes fatigue and asthenia.
[c]Includes edema genital, edema peripheral, peripheral swelling.
[d]Includes dermatitis acneiform, dermatitis bullous, erythema, lichen planus, photosensitivity reaction, pruritus, pruritus generalized, rash, rash macular, rash maculopapular, rash pruritic, skin papilloma, skin toxicity.
[e]Includes failure to thrive and weight decreased.
[f]Includes acute kidney injury, blood creatinine increased, nephropathy toxic, renal failure, renal impairment.
[g]Includes bacteremia, body tinea, bronchitis, candida infection, cellulitis, *clostridium difficile* infection, coronavirus infection, device-related infection, diverticulitis, escherichia bacteremia, escherichia pyelonephritis, folliculitis, gastroenteritis, gastroenteritis escherichia coli, herpes zoster, kidney infection, klebsiella sepsis, lung infection, nasopharyngitis, oral candidiasis, oral herpes, pneumonia, pyelonephritis, pyelonephritis acute, respiratory tract infection, rhinitis, sepsis, sinusitis, skin infection, tooth abscess, upper respiratory tract infection, urinary tract infection, urosepsis, vascular device infection, viral infection, viral pharyngitis, vulvovaginal mycotic infection.
[h]Includes cough, productive cough, upper-airway cough syndrome.
[i]Includes deep vein thrombosis, embolism, and pulmonary embolism.

Please see full Important Safety Information on pages 6-7, and click to see full Prescribing Information, including BOXED WARNING.

ADDITIONAL SAFETY INFORMATION

Most common adverse reactions[1]

- The most common adverse reactions in TROPHY (incidence ≥25%) were diarrhea, fatigue, neutropenia, nausea, any infection, alopecia, anemia, decreased appetite, constipation, vomiting, abdominal pain, and rash
- In the pooled safety population (n=795), the most common adverse reactions (incidence ≥25%) were nausea (66%), diarrhea (65%), fatigue (62%), neutropenia (61%), alopecia (45%), anemia (42%), vomiting (39%), constipation (37%), decreased appetite (34%), rash (32%) and abdominal pain (28%)

Serious adverse reactions[1]

- Serious adverse reactions occurred in 44% of patients receiving TRODELVY
- Serious adverse reactions in >1% of patients receiving TRODELVY included infection (18%), neutropenia (12%, including febrile neutropenia in 10%), acute kidney injury (6%), urinary tract infection (6%), sepsis or bacteremia (5%), diarrhea (4%), anemia, venous thromboembolism, and small intestinal obstruction (3% each), pneumonia, abdominal pain, pyrexia, and thrombocytopenia (2% each)
- Fatal adverse reactions occurred in 3.6% of patients, including sepsis, respiratory failure, epistaxis, and completed suicide

Treatment discontinuation[1]

- Adverse reactions leading to permanent discontinuation of TRODELVY occurred in 10% of patients
- The most frequent adverse reaction leading to permanent discontinuation of study drug was neutropenia (4%, including febrile neutropenia in 2%)

Treatment interruption[1]

- Adverse reactions leading to a treatment interruption of TRODELVY occurred in 52% of patients
- The most common adverse reactions leading to dose interruption were neutropenia (27%, including febrile neutropenia in 2%), infection (12%), and acute kidney injury (8%)

Dose reductions[1]

- Adverse reactions leading to a dose reduction of TRODELVY occurred in 42% of patients. The most common (>4%) adverse reactions leading to a dose reduction were neutropenia (13%, including febrile neutropenia in 3%), diarrhea (11%), fatigue (8%), and infection (4%)
  - Granulocyte colony-stimulating factor (G-CSF) was used in 47% of patients who received TRODELVY

Additional safety data[1,2]

- Other clinically significant adverse reactions (≤15%) included: peripheral neuropathy (12%), sepsis or bacteremia (9%), and pneumonia (4%)
  - Cases of Grade 3-4 neuropathy were not reported in Cohort 1 of TROPHY

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS *(cont'd)*

Hypersensitivity and Infusion-Related Reactions: Serious hypersensitivity reactions including life-threatening anaphylactic reactions have occurred with TRODELVY. Severe signs and symptoms included cardiac arrest, hypotension, wheezing, angioedema, swelling, pneumonitis, and skin reactions. Hypersensitivity reactions within 24 hours of dosing occurred in 37% of patients. Grade 3-4 hypersensitivity occurred in 2% of patients. The incidence of hypersensitivity reactions leading to permanent discontinuation of TRODELVY was 0.3%. The incidence of anaphylactic reactions was 0.3%. Pre-infusion medication is recommended. Observe patients closely for hypersensitivity and infusion-related reactions during each infusion and for at least 30 minutes after completion of each infusion. Medication to treat such reactions, as well as emergency equipment, should be available for immediate use. Permanently discontinue TRODELVY for Grade 4 infusion-related reactions.

