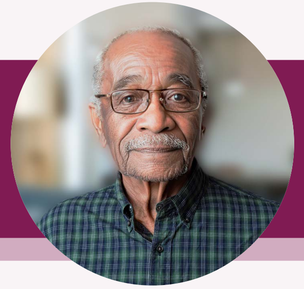

MEET PETER

MALE, AGED 72 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

- Retired chef, lives alone
- Has never smoked
- Drinks 2–3 units of alcohol on a Friday when having dinner with his neighbour
- Volunteering for his local wildlife group is of great importance to Peter's life, and is how he maintains contact with other people and feels useful
- When he was first diagnosed with prostate cancer, hip discomfort and occasional, unpredictable urinary incontinence meant he had to give up his volunteering, and he became quite isolated. These symptoms improved following treatment, and he was able to go back to volunteering
- Recently, his hip pain has become very intense, and he gets breathless when walking. He is understandably very worried that this might indicate a worsening of his prostate cancer but also that he will lose his ability to volunteer again

PROSTATE CANCER HISTORY

- Having previously been diagnosed with osteoarthritis in his right knee, Peter saw his GP to discuss his hip discomfort, worried that he was now experiencing osteoarthritis in his hip
- After mentioning his infrequent urinary incontinence, a PSA test and subsequent MRI/CT imaging confirmed a diagnosis of mHSPC. The MRI/CT imaging identified two bone metastases; one in the right acetabulum and one in the lower thoracic spine
- Peter started treatment with ADT and an ARPI, with his PSA levels decreasing to 0.3 ng/mL within 9 weeks. His symptoms improved, but after another 7 weeks of treatment he spoke with his oncologist about experiencing persistent fatigue and difficulty concentrating, both of which were preventing him from resuming his volunteering
- Due to the impact on his quality of life, Peter's oncologist suggested discontinuing the ARPI treatment and staying on ADT only. Shortly after discontinuing the ARPI, his fatigue and difficulty concentrating resolved and his PSA levels remained low, showing no sign of progression during follow-ups over the next 12 months
- During a routine follow-up 16 months after stopping treatment with the ARPI, Peter shared that he had stopped volunteering again due to shortness of breath and debilitating hip pain. MRI/CT imaging confirmed that he has a new lesion on his sternum and mediastinal lymph node involvement, with worsening of his acetabular lesion, indicating progression to mCRPC
- His ECOG PS is 1

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

MEDICAL HISTORY

- Osteoarthritis in his right knee

CURRENT TREATMENTS

- Self-treating with NSAID gel for knee pain

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

- Previous treatment with ADT + ARPI (discontinued ≥12 months prior without evidence of progression)
- Progression to mCRPC
- ECOG PS 1
- Wants a treatment that will help manage his mCRPC and may allow him to continue his wildlife volunteering

PETER MAY BENEFIT FROM LYNPARZA COMBINATION THERAPY, AN ORAL TREATMENT OPTION WITH A GENERALLY MANAGEABLE SAFETY PROFILE THAT ALIGNS WITH HIS CLINICAL PROFILE AND TREATMENT PREFERENCES

- mCRPC
- ARPI discontinued ≥12 months prior without evidence of progression
- ECOG PS 1
- Preference for an oral treatment that can be taken at home so that he can continue his volunteering*

*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; NSAID=non-steroidal anti-inflammatory drug; PSA=prostate-specific antigen; SGLT2i=sodium–glucose co-transporter 2 inhibitor; SmPC=Summary of Product Characteristics.

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MSD AstraZeneca