

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use LYNPARZA safely and effectively. See full prescribing information for LYNPARZA.

LYNPARZA® (olaparib) tablets, for oral use
Initial U.S. Approval: 2014

RECENT MAJOR CHANGES

Indications and Usage (1) X/20XX
Dosage and Administration (2) X/20XX

INDICATIONS AND USAGE

Lynparza is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated:
Ovarian cancer

- for the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic *BRCA*-mutated advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. (1.1, 2.1)
- in combination with bevacizumab for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either:
 - a deleterious or suspected deleterious *BRCA* mutation, and/or
 - genomic instability.Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza (1.2, 2.1).
- for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy. (1.3)
- 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. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. (1.4, 2.1)

Breast cancer

- for the treatment of adult patients with deleterious or suspected deleterious *gBRCAm*, HER2-negative metastatic breast cancer who have been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. (1.5, 2.1)

Pancreatic cancer

- for the maintenance treatment of adult patients with deleterious or suspected deleterious *gBRCAm* metastatic pancreatic adenocarcinoma whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza. (1.6, 2.1)

DOSAGE AND ADMINISTRATION

- Recommended dosage is 300 mg taken orally twice daily with or without food. See Full Prescribing Information for the recommended duration. (2.2)
- For moderate renal impairment (CL_{cr} 31-50 mL/min), reduce Lynparza dosage to 200 mg orally twice daily. (2.5)

DOSAGE FORMS AND STRENGTHS

Tablets: 150 mg, 100 mg (3)

CONTRAINDICATIONS

None. (4)

WARNINGS AND PRECAUTIONS

- Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML): Occurred in <1.5% of patients exposed to Lynparza monotherapy and the majority of events had a fatal outcome. Monitor patients for hematological toxicity at baseline and monthly thereafter. Discontinue if MDS/AML is confirmed. (5.1)
- Pneumonitis: Occurred in <1% of patients exposed to Lynparza, and some cases were fatal. Interrupt treatment if pneumonitis is suspected. Discontinue if pneumonitis is confirmed. (5.2)
- Embryo-Fetal Toxicity: Can cause fetal harm. Advise of the potential risk to a fetus and to use effective contraception. (5.3, 8.1, 8.3)

ADVERSE REACTIONS

Most common adverse reactions (≥10%) in clinical trials:

- as a single agent were nausea, fatigue (including asthenia), vomiting, abdominal pain, anemia, diarrhea, dizziness, neutropenia, leukopenia, nasopharyngitis/upper respiratory tract infection/influenza, respiratory tract infection, arthralgia/myalgia, dysgeusia, headache, dyspepsia, decreased appetite, constipation, stomatitis, dyspnea, and thrombocytopenia. (6.1)
- in combination with bevacizumab were nausea, fatigue (including asthenia), anemia, lymphopenia, vomiting, diarrhea, neutropenia, leukopenia, urinary tract infection, and headache. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact AstraZeneca at 1-800-236-9933 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- Strong or moderate CYP3A inhibitors: Avoid concomitant use. If concomitant use cannot be avoided, reduce Lynparza dosage. (7.2, 12.3)
- Strong or moderate CYP3A inducers: Avoid concomitant use. (7.2, 12.3)

USE IN SPECIFIC POPULATIONS

Lactation: Advise women not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: X/20XX

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

- 1.1 First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer
- 1.2 First-line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab
- 1.3 Maintenance Treatment of Recurrent Ovarian Cancer
- 1.4 Advanced Germline *BRCA*-mutated Ovarian Cancer After 3 or More Lines of Chemotherapy
- 1.5 Germline *BRCA*-mutated HER2-negative Metastatic Breast Cancer
- 1.6 First-Line Maintenance Treatment of Germline *BRCA*-mutated Metastatic Pancreatic Adenocarcinoma

2 DOSAGE AND ADMINISTRATION

- 2.1 Patient Selection
- 2.2 Recommended Dosage
- 2.3 Dosage Modifications for Adverse Reactions

2.4 Dosage Modifications for Concomitant Use with Strong or Moderate CYP3A Inhibitors

2.5 Dosage Modifications for Renal Impairment

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

- 5.1 Myelodysplastic Syndrome/Acute Myeloid Leukemia
- 5.2 Pneumonitis
- 5.3 Embryo-Fetal Toxicity

