RXADVANCE
2 Park Central Drive
Southborough, MA 01772

Lynparza (olaparib) Tablets
Clinical Update

Clinical Update: Lynparza (olaparib) Approved by FDA as First-Line Maintenance Treatment with Bevacizumab for HRD-Positive Advanced Ovarian Cancer.
FDA approval date: May 8, 2020

Lynparza is a first-in-class PARP inhibitor and the first targeted treatment to potentially exploit DNA damage response (DDR) pathway deficiencies, such as BRCA mutations, to preferentially kill cancer cells. Inhibition of PARP with Lynparza leads to the trapping of PARP bound to DNA single-strand breaks, stalling of replication forks, their collapse and the generation of DNA double-strand breaks and cancer cell death. Lynparza is being tested in a range of tumor types with defects and dependencies in the DDR.

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

- First-Line Maintenance BRCAm Advanced Ovarian Cancer
- First-Line Maintenance HRD Positive Advanced Ovarian Cancer in Combination with Bevacizumab
- Maintenance Recurrent Ovarian Cancer
- Advanced gBRCAm Ovarian Cancer
- gBRCAm HER2-Negative Metastatic Breast Cancer
- First-Line Maintenance gBRCAm Metastatic Pancreatic Cancer

The U.S. Food and Drug Administration (FDA) has approved Lynparza in combination with bevacizumab as a first-line maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either a deleterious or suspected deleterious BRCA mutation, and/or genomic instability. Patients will be selected for therapy based on an FDA-approved companion diagnostic for Lynparza. The approval was based on a biomarker subgroup analysis of 387 patients with HRD-positive tumors from the Phase 3 PAOLA-1 trial, which showed that Lynparza in combination with bevacizumab reduced the risk of disease progression or death by 67% (HR 0.33 [95% CI, 0.25-0.45]). It improved progression-free survival (PFS) to a median of 37.2 months vs. 17.7 months with bevacizumab alone in patients with HRD-positive advanced ovarian cancer.