Lynparza®
olaparib

Stay One Step Ahead

with the only targeted treatment option specifically licensed for gBRCAm, HER2-negative, high-risk eBC

now with 6-year follow-up data[1-6]
(descriptive analysis)

ESMO guidelines recommend the use of adjuvant LYNPARZA in eligible gBRCAm, HER2-negative, high-risk early breast cancer patients previously treated with neoadjuvant or adjuvant chemotherapy[7]

RECOMMENDATION NICE TA 886 SEE GUIDANCE FOR DETAILS

ACCEPTED SMC 2518 SEE ADVICE FOR DETAILS

Click or scan the QR code for UK Prescribing Information

LYNPARZA is indicated as monotherapy or in combination with endocrine therapy for the adjuvant treatment of adult patients with germline *BRCA1/2* mutations who have HER2-negative, high-risk early breast cancer who have previously been treated with neoadjuvant or adjuvant chemotherapy.[2]

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.

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LYNPARZA is a targeted treatment option licensed in patients with gBRCAm, HER2-negative high-risk eBC[2,8–10]

OlympiA was a Phase III, randomised, double-blind trial designed to investigate the efficacy of adjuvant LYNPARZA vs. placebo in g*BRCA*m, HER2-negative high-risk early breast cancer (N=1,836)[8]

OlympiA enrolled patients with high-risk disease characteristics[8,11]

Initial treatment[11]	Inclusion criteria[11]
NEOADJUVANT CHEMOTHERAPY + SURGERY	***TNBC:*** ✔ *non-pCR* ***HR+ HER2-negative:*** ✔ *non-pCR and a CPS + EG score ≥3*
SURGERY + ADJUVANT CHEMOTHERAPY	***TNBC:*** ✔ *Axillary node-positive (≥pN1, any tumour size), or* ✔ *Axillary node-negative (pN0 with invasive primary tumour pathological size >2 cm)* ***HR+ HER2-negative:*** ✔ *≥4 positive lymph nodes*

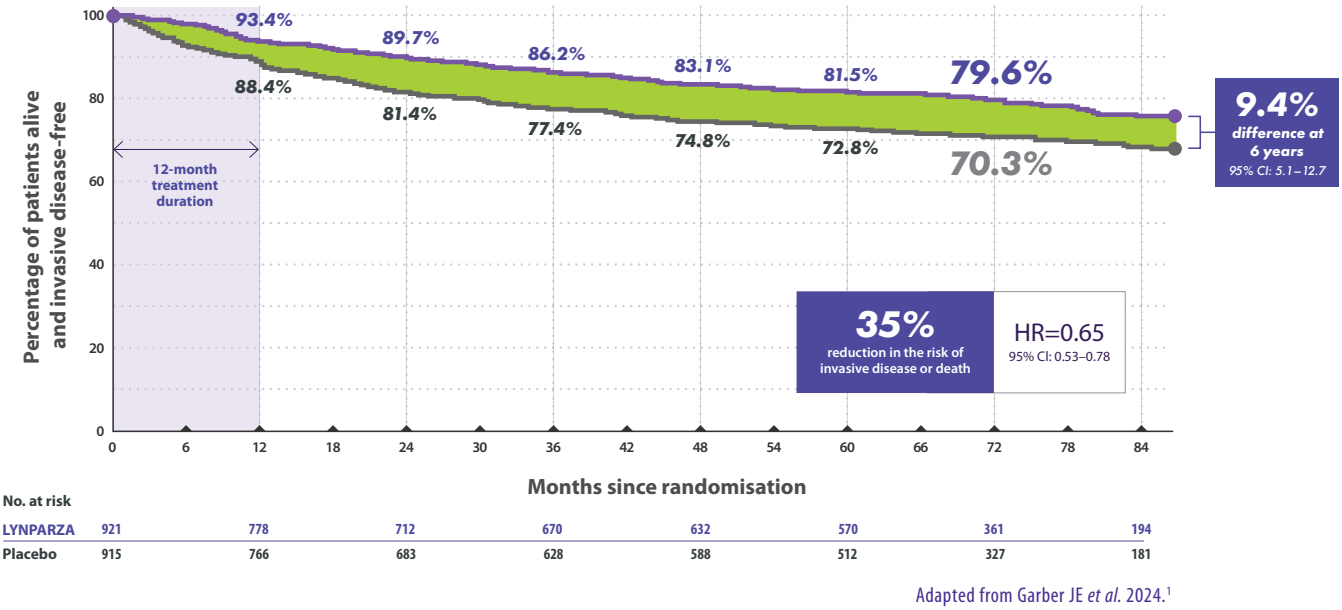
Primary endpoint: IDFS* in the overall population

_42%_ reduction in the risk of invasive disease or death at _3 years vs. placebo (ARR 8.8%)_ [8]