6 ADVERSE REACTIONS

- 6.1 Clinical Trial Experience
- 6.2 Postmarketing Experience

7 DRUG INTERACTIONS

- 7.1 Use with Anticancer Agents
- 7.2 Effect of Other Drugs on Lynparza

8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.2 Lactation
- 8.3 Females and Males of Reproductive Potential
- 8.4 Pediatric Use
- 8.5 Geriatric Use
- 8.6 Renal Impairment
- 8.7 Hepatic Impairment

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

- 14.1 First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

- 14.2 First-line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab
- 14.3 Maintenance Treatment of Recurrent Ovarian Cancer
- 14.4 Advanced Germline *BRCA*-mutated Ovarian Cancer Treated with 3 or More Prior Lines of Chemotherapy
- 14.5 Treatment of Germline *BRCA*-mutated HER2-negative Metastatic Breast Cancer
- 14.6 First-Line Maintenance Treatment of Germline *BRCA*-mutated Metastatic Pancreatic Adenocarcinoma

16 HOW SUPPLIED/STORAGE AND HANDLING

17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

Lynparza is indicated for the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic *BRCA*-mutated advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza [see [Dosage and Administration \(2.1\)](#)].

1.2 First-line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab

Lynparza is indicated in combination with bevacizumab for the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either:

- a deleterious or suspected deleterious *BRCA* mutation, and/or
- genomic instability.

Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza [see [Dosage and Administration \(2.1\)](#)].

1.3 Maintenance Treatment of Recurrent Ovarian Cancer

Lynparza is indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy.

1.4 Advanced Germline *BRCA*-mutated Ovarian Cancer After 3 or More Lines of Chemotherapy

Lynparza is indicated 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. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza [see [Dosage and Administration \(2.1\)](#)].

1.5 Germline *BRCA*-mutated HER2-negative Metastatic Breast Cancer

Lynparza is indicated for the treatment of adult patients with deleterious or suspected deleterious *gBRCAm*, HER2-negative metastatic breast cancer, who have been treated with chemotherapy in the neoadjuvant, adjuvant, or metastatic setting. Patients with hormone receptor (HR)-positive breast cancer should have been treated with a prior endocrine therapy or be considered inappropriate for endocrine therapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza [see [Dosage and Administration \(2.1\)](#)].

1.6 First-Line Maintenance Treatment of Germline *BRCA*-mutated Metastatic Pancreatic Adenocarcinoma

Lynparza is indicated for the maintenance treatment of adult patients with deleterious or suspected deleterious *gBRCAm* metastatic pancreatic adenocarcinoma whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza [see [Dosage and Administration \(2.1\)](#)].

2 DOSAGE AND ADMINISTRATION

2.1 Patient Selection

First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

Select patients with advanced ovarian cancer who are in complete or partial response to first-line platinum-based chemotherapy for maintenance treatment with Lynparza monotherapy based on the presence of deleterious or suspected deleterious germline or somatic *BRCA* mutation [see [Clinical Studies \(14.1\)](#)]. Information on FDA-approved tests for the detection of *BRCA* mutations is available at <http://www.fda.gov/companiondiagnostics>.

First-Line Maintenance Treatment of HRD Positive Advanced Ovarian Cancer in Combination with Bevacizumab

Select patients with advanced ovarian cancer who are in complete or partial response to first-line platinum-based chemotherapy for maintenance treatment with Lynparza in combination with bevacizumab associated with HRD positive status based on either deleterious or suspected deleterious *BRCA* mutation and/or genomic instability [see [Clinical Studies \(14.2\)](#)].

Information on FDA-approved tests for the detection of *BRCA* mutations or genomic instability are available at <http://www.fda.gov/companiondiagnostics>

Germline *BRCAm* Advanced Ovarian Cancer, HER2-negative Metastatic Breast Cancer, and Metastatic Pancreatic Adenocarcinoma

Select patients for treatment with Lynparza based on the presence of deleterious or suspected deleterious germline *BRCA* mutation [see [Clinical Studies \(14.4, 14.5, 14.6\)](#)]. Information on FDA-approved tests for the detection of *BRCA* mutations is available at <http://www.fda.gov/companiondiagnostics>.

2.2 Recommended Dosage

The recommended dosage of Lynparza is 300 mg taken orally twice daily, with or without food.

