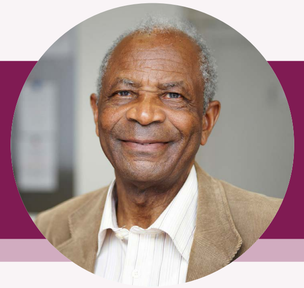

MEET KEITH

MALE, AGED 75 YEARS

SOCIAL HISTORY

- Retired electrician who is the primary carer for his wife who is living with dementia
- Hasn't smoked for the past 30 years
- Regularly drinks 2–3 units of alcohol each evening to help him relieve the stress of caring for his wife
- Following his wife's diagnosis with dementia, Keith started to experience depressive episodes that worsened upon his diagnosis with prostate cancer
- Keith was incredibly anxious about who would look after his wife if his disease progressed and he became too unwell or died. He was prescribed an SSRI to treat his depression and anxiety so that he could continue caring for his wife
- Recently, he experienced persistent tiredness and a sudden loss of weight, both of which he attributes to the physical work of helping his wife around their house each day

PROSTATE CANCER HISTORY

- While accompanying his wife to a routine follow-up for her dementia, Keith's GP noticed that Keith was short of breath and opted to stand instead of sitting because he had back pain. A PSA test confirmed the diagnosis of mHSPC, with MRI/CT imaging identifying four metastases across multiple ribs and his lumbar spine
- After referral to an oncologist, Keith was initiated on ADT and docetaxel, with his PSA levels declining to castrate levels (<0.5 ng/mL) and him responding well to treatment
- 18 months later, following unexplained weight loss and tenderness in his abdomen and collarbone, Keith's oncologist requested a PSMA PET scan. Keith's disease was found to have progressed to mCRPC, with further lesions identified on his liver, supraclavicular lymph node and cervical spine
- His ECOG PS is 1

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

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

MEDICAL HISTORY

- Depression and anxiety

CURRENT TREATMENTS

- SSRI

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

- Previous treatment with ADT and docetaxel
- Progression to mCRPC whilst ARPI-naïve
- ECOG PS 1
- Wants a treatment that will manage his mCRPC but can be taken at home, so that he can be present to care for his wife*

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

- mCRPC
- Disease progression whilst receiving ADT and docetaxel
- ARPI-naïve
- ECOG PS 1
- Preference for a generally tolerable treatment that might allow him to continue caring for his wife

*Routine monitoring is required for patients taking LYNPARZA. Please check the SmPC and local protocols for more information.

Abbreviations:
ADT=androgen deprivation therapy; ARPI=androgen receptor pathway inhibitor; CT=computed tomography; ECOG PS=Eastern Cooperative Oncology Group performance status; GP=general practitioner; mCRPC=metastatic castration-resistant prostate cancer; mHSPC=metastatic hormone-sensitive prostate cancer; MRI=magnetic resonance imaging; PSA=prostate-specific antigen; PSMA PET=prostate-specific membrane antigen positron emission tomography; SmPC=Summary of Product Characteristics; SSRI=selective serotonin reuptake inhibitor.

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