(HR=0.58; 99.5% CI: 0.41–0.82; P<0.001) DFS (events): LYNPARZA (106/921), placebo (178/915)

At _6-year follow-up_, adjuvant LYNPARZA demonstrated a _35%_ reduction in risk of invasive disease or death vs. placebo†[1]

IDFS in the ITT population at 6 years (descriptive analysis)[1]



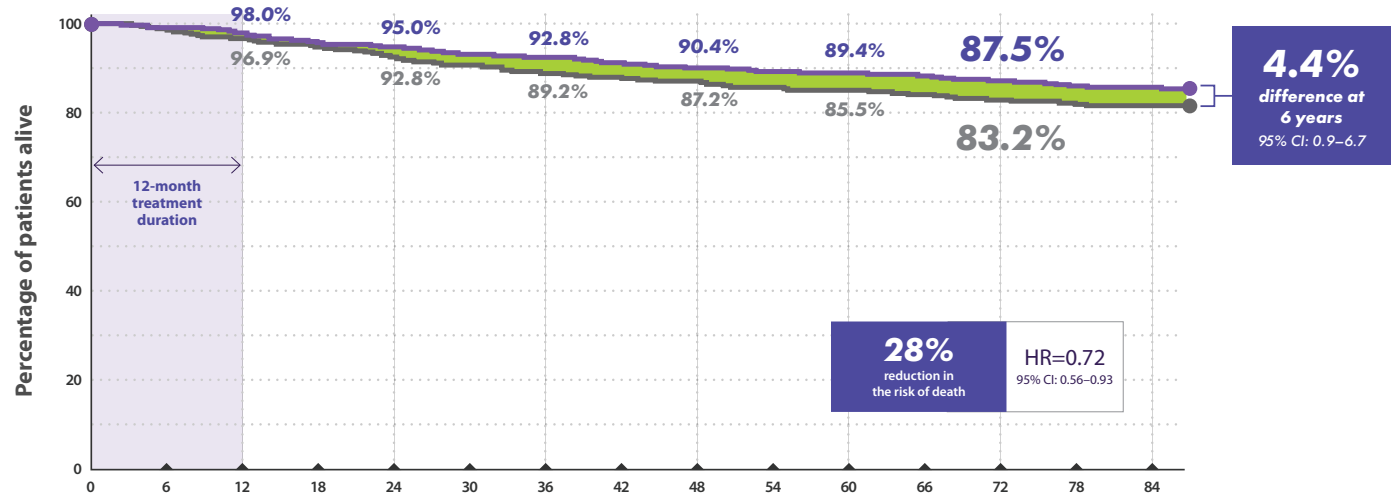
Adapted from Garber JE *et al.* 2024.[1]

*IDFS was defined as the time from randomisation until the date of first occurrence of one of the following events: ipsilateral invasive breast tumour, locoregional invasive disease, distant recurrence, contralateral invasive non-breast breast cancer, second primary non-breast invasive cancer, or death from any cause.[8]

Sustained clinically meaningful benefit in overall survival demonstrated at 6 years vs. placebo[10]

At *6-year follow-up*, adjuvant LYNPARZA demonstrated a *28%* reduction in risk of death vs. placebo,[†1] building upon the statistically significant benefit in OS demonstrated at 4 years (HR=0.68; 98.5% CI: 0.47–0.97; P=0.0009)[1]

Secondary endpoint: OS in the overall population (descriptive analysis)[‡1]

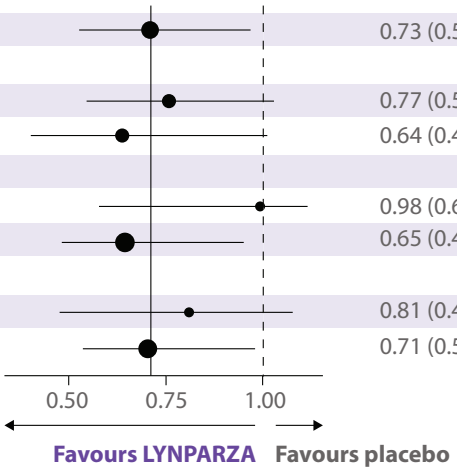


No. at risk								
LYNPARZA	921	846	795	765	728	660	420	224
Placebo	915	843	788	739	698	616	390	221

Adapted from Garber JE *et al.* 2024.[1]

Subgroup analysis of OS (stratified subgroups)[1]

	6-year OS		Hazard ratio for death (95% CI)	P-value for heterogeneity
	LYNPARZA (events/patients)	Placebo (events/patients)		
All patients	107/921	143/915	0.73 (0.56–0.93)	N/A
Timing of chemotherapy				0.49
Neoadjuvant	76/460	95/460	0.77 (0.57–1.05)	
Adjuvant	31/461	48/455	0.64 (0.40–1.00)	
Previous platinum-based chemotherapy				0.15
Yes	35/247	34/238	0.98 (0.61–1.57)	
No	72/674	109/677	0.65 (0.48–0.88)	
Hormone receptor status				0.67
HR+ and HER2-negative	24/168	28/157	0.81 (0.47–1.40)	
TNBC	83/751	115/758	0.71 (0.54–0.94)	



Adapted from Garber JE *et al.* 2024.[1]

Efficacy across some subgroups was sustained at 6 years[†1]

[†]Significance boundaries were crossed for IDFS at the prior planned DCO1 and for OS at DCO2. No further significance testing was performed.