First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

Continue treatment until disease progression, unacceptable toxicity, or completion of 2 years of treatment. Patients with a complete response (no radiological evidence of disease) at 2 years should stop treatment. Patients with evidence of disease at 2 years, who in the opinion of the treating healthcare provider can derive further benefit from continuous treatment, can be treated beyond 2 years.

First-Line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab

Continue Lynparza treatment until disease progression, unacceptable toxicity, or completion of 2 years of treatment. Patients with a complete response (no radiological evidence of disease) at 2 years should stop treatment. Patients with evidence of disease at 2 years, who in the opinion of the treating healthcare provider can derive further benefit from continuous Lynparza treatment, can be treated beyond 2 years.

When used with Lynparza, the recommended dose of bevacizumab is 15 mg/kg every three weeks. Bevacizumab should be given for a total of 15 months including the period given with chemotherapy and given as maintenance. Refer to the Prescribing Information for bevacizumab when used in combination with Lynparza for more information.

Recurrent Ovarian Cancer, Germline *BRCA*m Advanced Ovarian Cancer, HER2-negative Metastatic Breast Cancer, and Metastatic Pancreatic Adenocarcinoma

Continue treatment until disease progression or unacceptable toxicity for:

- Maintenance treatment of recurrent ovarian cancer
- Advanced germline *BRCA*-mutated ovarian cancer
- Germline *BRCA*-mutated HER-2 negative metastatic breast cancer
- First-line maintenance treatment of germline *BRCA*-mutated metastatic pancreatic adenocarcinoma.

If a patient misses a dose of Lynparza, instruct patient to take their next dose at its scheduled time. Instruct patients to swallow tablets whole. Do not chew, crush, dissolve, or divide tablet.

2.3 Dosage Modifications for Adverse Reactions

To manage adverse reactions, consider interruption of treatment or dose reduction. The recommended dose reduction is 250 mg taken twice daily.

If a further dose reduction is required, then reduce to 200 mg taken twice daily.

2.4 Dosage Modifications for Concomitant Use with Strong or Moderate CYP3A Inhibitors

Avoid concomitant use of strong or moderate CYP3A inhibitors with Lynparza.

If concomitant use cannot be avoided, reduce Lynparza dosage to:

- 100 mg twice daily when used concomitantly with a strong CYP3A inhibitor.
- 150 mg twice daily when used concomitantly with a moderate CYP3A inhibitor.

After the inhibitor has been discontinued for 3 to 5 elimination half-lives, resume the Lynparza dose taken prior to initiating the CYP3A inhibitor [see [Drug Interactions \(7.2\)](#) and [Clinical Pharmacology \(12.3\)](#)].

2.5 Dosage Modifications for Renal Impairment

Moderate Renal Impairment

In patients with moderate renal impairment (CL_{cr} 31-50 mL/min), reduce the Lynparza dosage to 200 mg orally twice daily [see [Use in Specific Populations \(8.6\)](#) and [Clinical Pharmacology \(12.3\)](#)].

3 DOSAGE FORMS AND STRENGTHS

Tablets:

- 150 mg: green to green/grey, oval, bi-convex, film-coated, with debossment 'OP150' on one side and plain on the reverse side.
- 100 mg: yellow to dark yellow, oval, bi-convex, film-coated, with debossment 'OP100' on one side and plain on the reverse side.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Myelodysplastic Syndrome/Acute Myeloid Leukemia

Overall, the incidence of Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML) in patients treated with Lynparza monotherapy in clinical trials, including long-term follow up, was <1.5% (30/2783) and the majority of events had a fatal outcome. Of these, 26/30 patients had a documented *BRCA* mutation, 2 patients had *gBRCA* wildtype and in 2 patients the *BRCA* mutation status was unknown. Additional cases of MDS/AML have been documented in patients treated with Lynparza in combination studies and in postmarketing reports. The duration of therapy with Lynparza in patients who developed secondary MDS/cancer-therapy related AML varied from <6 months to >2 years. All of these patients had received previous chemotherapy with platinum agents and/or other DNA damaging agents including radiotherapy. Some of these patients also had a history of more than one primary malignancy or of bone marrow dysplasia.