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

IMPORTANT SAFETY INFORMATION

INDICATION

TRODELVY® (sacituzumab govitecan-hziy) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor.

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: NEUTROPENIA AND DIARRHEA

- **Severe or life-threatening neutropenia may occur. Withhold TRODELVY for absolute neutrophil count below 1500/mm³ or neutropenic fever. Monitor blood cell counts periodically during treatment. Consider G-CSF for secondary prophylaxis. Initiate anti-infective treatment in patients with febrile neutropenia without delay.**
- **Severe diarrhea may occur. Monitor patients with diarrhea and give fluid and electrolytes as needed. Administer atropine, if not contraindicated, for early diarrhea of any severity. At the onset of late diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.**

CONTRAINDICATIONS

- Severe hypersensitivity reaction to TRODELVY.

WARNINGS AND PRECAUTIONS

Neutropenia: Severe, life-threatening, or fatal neutropenia can occur and may require dose modification. Neutropenia occurred in 61% of patients treated with TRODELVY. Grade 3-4 neutropenia occurred in 47% of patients. Febrile neutropenia occurred in 7%. Withhold TRODELVY for absolute neutrophil count below 1500/mm³ on Day 1 of any cycle or neutrophil count below 1000/mm³ on Day 8 of any cycle. Withhold TRODELVY for neutropenic fever.

Diarrhea: Diarrhea occurred in 65% of all patients treated with TRODELVY. Grade 3-4 diarrhea occurred in 12% of patients. One patient had intestinal perforation following diarrhea. Neutropenic colitis occurred in 0.5% of patients. Withhold TRODELVY for Grade 3-4 diarrhea and resume when resolved to ≤Grade 1. At onset, evaluate for infectious causes and if negative, promptly initiate loperamide, 4 mg initially followed by 2 mg with every episode of diarrhea for a maximum of 16 mg daily. Discontinue loperamide 12 hours after diarrhea resolves. Additional supportive measures (e.g., fluid and electrolyte substitution) may also be employed as clinically indicated. Patients who exhibit an excessive cholinergic response to treatment can receive appropriate premedication (e.g., atropine) for subsequent treatments.

Hypersensitivity and Infusion-Related Reactions: Serious hypersensitivity reactions including life-threatening anaphylactic reactions have occurred with TRODELVY. Severe signs and symptoms included cardiac arrest, hypotension, wheezing, angioedema, swelling, pneumonitis, and skin reactions. Hypersensitivity reactions within 24 hours of dosing occurred in 37% of patients. Grade 3-4 hypersensitivity occurred in 2% of patients. The incidence of hypersensitivity reactions leading to permanent discontinuation of TRODELVY was 0.3%. The incidence of anaphylactic reactions was 0.3%. Pre-infusion medication is recommended. Observe patients closely for hypersensitivity and infusion-related reactions during each infusion and for at least 30 minutes after completion of each infusion. Medication to treat such reactions, as well as emergency equipment, should be available for immediate use. Permanently discontinue TRODELVY for Grade 4 infusion-related reactions.

Nausea and Vomiting: Nausea occurred in 66% of all patients treated with TRODELVY and Grade 3 nausea occurred in 4% of these patients. Vomiting occurred in 39% of patients and Grade 3-4 vomiting occurred in 3% of these patients. Premedicate with a two or three drug combination regimen (e.g., dexamethasone with either a 5-HT3 receptor antagonist or an NK_1 receptor antagonist as well as other drugs as indicated) for prevention of chemotherapy-induced nausea and vomiting (CINV). Withhold TRODELVY doses for Grade 3 nausea or Grade 3-4 vomiting and resume with additional supportive measures when resolved to Grade ≤1. Additional antiemetics and other supportive measures may also be employed as clinically indicated. All patients should be given take-home medications with clear instructions for prevention and treatment of nausea and vomiting.

Increased Risk of Adverse Reactions in Patients with Reduced UGT1A1 Activity: Patients homozygous for the uridine diphosphate-glucuronosyl transferase 1A1 (UGT1A1)*28 allele are at increased risk for neutropenia, febrile neutropenia, and anemia and may be at increased risk for other adverse reactions with TRODELVY. The incidence of Grade 3-4 neutropenia was 67% in patients homozygous for the UGT1A1*28, 46% in patients heterozygous for the UGT1A1*28 allele and 46% in patients homozygous for the wild-type allele. The incidence of Grade 3-4 anemia was 25% in patients homozygous for the UGT1A1*28 allele, 10% in patients heterozygous for the UGT1A1*28 allele, and 11% in patients homozygous for the wild-type allele. Closely monitor patients with known reduced UGT1A1 activity for adverse reactions. Withhold or permanently discontinue TRODELVY based on clinical assessment of the onset, duration and severity of the observed adverse reactions in patients with evidence of acute early-onset or unusually severe adverse reactions, which may indicate reduced UGT1A1 function.

