Talzenna® (talazoparib) – New indication

- On June 20, 2023, Pfizer announced the FDA approval of Talzenna (talazoparib), in combination with Xtandi® (enzalutamide), for the treatment of adult patients with homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC).

- Talzenna is also approved as a single agent for the treatment of adult patients with deleterious or suspected deleterious germline breast cancer susceptibility gene (BRCA)-mutated (gBRCAm) human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer.

- In addition to the new indication, the FDA approved two new dosage strengths of Talzenna: 0.1 mg and 0.35 mg capsules.

    — Talzenna was previously available as 0.25 mg, 0.5 mg, 0.75 mg, and 1 mg capsules.

- Approximately 10% to 20% of patients with prostate cancer develop mCRPC within 5 to 7 years of diagnosis. HRR gene mutations are found in approximately 25% of tumors from men with mCRPC and have been associated with aggressive disease and poor prognosis.

- The approval of Talzenna for the new indication was based on TALAPRO-2, a randomized, double-blind, placebo-controlled, multi-cohort study in 399 patients with HRR gene-mutated mCRPC. Patients were randomized to Xtandi plus either Talzenna or placebo daily until unacceptable toxicity or progression. The major outcome measure was radiographic progression-free survival (rPFS). An additional outcome measure was overall survival (OS).

    — Median rPFS was not evaluable with Talzenna plus Xtandi vs. 13.8 months with placebo plus Xtandi (hazard ratio 0.45, 95% CI: 0.33, 0.61; $p < 0.0001$).
    — The OS data were not mature at the time of the rPFS analysis (24% of patients had died).

- The most common adverse reactions (≥ 10%) with Talzenna use, in combination with Xtandi, were decreased hemoglobin, decreased neutrophils, decreased lymphocytes, fatigue, decreased platelets, decreased calcium, nausea, decreased appetite, decreased sodium, decreased phosphate, fractures, decreased magnesium, dizziness, increased bilirubin, decreased potassium, and dysgeusia.

- The recommended dose of Talzenna for the treatment of HRR gene-mutated mCRPC is 0.5 mg taken orally once daily in combination with Xtandi until disease progression or unacceptable toxicity.

    — Refer to the Xtandi drug label for recommended Xtandi dosing information.
    — Patients receiving Talzenna and Xtandi should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.
    — Patients should be selected for the treatment of HRR gene-mutated mCRPC based on the presence of HRR gene mutations (*ATM, ATR, BRCA1, BRCA2, CDK12, CHEK2, FANCA, MLH1, MRE11A, NBN, PALB2,* or *RAD51C*). An FDA-approved test for the detection of HRR gene mutations for use with Talzenna is not currently available.

- Refer to the Talzenna drug label for dosing for breast cancer.