Lynparza®
olaparib
tablets 150 mg

TIME TO REIMAGINE

LYNPARZA is now reimbursed for the treatment of gBRCAm, HER2-negative advanced breast cancer[1,2]

RECOMMENDATION NICE TA1040 SEE GUIDANCE FOR DETAILS

ACCEPTED SMC2737 SEE ADVICE FOR DETAILS

Advanced breast cancer indication[3]

Lynparza tablets are indicated as monotherapy for: the treatment of adult patients with germline *BRCA*1/2-mutations who have HER2-negative locally advanced or metastatic breast cancer. Patients should have previously been treated with an anthracycline and a taxane in the (neo)adjuvant or metastatic setting unless patients were not suitable for these treatments. Patients with HR-positive breast cancer should also have progressed on or after prior endocrine therapy, or be considered unsuitable for endocrine therapy

Click or scan the QR code for UK Prescribing Information

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to AstraZeneca by visiting https://contactazmedical.astrazeneca.com or by calling 0800 783 0033.

This material has been created and funded by AstraZeneca.
Intended for UK Healthcare Professionals only.

GB-66041 | May 2025

AstraZeneca

The efficacy of LYNPARZA in mBC was demonstrated in OlympiAD: a randomised, open-label controlled, multicentre, Phase III trial[4,5]

OlympiAD was designed to investigate PFS BICR as its primary endpoint and also included a pre-specified secondary endpoint to investigate efficacy beyond progression (PFS2).[4]

Key eligibility criteria included: [4]

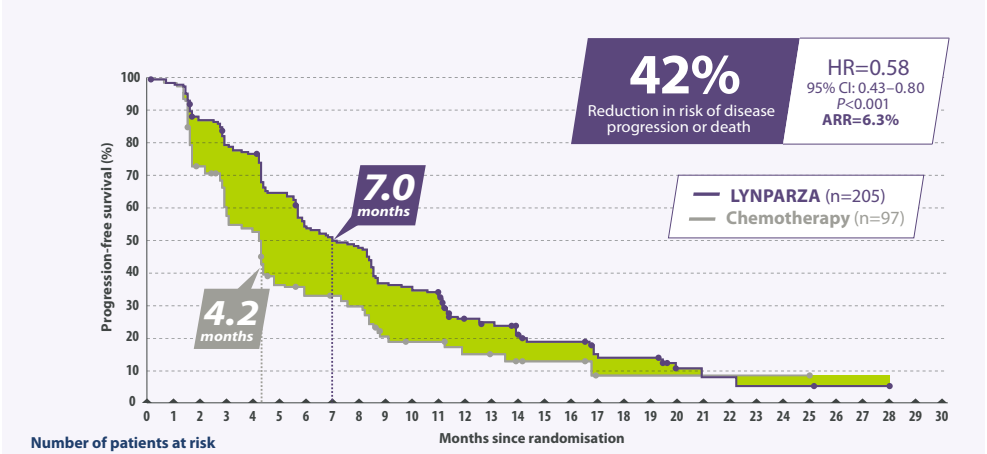
- Confirmed deleterious or suspected deleterious g*BRCA* mutation
- HER2-negative mBC, either HR+ or TNBC
- ≤2 prior chemotherapy lines for mBC
- Previous treatment including an anthracycline and taxane in neo-/adjuvant or metastatic setting
- HR+ disease progressed on ≥1 endocrine therapy (or not appropriate)

If patients had received platinum therapy, there should be:

- No evidence of progression during treatment in the advanced setting
- ≥12 months since neo-/adjuvant treatment and randomisation

LYNPARZA significantly improved PFS vs. chemotherapy[4]

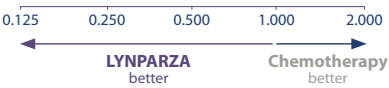
PFS in patients with g*BRCA*m HER2-negative mBC[5]



Adapted from Robson M *et al. N Engl J Med.* 2017.

