MEET JUAN

MALE, AGED 68 YEARS

Click here to view the UK Prescribing Information for LYNPARZA (olaparib).

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

- Part-time gardener living with his husband
- Hasn't smoked since his mid-20s
- Rarely consumes alcohol, occasionally enjoying a glass of wine to celebrate special occasions
- Juan has recently experienced acute worsening of back pain with sciatica and has had to stop working as a result of this. He also feels fatigued and restless because this aching pain disrupts his ability to sleep or remain seated for prolonged periods of time
- Now, in addition to his anxiety about his cancer and what that means for his future, Juan is worried about the financial implications of being unable to work

PROSTATE CANCER HISTORY

- Juan was diagnosed with mHSPC 3 years ago, at age 65, following a visit to his GP for groin pain causing discomfort when walking and increased frequency of urination
- At diagnosis, MRI/CT imaging identified four metastatic lesions across the sacrum, left pubic ramus and two pelvic lymph nodes
- Juan was commenced on LHRH injections, with his PSA levels decreasing to castrate levels (<0.5 ng/mL) within 3–4 weeks of treatment
- After 26 months receiving treatment with ADT, Juan started experiencing worsening symptoms, with acute back pain radiating down both legs and more pronounced urinary obstructive symptoms, including nocturia and poor stream
- MRI/CT imaging showed presence of new metastases in the lumbar spine, with additional lesions in the pelvic and para-aortic lymph nodes, indicating that Juan's cancer has progressed to mCRPC
- His ECOG PS is 1

MEDICAL HISTORY

- T2DM

CURRENT TREATMENTS

- SGLT2i
- Metformin
- Self-treating with NSAID gel for back and groin pain

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

- Previous treatment with ADT monotherapy
- Progression to mCRPC whilst ARPI-naïve
- ECOG PS 1
- Wants treatment that, as well as preventing progression of his cancer, will provide symptomatic relief of his acute, disabling back pain so that he can rest, sleep and return to work. His preference is an oral therapy that he can take without disruption to his daily life and work

JUAN MAY BENEFIT FROM LYNPARZA COMBINATION THERAPY, AN ORAL TREATMENT OPTION THAT ALIGNS WITH HIS CLINICAL PROFILE AND TREATMENT PREFERENCES

- mCRPC
- Disease progression whilst receiving ADT monotherapy
- ARPI-naïve
- ECOG PS 1
- Preference for a generally tolerable, minimally intrusive treatment that might not impact his ability to work

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

Abbreviations:
ADT=androgen deprivation therapy; ARPI=androgen receptor pathway inhibitor; CT=computed tomography; ECOG PS=Eastern Cooperative Oncology Group performance status; GP=general practitioner; LHRH=luteinizing hormone-releasing hormone; mCRPC=metastatic castration-resistant prostate cancer; mHSPC=metastatic hormone-sensitive prostate cancer; MRI=magnetic resonance imaging; NSAID=non-steroidal anti-inflammatory drug; PSA=prostate-specific antigen; SGLT2i=sodium–glucose co-transporter 2 inhibitor; T2DM=type 2 diabetes mellitus.

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