MEET PAUL

MALE, AGED 57 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

- Part-time teacher who lives alone
- Smokes occasionally
- Regularly drinks ~10 units of alcohol at the weekend whilst watching his local rugby team
- Paul was initially diagnosed with prostate cancer after experiencing pain in his right leg whilst cycling to work, with an infrequent dry cough that he attributed to his occasional smoking. Following treatment, his symptoms resolved and he started playing tennis
- Recently, he has noticed a tightness in his chest and dull pain in his mid-back when he is exercising, worsening his anxiety, and causing him to be fearful of his cancer returning and dying relatively young

PROSTATE CANCER HISTORY

- Concerned about the disruption to his active lifestyle, Paul sought a check-up with his GP to understand what was causing his symptoms and to seek treatment
- After receiving an X-ray and then CT imaging of his chest, Paul was found to have lesions in his lungs. Full-body MRI/CT found that he had widespread metastases, with a primary tumour in his prostate, and he was diagnosed with mHSPC. Staging determined that he had high-volume disease with bone metastases in his thoracic spine, pelvis and right femur, as well as two lung metastases
- As a result of the early age of onset with metastatic disease, a biopsy of his femoral metastasis was sent for biomarker testing for *BRCA1/2*, which confirmed that he was *BRCA1/2*m-positive
- Due to his young age and comparatively healthy status, Paul agreed to treatment intensification with docetaxel-based triplet therapy (ADT + ARPI + docetaxel)
- Despite transient neutropenia and peripheral neuropathy, Paul responded well to treatment with MRI/CT imaging confirming primary tumour and metastases shrinkage after 6 months
- At his 18-month follow-up appointment, Paul reported intermittent paraesthesia in his hands, as well as the return of a pronounced cough and the tenderness around his kidneys. A PSA test confirmed that his disease had progressed to mCRPC, and subsequent imaging showed additional metastases in his cervical spine and bulky retroperitoneal nodal lesions
- His ECOG PS is 1

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

MEDICAL HISTORY

- Mild hypertension

CURRENT TREATMENTS

- ACE inhibitor

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

- *BRCA1/2*m-positive
- Previous treatment with docetaxel-based triplet therapy
- Progression to mCRPC whilst receiving an ARPI
- ECOG PS 1
- Wants treatment that will manage his mCRPC, providing him with the chance of a favourable outcome. Since his diagnosis and confirmation of being *BRCA1/2*m-positive, he has been fearful of his disease reoccurring and is seeking an effective treatment specifically targeted to this biomarker

PAUL 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 treatment which indirectly targets *BRCA* because he understands the poor prognosis associated with this biomarker

Abbreviations:
ACE=angiotensin-converting enzyme; ADT=androgen deprivation therapy; ARPI=androgen receptor pathway inhibitor; *BRCA*(*1/2*m)=breast cancer gene (1/2 mutation); 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.

GB-75792 | July 2026

MSD AstraZeneca