LYNPARZA provided generally consistent PFS benefit across some subgroups[4]

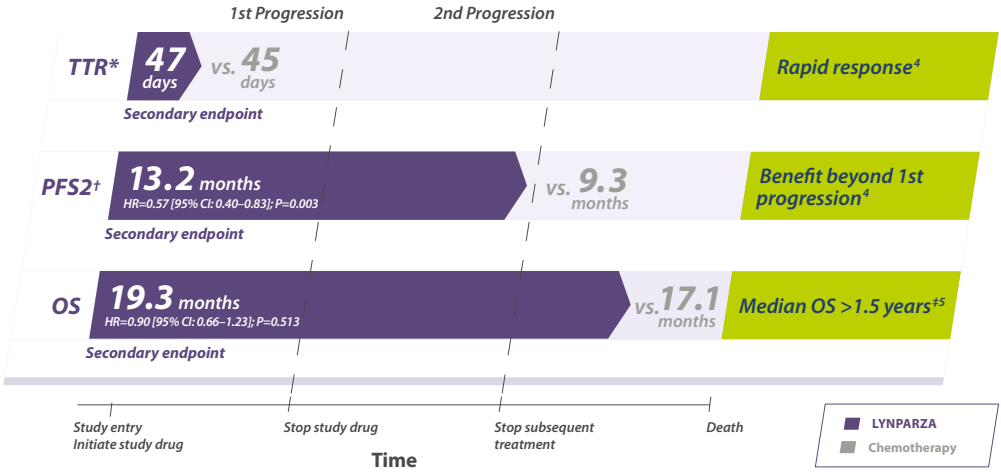
Subgroup	LYNPARZA	Chemotherapy*	Hazard Ratio (95% CI)
	no. of patients with events/total no. of events (%)		
All patients	**163/205 (79.5)**	71/97 (73.2)	0.58 (0.43–0.80)
Previous chemotherapy for metastic breast cancer			
Yes	**119/146 (81.5)**	51/69 (73.9)	0.65 (0.47–0.91)
No	**44/59 (74.6)**	20/28 (71.4)	0.56 (0.34–0.98)
Hormone receptor status			
Hormone receptor-positive	**82/103 (79.6)**	31/49 (63.3)	0.82 (0.55–1.26)
Triple-negative	**81/102 (79.4)**	40/48 (83.3)	0.43 (0.29–0.63)
Previous platinum-based therapy for breast cancer			
Yes	**50/60 (83.3)**	21/26 (80.8)	0.67 (0.41–1.14)
No	**113/145 (77.9)**	50/71 (70.4)	0.60 (0.43–0.84)
Measurable disease			
Yes	**139/165 (84.2)**	56/72 (77.8)	0.58 (0.43–0.80)
No	**24/40 (60.0)**	15/25 (60.0)	0.57 (0.30–1.12)
Progressive disease at the time of randomisation			
Yes	**127/159 (79.9)**	53/73 (72.6)	0.60 (0.43–0.83)
No	**36/46 (78.3)**	18/24 (75.0)	0.72 (0.41–1.30)
***BRCA* mutation type**			
BRCA1	**94/114 (82.5)**	41/50 (82.0)	0.54 (0.37–0.79)
BRCA2	**64/84 (76.2)**	30/45 (66.7)	0.68 (0.45–1.07)



*Treatment of physician's choice (eribulin, capecitabine or vinorelbine).

Adapted from Robson M *et al. N Engl J Med*. 2017.

LYNPARZA improved key outcomes vs. chemotherapy[4,5]



*TTR was assessed in patients with measurable disease who had a response to treatment – 100/167 LYNPARZA patients and 19/66 chemotherapy patients. †PFS2 assesses the time from treatment initiation to the second disease progression or death from any cause. ‡>1.5 years OS at 64% data maturity (trial not powered for OS; data not mature at cut-off). OlympiAD included a large percentage of patients who are traditionally considered hard to treat, such as those with visceral metastases and those with TNBC.[4,6,7]

LYNPARZA was generally well tolerated[4]

Lynparza® olaparib tablets 150 mg

AEs in OlympiAD were mostly mild to moderate in severity, and manageable through dose interruptions or reductions[4]

