RXADVANCE
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Lynparza (olaparib) Tablets
Clinical Update

Clinical Update: FDA approved Lynparza (olaparib) in US for patients with homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC).
FDA approval date: May 19, 2020

Lynparza is a first-in-class PARP (Poly ADP-ribose polymerase) inhibitor and the first targeted treatment to block DNA damage response (DDR) in cells/tumours harbouring a deficiency in homologous recombination repair, such as mutations in BRCA1 and/or BRCA2. It is indicated for the treatment of ovarian cancer, breast cancer, pancreatic cancer, and prostate cancer.

AstraZeneca and MSD's Lynparza (olaparib) has been approved in the US patients with homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC). The approval by the US Food and Drug Administration (FDA) was based on results from the Phase III PROfound trial, which were published in The New England Journal of Medicine. The primary endpoint of the trial was radiographic progression-free survival (rPFS) in men with BRCA1/2 or ATM gene mutations, a subpopulation of HRR gene mutations. Results showed Lynparza reduced the risk of disease progression or death by 66% (equal to a hazard ratio of 0.34; p-value <0.0001) and improved rPFS to a median of 7.4 months versus 3.6 months with enzalutamide or abiraterone. Lynparza also showed an rPFS benefit in the overall HRR gene-mutated trial population, a key secondary endpoint, and reduced the risk of disease progression or death by 51% (equal to a hazard ratio of 0.49; p-value <0.0001) and improved rPFS to a median of 5.8 months versus 3.5 months with enzalutamide or abiraterone. Additional results from the PROfound trial demonstrated a statistically significant and clinically meaningful improvement in the key secondary endpoint of overall survival (OS) with Lynparza versus enzalutamide or abiraterone in men with mCRPC and BRCA1/2 or ATM gene mutations. Results showed Lynparza reduced the risk of death by 31% (equal to a hazard ratio of 0.69; p-value=0.0175) and improved OS to a median of 19.0 months versus 14.6 months with enzalutamide or abiraterone.