To estimate the **Potential Peak Sales** for fam-trastuzumab deruxtecan-nxki (Enhertu) in the specified indication (unresectable or metastatic HR-positive, HER2-low or HER2-ultralow breast cancer) in the US, EU5 (Germany, France, Italy, Spain, UK), China, and Japan, as well as the **\$ value of a 1% share of treated patients**, we need to follow a structured approach. Since exact data on patient populations, pricing, and market penetration may not be publicly available in real-time, I will outline the methodology and make reasonable assumptions based on publicly available data, epidemiology, and market trends.

Step 1: Define the Target Patient Population

The target population is patients with unresectable or metastatic HR-positive, HER2-low or HER2-ultralow breast cancer who have progressed on one or more endocrine therapies in the metastatic setting. Let's estimate the eligible patient population in each geography.

- Breast Cancer Incidence and Prevalence: Breast cancer is one of the most common cancers globally. Approximately 60-70% of breast cancer cases are HR-positive, and among metastatic cases, a subset will be HER2-low or HER2-ultralow (estimated at 40-50% of HR-positive cases based on recent studies).
- Metastatic Cases: About 20-30% of breast cancer patients develop metastatic disease.
- **Progression on Endocrine Therapy**: Among metastatic HR-positive patients, a significant portion (estimated 50-70%) progress after first-line endocrine therapy and become eligible for further treatment.

Using epidemiology data and market research reports, we can estimate the approximate number of eligible patients in each region:

- **US**: ~2.3 million breast cancer cases (prevalence), with ~150,000-200,000 metastatic cases. Assuming 60% HR-positive and 50% HER2-low/ultralow, and 60% progression on endocrine therapy, eligible patients ~30,000-40,000.
- **EU5**: Combined prevalence of breast cancer is ~2.5 million. Metastatic cases ~150,000-200,000. Eligible patients (using similar proportions) ~30,000-40,000.
- **China**: Breast cancer prevalence is ~2.5 million, with a lower proportion of diagnosed metastatic cases due to healthcare access (~100,000-150,000). Eligible patients ~20,000-30,000.
- Japan: Prevalence ~500,000, metastatic cases ~30,000-40,000. Eligible patients ~6,000-8,000.

Total eligible patients across geographies: ~86,000-118,000.

Step 2: Estimate Treatment Rate and Market Share

- **Treatment Rate**: Not all eligible patients will receive treatment due to access, affordability, and clinical decisions. Assume 60-80% of eligible patients are treated.
- **Market Share**: Given the query assumption of 20-30% share of treated patients for Enhertu, we will use this range for peak sales estimation.

Treated patients (60-80% of eligible):

- US: 18,000-32,000 - EU5: 18,000-32,000 - China: 12,000-24,000

- Japan: 3,600-6,400

Total treated patients: 51,600-94,400.

Enhertu's share (20-30% of treated patients):

- Total patients on Enhertu: ~10,320-28,320.

Step 3: Estimate Annual Cost of Treatment

The annual cost of Enhertu varies by region due to pricing differences:

- US: ~\$180,000-\$200,000 per patient per year (based on list price and dosing).
- EU5: ~\$100,000-\$120,000 per patient per year (discounted pricing due to healthcare systems).
- **Japan**: ~\$120,000-\$140,000 per patient per year.
- **China**: ~\$50,000-\$70,000 per patient per year (lower pricing due to market dynamics and negotiations).

Using average costs for simplicity:

- US: \$190,000

- EU5: \$110,000

- Japan: \$130,000

- China: \$60,000

Step 4: Calculate Potential Peak Sales

Peak sales are calculated by multiplying the number of patients on Enhertu by the annual cost per patient in each region.

Low-End Estimate (20% market share, lower patient numbers)

- US: 3,600 patients (20% of 18,000) x \$190,000 = \$684 million
- EU5: 3,600 patients x \$110,000 = **\$396 million**
- China: 2,400 patients x \$60,000 = \$144 million
- Japan: 720 patients x \$130,000 = \$93.6 million
- Total Peak Sales (Low-End): \$684M + \$396M + \$144M + \$93.6M = ~\$1.32 billion

High-End Estimate (30% market share, higher patient numbers)

- US: 9,600 patients (30% of 32,000) x \$190,000 = **\$1.82 billion**
- EU5: 9,600 patients x \$110,000 = **\$1.06 billion**
- China: 7,200 patients x \$60,000 = **\$432 million**

- Japan: 1,920 patients x \$130,000 = **\$249.6 million**
- Total Peak Sales (High-End): \$1.82B + \$1.06B + \$432M + \$249.6M = ~\$3.56 billion

Potential Peak Sales Range: \$1.32 billion to \$3.56 billion annually across the US, EU5, China, and Japan for this indication.

Step 5: Calculate \$ Value of 1% Share of Treated Patients

1% of treated patients corresponds to:

- US: 180-320 patients

- EU5: 180-320 patients

- China: 120-240 patients

- Japan: 36-64 patients

Total: 516-944 patients.

Using the annual cost per patient:

- US: 180-320 x \$190,000 = **\$34.2M - \$60.8M**

- EU5: 180-320 x \$110,000 = **\$19.8M - \$35.2M**

- China: $120-240 \times \$60,000 = \$7.2M - \$14.4M$

- Japan: $36-64 \times 130,000 = 4.7M - 8.3M$

- Total \$ Value of 1% Share: \$34.2M + \$19.8M + \$7.2M + \$4.7M to \$60.8M + \$35.2M + \$14.4M + \$8.3M = \$65.9M - \$118.7M

\$ Value of 1% Share of Treated Patients: \$66 million to \$119 million annually.

Key Assumptions and Limitations

- 1. Patient numbers are estimates based on epidemiology and literature; real-world data may differ.
- 2. Pricing is assumed based on publicly available information and may vary due to discounts, rebates, or negotiations.
- 3. Market share of 20-30% is as per the query; actual penetration depends on competition (e.g., other ADCs or therapies), physician adoption, and payer policies.
- 4. Treatment duration is assumed to be one year; actual duration may vary based on progression-free survival data.

Final Answer

- Potential Peak Sales for fam-trastuzumab deruxtecan-nxki in the specified indication across the US, EU5, China, and Japan: \$1.32 billion to \$3.56 billion annually (assuming 20-30% market share).
- \$ Value of 1% Share of Treated Patients: \$66 million to \$119 million annually across these geographies.

If you have access to more specific data (e.g., exact patient numbers, pricing, or market share projections), I can refine these estimates further.