Adverse events reported in ≥15% of patients in OlympiAD[4]*

Adverse event	Any grade (%)	Grade ≥3 (%)
Neutropenia†	27.3 / 49.5	9.3 / 26.4
Anaemia‡	40.0 / 26.4	16.1 / 4.4
Decreased white cell count	16.1 / 20.9	3.4 / 9.9
Nausea	58.0 / 35.2	0 / 1.1
Vomiting	29.8 / 15.4	0 / 1.1
Fatigue	28.8 / 23.1	2.9 / 1.1
Diarrhoea	20.5 / 22.0	0.5 / 0
Palmar-plantar erythrodysesthesia	0.5 / 20.9	0 / 2.2
Headache	20.0 / 15.4	1.0 / 2.2
Pyrexia	14.1 / 17.6	0 / 0
Increased alanine aminotransferase level	11.2 / 17.6	1.5 / 1.1
Increased aspartate aminotransferase level	9.3 / 16.5	2.4 / 0
Cough	17.1 / 6.6	0 / 0
Decreased appetite	16.1 / 12.1	0 / 0

LYNPARZA (n=205)§ **Chemotherapy** (n=91)¶ (eribulin, capecitabine or vinorelbine)

Adapted from Robson M *et al. N Eng J Med.* 2017.

Haematological toxicity is listed as a special warning in the LYNPARZA SmPC. Please consult the SmPC for more information on AEs and their management prior to prescribing.[3]

Alopecia occurred in 3.4% of patients in the LYNPARZA arm compared with 13.2% in the chemotherapy arm[5]

*Includes AEs of any grade that occurred in ≥15% of patients in either group and grade ≥3 AEs, which were graded according to the NCI CTCAE, version 4.0. †The neutropenia category included febrile neutropenia, granulocytopenia, decreased granulocyte count, neutropenia, neutropenic sepsis, decreased neutrophil count and neutropenic infection. ‡The anaemia category included anaemia, decreased haemoglobin level, decreased haematocrit, decreased red-cell count and erythropenia. §205 patients were assigned to receive LYNPARZA and all 205 received treatment and were included in safety analyses. ¶97 patients were assigned to receive standard therapy, 6 did not receive treatment owing to patient decision. 91 received treatment and were included in the safety analyses.

Test for gBRCAm to identify your patients who may benefit from LYNPARZA

Click or scan the QR code to visit ***LYNPARZA.co.uk*** and learn more

AE=adverse event; BICR=blinded independent central review; CI=confidence interval; (g)*BRCA*(m)=(germline) breast cancer gene (mutated); HER2=human epidermal growth factor receptor 2; HR=hazard ratio; HR+=hormone receptor-positive; mBC=metastatic breast cancer; (m)PFS=(median) progression-free survival; NCI CTCAE= National Cancer Institute Common Terminology Criteria of Adverse Events; NICE=National Institute for Health and Care Excellence; PFS2=progression-free survival 2 (time to second progression); OS=overall survival; SMC=Scottish Medicines Consortium; SmPC=Summary of Product Characteristics; TNBC=triple negative breast cancer; TPC= treatment of physician's choice; TTR=time to response.

References

1. NICE. TA1040. Available at: https://www.nice.org.uk/guidance/TA1040 (Accessed April 2025); 2. SMC. Olaparib (Lynparza) SMC 2737. Available at: scottishmedicines.org.uk/medicines-advice/olaparib-lynparza-abb-smc2737/ (Accessed April 2025); 3. LYNPARZA (olaparib) 100 mg and 150 mg film-coated tablets. Summary of Product Characteristics; 4. Robson M *et al. N Engl J Med*. 2017;377(6):523–533; 5. Robson M *et al. Ann Oncol*. 2019;30(4):558–566; 6. Tung NM *et al*. Olaparib versus chemotherapy treatment of physician's choice in patients with a germline BRCA mutation and HER2-negative metastatic breast cancer(OlympiAD): Efficacy in patients with visceral metastases. Poster presented at ASCO, Chicago, US, 1–5 June 2018; 7. Twelves C *et al. Crit Rev Oncov Hematol.* 2016;100:74–87.

AstraZeneca