SUMMARY OF COHERE FINLAND'S RECOMMENDATION FOR SACITUZUMAB GOVITECAN IN THE TREATMENT OF HORMONE-RECEPTOR-POSITIVE, HER2-NEGATIVE BREAST CANCER

The Council for Choices in Health Care in Finland (COHERE Finland) adopted the recommendation at its meeting on 7 May 2026.

Sacituzumab govitecan is not included in the national range of services for the treatment of hormone-receptor-positive, HER2-negative breast cancer in adult patients who have received a hormonal anticancer treatment and at least two other systemic treatments for an advanced cancer.

In COHERE Finland's view, the efficacy of sacituzumab govitecan is low, and its clinical significance is uncertain.Sacituzumab govitecan is expensive, and its costs are considerably higher than those of comparator treatments. Its cost-effectiveness has not been assessed in Finland.

The research evidence is primarily based on a Phase 3, open-label, randomised TROPiCS-02 study, in which sacituzumab govitecan was compared with chemotherapy selected by a physician in patients who had metastasised HR+/HER2 breast cancer, and who had previously received a CDK4/6 inhibitor, endocrine therapy and 2–4 chemotherapy regimens (including taxane) for metastatic disease. Sacituzumab govitecan has also been studied in Asian patients in the EVER-132-002 study.

Based on the results of the TROPiCS-02 study, sacituzumab govitecan extended patients' progression-free survival by 1.5 months and overall survival by 3.3 months compared with standard chemotherapy regimens. The overall response rate was slightly higher in the sacituzumab govitecan arm than with the chemotherapy arm (21% vs 14%). In the EVER-132-002 study, sacituzumab govitecan extended overall survival by 5.7 months, while progression-free survival was the same as that of comparator treatments. The Asian patient population of the EVER-132-002 study introduces uncertainty concerning the applicability of the results in the Finnish patient population.

The Health-Related Quality of Life results of the TROPiCS-02 and EVER-132-002 studies should be treated with caution due to the open-label research approach and the small patient

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population. The results of the studies' subgroup analyses were primarily similar to those of the entire study population, with some exceptions.

The safety results of the TROPiCS-02 and EVER-132-002 studies did not provide significant new observations compared with the prior safety results of sacituzumab govitecan. The most common adverse reactions related to the treatment were neutropenia, diarrhoea, nausea and alopecia.

Based on the real-life evidence by HUS, the progress of the disease stopped in less than half the patients (44%). With some patients, the treatment response lasted approximately one year. More than half (55%) the patients did not benefit from treatment, which is why they usually received only three treatment cycles.

In Fimea's health technology assessment, the costs of sacituzumab govitecan were compared with the chemotherapy regimens used in the TROPiCS-02 study. The costs of sacituzumab govitecan treatment are high compared with chemotherapy. The cost difference between sacituzumab govitecan treatment and chemotherapy in one month is EUR 7,300–12,000, depending on the chemotherapy regimen. The costs of sacituzumab govitecan treatment over the entire treatment duration (5.8 months) are approximately EUR 60,000 higher than those of chemotherapy on average (treatment duration 3.6 months). The cost-effectiveness of sacituzumab govitecan compared with standard therapy in the treatment of advanced HR+ and HER2-negative breast cancer has not been assessed in Finland. According to assessments conducted in other countries, the incremental cost-effectiveness ratio compared with chemotherapy is approximately EUR 200,000–300,000 per QALY. According to the assessment authorities in other countries, the costs of sacituzumab govitecan treatment are high, and the implementation has required price negotiations.

Sosiaali- ja terveysministeriö

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