Do not start Lynparza until patients have recovered from hematological toxicity caused by previous chemotherapy (\leq Grade 1). Monitor complete blood count for cytopenia at baseline and monthly thereafter for clinically significant changes during treatment. For prolonged hematological toxicities, interrupt Lynparza and monitor blood counts weekly until recovery. If the levels have not recovered to Grade 1 or less after 4 weeks, refer the patient to a hematologist for further investigations, including bone marrow analysis and blood sample for cytogenetics. If MDS/AML is confirmed, discontinue Lynparza.

5.2 Pneumonitis

Pneumonitis, including fatal cases, occurred in <1% of patients treated with Lynparza. If patients present with new or worsening respiratory symptoms such as dyspnea, cough and fever, or a radiological abnormality occurs, interrupt Lynparza treatment and promptly assess the source of the symptoms. If pneumonitis is confirmed, discontinue Lynparza treatment and treat the patient appropriately.

5.3 Embryo-Fetal Toxicity

Lynparza can cause fetal harm when administered to a pregnant woman based on its mechanism of action and findings in animals. In an animal reproduction study, administration of olaparib to pregnant rats during the period of organogenesis caused teratogenicity and embryo-fetal toxicity at exposures below those in patients receiving the recommended human dose of 300 mg twice daily. Apprise pregnant women of the potential hazard to a fetus and the potential risk for loss of the pregnancy. Advise females of

reproductive potential to use effective contraception during treatment and for 6 months following the last dose of Lynparza. Based on findings from genetic toxicity and animal reproduction studies, advise male patients with female partners of reproductive potential or who are pregnant to use effective contraception during treatment and for 3 months following the last dose of Lynparza [see [Use in Specific Populations \(8.1, 8.3\)](#)].

6 ADVERSE REACTIONS

The following adverse reactions are discussed elsewhere in the labeling:

- Myelodysplastic Syndrome/Acute Myeloid Leukemia [see [Warnings and Precautions \(5.1\)](#)]
- Pneumonitis [see [Warnings and Precautions \(5.2\)](#)]

6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

SOLO-1

The safety of Lynparza for the maintenance treatment of patients with *BRCA*-mutated advanced ovarian cancer following first-line treatment with platinum-based chemotherapy was investigated in SOLO-1 [see [Clinical Studies \(14.1\)](#)]. Patients received Lynparza tablets 300 mg orally twice daily (n=260) or placebo (n=130) until disease progression or unacceptable toxicity. The median duration of study treatment was 25 months for patients who received Lynparza and 14 months for patients who received placebo.

Among patients who received Lynparza, dose interruptions due to an adverse reaction of any grade occurred in 52% and dose reductions due to an adverse reaction occurred in 28%. The most frequent adverse reactions leading to dose interruption or reduction of Lynparza were anemia (23%), nausea (14%), and vomiting (10%). Discontinuation due to adverse reactions occurred in 12% of patients receiving Lynparza. The most frequent adverse reactions that led to discontinuation of Lynparza were fatigue (3.1%), anemia (2.3%), and nausea (2.3%).

Tables 1 and 2 summarize adverse reactions and laboratory abnormalities in SOLO-1.

Table 1 Adverse Reactions* in SOLO-1 (≥10% of Patients Who Received Lynparza)

Adverse Reaction	Lynparza tablets n=260		Placebo n=130	
	All Grades (%)	Grades 3 – 4 (%)	All Grades (%)	Grades 3 – 4 (%)
Gastrointestinal Disorders				
Nausea	77	1	38	0
Abdominal pain [†]	45	2	35	1
Vomiting	40	0	15	1
Diarrhea [‡]	37	3	26	0
Constipation	28	0	19	0
Dyspepsia	17	0	12	0
Stomatitis [§]	11	0	2	0
General Disorders and Administration Site Conditions				
Fatigue [¶]	67	4	42	2
Blood and Lymphatic System Disorders				
Anemia	38	21	9	2
Neutropenia [#]	17	6	7	3
Leukopenia [Ⓟ]	13	3	8	0
Thrombocytopenia [Ⓠ]	11	1	4	2
Infections and Infestations				
Upper respiratory tract infection/ influenza/nasopharyngitis/bronchitis	28	0	23	0
UTI [Ⓡ]	13	1	7	0
Nervous System Disorders				
Dysgeusia	26	0	4	0
Dizziness	20	0	15	1
Metabolism and Nutrition Disorders				
Decreased appetite	20	0	10	0
Respiratory, Thoracic and Mediastinal Disorders				
Dyspnea [Ⓢ]	15	0	6	0

* Graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), version 4.0.

