Lynparza®
olaparib
tablets 150 mg

When testing your patients with HER2-negative mBC for gBRCA mutations, move beyond risk assessment to identifying a potential treatment option

DARE TO REIMAGINE

NCCN Guidelines®: Category 1[3]

Olaparib (LYNPARZA) is a category 1* preferred option for gBRCAm HER2-negative mBC patients with recurrent or stage IV disease.

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*Category 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.[3]

INDICATION

LYNPARZA is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated:

g*BRCA*m, HER2-Negative Metastatic Breast Cancer

For the treatment of adult patients with deleterious or suspected deleterious g*BRCA*m, human epidermal growth factor receptor 2 (HER2)-negative metastatic breast cancer who have been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy. Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

There are no contraindications for LYNPARZA.

WARNINGS AND PRECAUTIONS

Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML): Occurred in approximately 1.5% of patients exposed to LYNPARZA monotherapy, and the majority of events had a fatal outcome. The median duration of therapy in patients who developed MDS/AML was 2 years (range: <6 months to >10 years). All of these patients had previous chemotherapy with platinum agents and/or other DNA-damaging agents, including radiotherapy.

Do not start LYNPARZA until patients have recovered from hematological toxicity caused by previous chemotherapy (≤Grade 1). Monitor complete blood count for cytopenia at baseline and monthly thereafter for clinically significant changes during treatment. For prolonged hematological toxicities, interrupt LYNPARZA and monitor blood count weekly until recovery.

If the levels have not recovered to Grade 1 or less after 4 weeks, refer the patient to a hematologist for further investigations, including bone marrow analysis and blood sample for cytogenetics. Discontinue LYNPARZA if MDS/AML is confirmed.

Pneumonitis: Occurred in 0.8% of patients exposed to LYNPARZA monotherapy, and some cases were fatal. If patients present with new or worsening respiratory symptoms such as dyspnea, cough, and fever, or a radiological abnormality occurs, interrupt LYNPARZA treatment and initiate prompt investigation. Discontinue LYNPARZA if pneumonitis is confirmed and treat patient appropriately.

Embryo-Fetal Toxicity: Based on its mechanism of action and findings in animals, LYNPARZA can cause fetal harm. A pregnancy test is recommended for females of reproductive potential prior to initiating treatment.

Females
Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for 6 months following the last dose.

Males
Advise male patients with female partners of reproductive potential or who are pregnant to use effective contraception during treatment and for 3 months following the last dose of LYNPARZA and to not donate sperm during this time.

Please see additional Important Safety Information on the reverse side and the accompanying complete Prescribing Information, including Patient Information (Medication Guide).

CHOOSE LYNPARZA AT THE EARLIEST OPPORTUNITY for your eligible patients with gBRCAm, HER2-negative mBC*[1] if previously treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting and endocrine therapy, if appropriate

Earliest eligibility may be: First-line metastatic if prior treatment occurred in the neoadjuvant or adjuvant setting **OR** Second-line+ metastatic[†] if prior treatment occurred in the metastatic setting

IMPROVED PFS[1,2]

In the OlympiAD Trial, LYNPARZA significantly improved PFS vs HCP's choice of chemotherapy, with a 42% reduction in relative risk of disease progression or death[1,2‡]

- Median PFS (months): **7.0** with LYNPARZA (n=163) vs **4.2** with HCP's choice of chemotherapy (n=71)[1,2§]
  HR=0.58[‖] (95% CI: 0.43–0.80); *P*=0.0009[¶]

>2x ORR[1]

LYNPARZA more than doubled ORR (52% vs 23%) compared with HCP's choice of chemotherapy[1]

- The confirmed complete response rate was **7.8%** for LYNPARZA (n=167) and **1.5%** for the chemotherapy arm (n=66)[1]
- ORR was a prespecified secondary endpoint. The OlympiAD trial was not powered to assess statistical difference in ORR between treatment groups[2]
  Response based on confirmed responses.[1,2]

ORR=CR+PR based on blinded independent central review, according to modified RECIST, version 1.1.[1,2]

DOSE MODIFICATIONS DUE TO ARs[1]

~9 out of 10 patients continued treatment with LYNPARZA without adverse reaction-related discontinuation[1]

- Approximately 75% of women remained on the full recommended dose[1]

	LYNPARZA (n=205)	HCP's choice of chemotherapy[§] (n=91)
Discontinuations due to ARs	5%	8%
Dose reduction due to ARs	25%	31%
Dose interruption due to ARs	35%	28%

*Select patients for therapy based on an FDA-approved companion diagnostic for LYNPARZA.

[†]Second-line+ includes the second line or later lines of treatment.[2]

[‡]Efficacy was established in OlympiAD, a phase 3, open-label, randomized, controlled, multicenter study of LYNPARZA vs chemotherapy in patients with g*BRCA*m, HER2-negative mBC treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting.[1,2]

[§]HCP's chemotherapy of choice (capecitabine, eribulin, or vinorelbine).[1,2]

[‖]Hazard ratio is derived from a stratified log-rank test, stratified by ER, PgR-negative vs ER and/or PgR-positive and prior chemotherapy (yes vs no).[1]

[¶]For PFS, *P* value (2-sided) was compared with 0.05.[1]

"Assess for germline *BRCA1/2* mutations in all HER2-negative mBC patients with recurrent or metastatic disease to identify candidates for PARP inhibitor therapy."
—NCCN Guidelines for Breast Cancer, Version 5.2020

IMPORTANT SAFETY INFORMATION (Cont'd)

ADVERSE REACTIONS —g*BRCA*m, HER2-Negative Metastatic Breast Cancer

Most common adverse reactions (Grades 1-4) in ≥20% of patients in **OlympiAD** were: nausea (58%), anemia (40%), fatigue (including asthenia) (37%), vomiting (30%), neutropenia (27%), respiratory tract infection (27%), leukopenia (25%), diarrhea (21%), and headache (20%).

Most common laboratory abnormalities (Grades 1-4) in ≥25% of patients in **OlympiAD** were: decrease in hemoglobin (82%), decrease in lymphocytes (73%), decrease in leukocytes (71%), increase in mean corpuscular volume (71%), decrease in absolute neutrophil count (46%), and decrease in platelets (33%).

DRUG INTERACTIONS

Anticancer Agents: Clinical studies of LYNPARZA with other myelosuppressive anticancer agents, including DNA-damaging agents, indicate a potentiation and prolongation of myelosuppressive toxicity.

CYP3A Inhibitors: Avoid coadministration of strong or moderate CYP3A inhibitors when using LYNPARZA. If a strong or moderate CYP3A inhibitor must be coadministered, reduce the dose of LYNPARZA. Advise patients to avoid grapefruit, grapefruit juice, Seville oranges, and Seville orange juice during LYNPARZA treatment.

CYP3A Inducers: Avoid coadministration of strong or moderate CYP3A inducers when using LYNPARZA.

USE IN SPECIFIC POPULATIONS

Lactation: No data are available regarding the presence of olaparib in human milk, its effects on the breastfed infant or on milk production. Because of the potential for serious adverse reactions in the breastfed infant, advise a lactating woman not to breastfeed during treatment with LYNPARZA and for 1 month after receiving the final dose.

Pediatric Use: The safety and efficacy of LYNPARZA have not been established in pediatric patients.

Hepatic Impairment: No adjustment to the starting dose is required in patients with mild or moderate hepatic impairment (Child-Pugh classification A and B). There are no data in patients with severe hepatic impairment (Child-Pugh classification C).

Renal Impairment: No dosage modification is recommended in patients with mild renal impairment (CLcr 51-80 mL/min estimated by Cockcroft-Gault). In patients with moderate renal impairment (CLcr 31-50 mL/min), reduce the dose of LYNPARZA to 200 mg twice daily. There are no data in patients with severe renal impairment or end-stage renal disease (CLcr ≤30 mL/min).

Please see additional Important Safety Information on the reverse side and the accompanying complete Prescribing Information, including Patient Information (Medication Guide).

REFERENCES: 1. LYNPARZA® (olaparib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2021. **2.** Robson M, Im S-A, Senkus E, et al. Olaparib for metastatic breast cancer in patients with a germline *BRCA* mutation. *N Engl J Med.* 2017;377(6):523-533. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.5.2020. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed May 6, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org.

For more information, visit LYNPARZAhcp.com.

AR=adverse reaction; *BRCA*m=*BRCA*-mutated; g*BRCA*m=germline *BRCA*-mutated; CR=complete response; HER2=human epidermal growth factor receptor 2; mBC=metastatic breast cancer; ORR=objective response rate; PR=partial response; PFS=progression-free survival.

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