MEET JOE

MALE, AGED 70 YEARS

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Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard 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.

Lynparza® olaparib

SOCIAL HISTORY

- Retired bus driver living with his wife
- Gave up smoking 5 years ago when he retired
- Drinks 2–3 units of alcohol once a week when he meets his friends in the pub
- He and his wife had planned a long and active retirement, which was completely disrupted when he was diagnosed with mHSPC 2 years after he retired
- Joe is now very anxious about what the future holds for him and his family. His grandfather and uncle died from prostate cancer, so he is naturally very afraid that the same will happen to him
- His first grandchild will be born soon, and he really wants to make sure he is around to see them grow up. However, he also wants to feel well and able enough to spend as much time with them as he can now

PROSTATE CANCER HISTORY

- Joe was diagnosed with mHSPC 3 years ago, at age 67, following a PSA screening that he paid to have done privately because of his family history
- At that time, a biopsy of his prostate tumour was sent for biomarker testing for *BRCA1/2* because of his family history, and confirmed that he was *BRCA1/2*m-positive
- At diagnosis, MRI/CT imaging identified two metastatic lesions in his vertebrae and one in his pelvis, with evidence of infiltration in obturator and internal iliac lymph nodes
- Joe was initially treated with ADT and an ARPI and responded well to treatment; his PSA levels decreased to 2 ng/mL within 2 months of treatment
- PSA levels remained low for 30 months, but at the latest follow-up PSA levels have increased and he is experiencing back pain and some breathlessness
- MRI/CT imaging showed presence of new metastases in the vertebrae and ribs, and the presence of bilateral subpleural nodules with infiltration of external iliac lymph nodes, indicating that Joe's cancer has progressed to mCRPC
- His ECOG PS is 1

MEDICAL HISTORY

- Hypertension

CURRENT TREATMENTS

- Irbesartan 150 mg
- Self-treating with ibuprofen for back pain

WHAT ARE THE KEY FACTORS YOU MIGHT CONSIDER WHEN DECIDING ON AN APPROPRIATE TREATMENT FOR JOE?

- *BRCA1/2*m-positive
- Previous treatment with ADT + ARPI
- Progression to mCRPC whilst receiving ARPI
- ECOG PS 1
- Wants treatment that will enable him to spend as much time as possible with family and new grandchild, so survival is very important but so is tolerability – feeling well enough receiving treatment to be with his family

JOE MAY BENEFIT FROM LYNPARZA MONOTHERAPY, A TARGETED TREATMENT OPTION THAT ALIGNS WITH HIS CLINICAL PROFILE AND TREATMENT PREFERENCES

- *BRCA1/2*m mCRPC
- Disease progression whilst receiving ARPI therapy
- ECOG PS 1
- Preference for a generally tolerable, minimally intrusive treatment that will not restrict time he can spend with his family

This is a hypothetical patient case. Please note that individual cases may vary.

Abbreviations:
ADT=androgen deprivation therapy; ARPI=androgen receptor pathway inhibitor; *BRCA1/2*m=breast cancer gene 1/2 mutation; CT=computed tomography; ECOG PS=Eastern Cooperative Oncology Group performance status; mCRPC=metastatic castration-resistant prostate cancer; mHSPC=metastatic hormone-sensitive prostate cancer; MRI=magnetic resonance imaging; PSA=prostate-specific antigen.

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