Lynparza® (olaparib) – New formulation approval

- On August 17, 2017, AstraZeneca announced the FDA approval of Lynparza (olaparib) tablets, for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in a complete or partial response to platinum-based chemotherapy; and for the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy.
    - For BRCA-mutated advanced ovarian cancer, patients should be selected for therapy based on an FDA-approved companion diagnostic for Lynparza.
    - Lynparza for gBRCAm advanced ovarian cancer is now fully approved. Previously, Lynparza for gBRCA advanced ovarian cancer was approved under accelerated approval.
- Worldwide, ovarian cancer is the 7th most commonly diagnosed cancer and the 8th most common cause of cancer death in women.
- Lynparza is also available as a 50 mg capsule for monotherapy in patients with deleterious or suspected deleterious germline BRCA-mutated (as detected by an FDA-approved test) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy.
- Two randomized trials support the new approval of Lynparza and its conversion from accelerated approval to full approval.
    - SOLO-2 confirmed the benefit of Lynparza in gBRCAm patients demonstrating a 70% reduced risk of disease progression or death (HR = 0.30 [95% CI, 0.22-0.41], P < 0.0001) and improved progression-free survival (PFS) to 19.1 months vs. 5.5 months for placebo.
    - Study 19 showed that Lynparza reduced the risk of disease progression or death by 65% and improved PFS compared with placebo in patients of any BRCA status (HR = 0.35 [95% CI, 0.25-0.49], P < 0.0001; median PFS of 8.4 months vs. 4.8 months for placebo). Additionally, patients in Study 19, treated with Lynparza as a maintenance therapy, had a median overall survival of 29.8 months vs. 27.8 months for placebo (HR = 0.73 [95% CI, 0.55-0.95]).
- Warnings and precautions for Lynparza tablets include myelodysplastic syndrome/acute myeloid leukemia, pneumonitis, and embryo-fetal toxicity.
- The most common adverse reactions (≥ 20 %) with Lynparza use were anemia, nausea, fatigue (including asthenia), vomiting, nasopharyngitis/upper respiratory tract infection/influenza, diarrhea, arthralgia/myalgia, dysgeusia, headache, dyspepsia, decreased appetite, constipation. and stomatitis.
- The most common laboratory abnormalities (≥ 25 %) with Lynparza use were decrease in hemoglobin, increase in mean corpuscular volume, decrease in lymphocytes, decrease in leukocytes, decrease in absolute neutrophil count, increase in serum creatinine, and decrease in platelets.
- The recommended dose of Lynparza tablets is 300 mg (two 150 mg tablets) orally once daily until disease progression or unacceptable toxicity.
    - Lynparza 50 mg capsule is not substitutable with the tablets on a milligram-to- milligram basis due to differences in dosing and bioavailability of each formulation.

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    - The 100 mg tablet is available for dose reduction.

- AstraZeneca's launch plans for Lynparza tablets are pending. Lynparza tablets will be available in 100 mg and 150 mg strengths.