Embryo-Fetal Toxicity: Based on its mechanism of action, TRODELVY can cause teratogenicity and/or embryo-fetal lethality when administered to a pregnant woman. TRODELVY contains a genotoxic component, SN-38, and targets rapidly dividing cells. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TRODELVY and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRODELVY and for 3 months after the last dose.

ADVERSE REACTIONS

In the TROPHY study (IMMU-132-06), the most common adverse reactions (incidence ≥25%) were diarrhea, fatigue, neutropenia, nausea, any infection, alopecia, anemia, decreased appetite, constipation, vomiting, abdominal pain, and rash. The most frequent serious adverse reactions (SAR) (≥5%) were infection (18%), neutropenia (12%, including febrile neutropenia in 10%), acute kidney injury (6%), urinary tract infection (6%), and sepsis or bacteremia (5%). SAR were reported in 44% of patients, and 10% discontinued due to adverse reactions. The most common Grade 3-4 lab abnormalities (incidence ≥25%) in the TROPHY study were reduced neutrophils, leukocytes, and lymphocytes.

DRUG INTERACTIONS

UGT1A1 Inhibitors: Concomitant administration of TRODELVY with inhibitors of UGT1A1 may increase the incidence of adverse reactions due to potential increase in systemic exposure to SN-38. Avoid administering UGT1A1 inhibitors with TRODELVY.

UGT1A1 Inducers: Exposure to SN-38 may be substantially reduced in patients concomitantly receiving UGT1A1 enzyme inducers. Avoid administering UGT1A1 inducers with TRODELVY.

Please click to see full Prescribing Information, including BOXED WARNING.

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

For adults with locally advanced or mUC who have previously received a platinum-containing chemotherapy and either a PD-1 or PD-L1 inhibitor*

A DIFFERENT WAY IN WITH TRODELVY

TRODELVY attacks mUC as the first ADC that binds to Trop-2.[1]
Based on preclinical data. May not correlate with clinical outcomes.

*TRODELVY is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Dosing and administering TRODELVY

- The recommended dose of TRODELVY is 10 mg/kg once weekly on Days 1 and 8 of continuous 21-day treatment cycles until disease progression or unacceptable toxicity
- Administer TRODELVY as an intravenous infusion only. Do not administer as an intravenous push or bolus
- After initiation on starting dose, doses can be modified as needed to help manage adverse reactions
- See page 2 for more dosing and administration information. Additional resources, including a reconstitution guide, are available at **TRODELVYHCP.com**

TRODELVY™ ACCESS SUPPORT

To enroll a patient into **TRODELVY Access Support,** please complete the Enrollment Form with your patient and fax to 1-833-851-4344.

For more information on the TRODELVY Savings Program, visit **TRODELVYHCP.com/bladder-cancer/access-support**, or call **1-844-TRODELVY** (1-844-876-3358), Monday–Friday, 9 AM–7 PM ET.

INDICATION

TRODELVY® (sacituzumab govitecan-hziy) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor.

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: NEUTROPENIA AND DIARRHEA

- **Severe or life-threatening neutropenia may occur. Withhold TRODELVY for absolute neutrophil count below 1500/mm³ or neutropenic fever. Monitor blood cell counts periodically during treatment. Consider G-CSF for secondary prophylaxis. Initiate anti-infective treatment in patients with febrile neutropenia without delay.**
- **Severe diarrhea may occur. Monitor patients with diarrhea and give fluid and electrolytes as needed. Administer atropine, if not contraindicated, for early diarrhea of any severity. At the onset of late diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.**

Please see full Important Safety Information on pages 6-7, and click to see full Prescribing Information, including BOXED WARNING.

References: 1. TRODELVY [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2021. **2.** Tagawa ST, Balar AV, Petrylac DP, et al. TROPHY-U-01: a phase II open-label study of sacituzumab govitecan in patients with metastatic urothelial carcinoma progressing after platinum-based chemotherapy and checkpoint inhibitors. *J Clin Oncol.* [published online ahead of print April 30, 2021]. doi: https://doi.org/10.1200/JCO.20.03489

Offer a different possibility. Scan to visit **TRODELVYHCP.com.**

GILEAD

TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection