

## Lynparza<sup>®</sup> (olaparib) – New indication

- On May 20, 2020, [AstraZeneca and Merck announced](#) the FDA approval of [Lynparza \(olaparib\)](#), for the treatment of adult patients with deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC) who have progressed following prior treatment with [Xtandi<sup>®</sup> \(enzalutamide\)](#) or [abiraterone](#).
  - Patients should be selected for therapy based on an FDA-approved companion diagnostic for Lynparza.
- Lynparza is also approved to treat ovarian cancer, breast cancer and pancreatic cancer.
- Prostate cancer is the second-most common cancer in men and five-year survival remains low for patients with mCRPC. HRR gene mutations occur in approximately 20 to 30% of patients with mCRPC.
- The new indication approval was based on the PROfound open-label study of 387 male patients with HRR gene-mutated mCRPC. Patients received Lynparza or investigator's choice of Xtandi or abiraterone. The major efficacy outcome of the study was radiological progression free survival (rPFS) in patients with *BRCA1*, *BRCA2*, or *ATM* mutations (Cohort A; n = 245).
  - The median rPFS in Cohort A patients treated with Lynparza was 7.4 months vs. 3.6 months in Xtandi or abiraterone treated patients (hazard ratio [HR]: 0.34; 95% CI: 0.25, 0.47; p < 0.0001).
  - In Cohort A, the objective response rate was 33% (95% CI: 23, 45) in Lynparza treated patients vs. 2% (95% CI: 0, 12) in Xtandi or abiraterone treated patients (p < 0.0001).
  - The median overall survival in Cohort A was 19.1 months in Lynparza treated patients vs. 14.7 months in Xtandi or abiraterone treated patients (HR: 0.69; 95% CI: 0.50, 0.97; p = 0.0175).
- The recommended dose of Lynparza for all indications is 300 mg orally twice daily, with or without food.
  - Information on FDA-approved tests for the detection of genetic mutations is available at <http://www.fda.gov/companiondiagnostics>.
  - For the treatment of HRR gene-mutated mCRPC, treatment should be continued until disease progression or unacceptable toxicity.
  - Patients receiving Lynparza for mCRPC should also receive a gonadotropin-releasing hormone analog concurrently or should have had bilateral orchiectomy.
  - Refer to the Lynparza drug label for further dosing recommendations for other indications.