Lynparza® (olaparib) – New indication

- On June 1, 2023, AstraZeneca announced the FDA approval of Lynparza (olaparib), in combination with abiraterone and prednisone or prednisolone, for the treatment of adult patients with deleterious or suspected deleterious *BRCA*-mutated (*BRCAm*) metastatic castration-resistant prostate cancer (mCRPC).
    - Patients should be selected for therapy based on an FDA-approved companion diagnostic for Lynparza.
- Lynparza is also approved for:
    - First-line maintenance treatment of *BRCAm* advanced ovarian cancer
    - First-line maintenance treatment of HRD-positive advanced ovarian cancer in combination with bevacizumab
    - Maintenance treatment of recurrent ovarian cancer
    - Adjuvant treatment of germline *BRCAm* HER2-negative high risk early breast cancer
    - Germline *BRCAm* HER2-negative metastatic breast cancer
    - First-line maintenance treatment of germline *BRCAm* metastatic pancreatic adenocarcinoma
    - HRR gene-mutated mCRPC.
- The approval of Lynparza for the new indication was based on PROpel, a randomized, double-blind, placebo-controlled study in 796 patients with mCRPC. Patients were randomized to receive Lynparza in combination with abiraterone or placebo plus abiraterone. All patients received either prednisone or prednisolone, and a gonadotropin-releasing hormone analog or prior bilateral orchiectomy. The major efficacy outcome measure was radiological progression-free survival (rPFS). Overall survival (OS) was an additional efficacy outcome measure.
    - A statistically significant improvement in rPFS for Lynparza/abiraterone compared to placebo/abiraterone was observed in the intention to treat (ITT) population.
    - In an exploratory analysis in the subgroup of 711 patients without an identified *BRCAm*, the rPFS hazard ratio (HR) was 0.77 (95% CI: 0.63, 0.96) and the OS HR was 0.92 (95% CI: 0.74, 1.14), indicating that the improvement in the ITT population was primarily attributed to the results seen in the subgroup of patients with *BRCAm*.
    - In the subgroup of 85 patients with *BRCAm*, the rPFS HR was 0.24 (95% CI: 0.12, 0.45) and the OS HR was 0.30 (95% CI: 0.15, 0.59).
- The most common adverse reactions (≥ 10%) with Lynparza use in combination with abiraterone and prednisone or prednisolone, were anemia, fatigue, nausea, diarrhea, decreased appetite, lymphopenia, dizziness, and abdominal pain.
- The recommended dosage of Lynparza is 300 mg taken orally twice daily. For *BRCAm* mCRPC, Lynparza treatment should be continued until disease progression or unacceptable toxicity when used in combination with abiraterone and prednisone or prednisolone.
    - When used with Lynparza, the recommended dose of abiraterone is 1000 mg taken orally once daily. Abiraterone should be given in combination with prednisone or prednisolone 5 mg orally twice daily.

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— Refer to the Lynparza drug label for complete dosing recommendations for all its other indications.