[‡]6-year descriptive analysis with median follow-up of ~6 years in the ITT population.[1]

AEs in OlympiA were consistent with the known safety profile of LYNPARZA, studied across 4 tumour types[1,2,8,10]

AEs occurring in ≥10% of patients on LYNPARZA or placebo at 3 years:*[8]

	LYNPARZA (n=911)	Placebo (n=904)
	Percentage of patients	
Nausea	57 1	23 0
Fatigue	40 2	27 <1
Anaemia	24 9	4 <1
Vomiting	23 1	8 0
Headache	20 <1	17 <1
Diarrhoea	18 <1	14 <1
Neutropenia	16 5	7 1
Leukopenia	16 3	6 <1
Decreased appetite	13 <1	6 0
Dysgeusia	12 0	4 0
Dizziness	11 <1	7 <1
Arthralgia	9 <1	12 <1

LYNPARZA (any grade)
LYNPARZA (Grade ≥3)†
Placebo (any grade)
Placebo (Grade ≥3)†

~75%
of AEs with LYNPARZA were Grade 1 or 2[8]

Adapted from Tutt ANJ *et al.* 2021.[8]

Comparable frequency of AEs of special interest in both the treatment arms at 6-year follow-up[1,8]

(including MDS or AML, pneumonitis and new primary cancer)‡

~1 in 10 HER2- BC patients are gBRCAm.[12]
Test for gBRCAm at diagnosis to identify your eligible patients who may benefit from adjuvant LYNPARZA[2]

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

*Based on a pre-specified event driven interim analysis with a median follow-up of 2.5 years;[8] †All listed are Grade 3 except for 10 Grade 4 events in the LYNPARZA group: five events involving decreased neutrophil count, four involving anaemia, and one involving fatigue;[8] ‡Haematological toxicities, MDS, AML and pneumonitis are listed as special warnings in the LYNPARZA SmPC, for more information please consult the SmPC prior to prescribing.[2]

AE=adverse event; AML=acute myeloid leukaemia; ARR=absolute risk reduction; BID=twice daily; CI=confidence interval; CPS + EG=clinical stage, estrogen receptor status, grade, and post-treatment pathologic stage scoring system; DCO=data cut off; eBC=early breast cancer; ESMO=European Society for Medical Oncology; ET=endocrine therapy; FT=fallopian tube; gBRCAm=germline BRCA-mutated; HER2=human epidermal growth factor receptor 2; HR=hazard ratio; HR+=hormone receptor positive; IDFS=invasive disease-free survival; ITT=intention-to-treat; MDS=myelodysplastic syndrome; OS=overall survival; pCR=pathological complete response; SmPC=Summary of Product Characteristics; TNBC=triple negative breast cancer.

1. Garber JE *et al.* Pre-specified analyses of IDFS, DDFS and OS 10 years from First Patient In (FPI) in the OlympiA trial of adjuvant olaparib in germline *BRCA1/2* mutation-associated breast cancer. Oral presentation. Presented at San Antonio Breast Cancer Symposium, 10–13 December 2024; 2. LYNPARZA (olaparib) Summary of Product Characteristics; 3. Talzenna (talazoparib) Summary of Product Characteristics. Pfizer Europe MA EEIG; 4. Keytruda (pembrolizumab) Summary of Product Characteristics. MSD; 5. Kisqali (ribociclib) Summary of Product Characteristics. Novartis; 6. Verzenios (abemaciclib) Summary of Product Characteristics. Eli Lilly; 7. Breast Cancer Pocket Guideline 2024. ESMO. Available at: https://interactiveguidelines.esmo.org/esmo-web-app/toc/index.php?subjectAreaID=8&loadPdf=1. Accessed May 2025; 8. Tutt ANJ *et al. N Engl J Med*. 2021;384(25):2394–2405; 9. Olaparib as Adjuvant Treatment in Patients With Germline *BRCA* Mutated High Risk HER2 Negative Primary Breast Cancer (OlympiA). Available at: https://clinicaltrials.gov/ct2/show/NCT02032823. Accessed May 2025; 10. Geyer CE Jr *et al. Ann Oncol*. 2022;33(12):1250–1268; 11. Tutt ANJ *et al. N Engl J Med*. 2021;384(25):2394–2405. Supplementary appendix; 12. O'Shaughnessy J *et al. Breast Can Res*. 2020;22:114.

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