MEET RALPH

MALE, AGED 78 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 solicitor who lives with his daughter and son-in-law
- Gave up smoking 20 years ago
- Drinks 4–5 units of alcohol at the weekend whilst watching football on the television with his son-in-law
- Ralph has experienced aching in his lower back and hip that he initially attributed to age-related arthritis. This has been compounded by a greater sense of fatigue, which he feels has reduced his mobility recently, and he worries that this could signify a recurrence of his prostate cancer

PROSTATE CANCER HISTORY

- At age 76, 2 years ago, Ralph was diagnosed with mHSPC following routine PSA screening. Prior to diagnosis, he'd noticed increasing discomfort when getting up from a seated position, along with some unexplained weight loss
- At diagnosis, MRI/CT imaging identified two metastases; in the lumbar spine and the right iliac crest
- Following discussion with his oncologist, Ralph received radiotherapy to the primary tumour, followed by ADT. Within 6 months of initiation, his PSA levels decreased to 0.2 ng/mL and he showed good response to treatment
- Ralph attended routine follow-ups to measure his PSA levels every 6 months. After 2 years of treatment, his PSA levels began to rise and he experienced intense pain radiating from his buttocks, as well as pronounced loss of appetite and satiety
- Follow-up imaging found that Ralph's disease had progressed to mCRPC, including a hepatic lesion, thoracic spine lesion and additional lumbar spine lesions
- His ECOG PS is 1

MEDICAL HISTORY

- CKD stage G3aA2

CURRENT TREATMENTS

- SGLT2i
- ARB

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

- Previous treatment with radiotherapy + ADT
- Progression to mCRPC whilst ARPI-naïve
- ECOG PS 1
- He is anxious about burdening his family with hospital visits, and would prefer to avoid chemotherapy. In his case, chemotherapy is not clinically indicated

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

- mCRPC
- Disease progression whilst receiving radiotherapy and ADT
- ARPI-naïve
- ECOG PS 1
- Chemotherapy is not clinically indicated and patient preference is to avoid

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

Abbreviations:
ADT=androgen deprivation therapy; ARB=angiotensin-II receptor blockers; ARPI=androgen receptor pathway inhibitor; CKD=chronic kidney disease; 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; SGLT2i=sodium–glucose co-transporter 2 inhibitor.

GB-75792 | July 2026

MSD AstraZeneca