[†] Includes abdominal pain, abdominal pain lower, abdominal pain upper, abdominal distension, abdominal discomfort, and abdominal tenderness.

[‡] Includes colitis, diarrhea, and gastroenteritis.

[§] Includes stomatitis, aphthous ulcer; and mouth ulceration.

[¶] Includes asthenia, fatigue, lethargy, and malaise.

[#] Includes neutropenia, and febrile neutropenia.

[Ⓟ] Includes leukopenia, and white blood cell count decreased.

[Ⓠ] Includes platelet count decreased, and thrombocytopenia.

[Ⓡ] Includes urosepsis, urinary tract infection, urinary tract pain, and pyuria.

[Ⓢ] Includes dyspnea, and dyspnea exertional.

In addition, the adverse reactions observed in SOLO-1 that occurred in <10% of patients receiving Lynparza were increased blood creatinine (8%), lymphopenia (6%), hypersensitivity (2%), dermatitis (1%), and increased mean cell volume (0.4%).

Table 2 Laboratory Abnormalities Reported in ≥25% of Patients in SOLO-1

Laboratory Parameter*	Lynparza tablets n [†] =260		Placebo n [†] =130	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Decrease in hemoglobin	87	19	63	2
Increase in mean corpuscular volume	87	-	43	-
Decrease in leukocytes	70	7	52	1
Decrease in lymphocytes	67	14	29	5
Decrease in absolute neutrophil count	51	9	38	6
Decrease in platelets	35	1	20	2
Increase in serum creatinine	34	0	18	0

* Patients were allowed to enter clinical studies with laboratory values of CTCAE Grade 1.

† This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

First-line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab

PAOLA-1

The safety of Lynparza in combination with bevacizumab for the maintenance treatment of patients with advanced ovarian cancer following first-line treatment containing platinum-based chemotherapy and bevacizumab was investigated in PAOLA-1 [see [Clinical Studies \(14.2\)](#)] This study was a placebo-controlled, double-blind study in which 802 patients received either Lynparza 300 mg BID in combination with bevacizumab (n=535) or placebo in combination with bevacizumab (n=267) until disease progression or unacceptable toxicity. The median duration of treatment with Lynparza was 17.3 months and 11 months for bevacizumab post-randomization on the Lynparza/bevacizumab arm.

Fatal adverse reactions occurred in 1 patient due to concurrent pneumonia and aplastic anemia. Serious adverse reactions occurred in 31% of patients who received Lynparza/bevacizumab. Serious adverse reactions in >5% of patients included hypertension (19%) and anemia (17%).

Dose interruptions due to an adverse reaction of any grade occurred in 54% of patients receiving Lynparza/bevacizumab and dose reductions due to an adverse reaction occurred in 41% of patients who received Lynparza/bevacizumab.

The most frequent adverse reactions leading to dose interruption in the Lynparza/bevacizumab arm were anemia (21%), nausea (7%), vomiting (3%), and fatigue (3%), and the most frequent adverse reactions leading to reduction in the Lynparza/bevacizumab arm were anemia (19%), nausea (7%), and fatigue (4%).

Discontinuation due to adverse reactions occurred in 20% of patients receiving Lynparza/bevacizumab. Specific adverse reactions that most frequently led to discontinuation in patients treated with Lynparza/bevacizumab were anemia (4%) and nausea (3%).

Tables 3 and 4 summarize adverse reactions and laboratory abnormalities in PAOLA-1, respectively.

Table 3 Adverse Reactions* Occurring in ≥10% of Patients Treated with Lynparza/bevacizumab in PAOLA-1 and at ≥5% Frequency Compared to the Placebo/bevacizumab Arm

Adverse Reactions	Lynparza/bevacizumab n=535		Placebo/bevacizumab n=267	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
General Disorders and Administration Site Conditions				
Fatigue (including asthenia) [†]	53	5	32	1.5
Gastrointestinal Disorders				
Nausea	53	2.4	22	0.7
Vomiting	22	1.7	11	1.9
Blood and Lymphatic Disorders				
Anemia [‡]	41	17	10	0.4
Lymphopenia [§]	24	7	9	1.1
Leukopenia	18	1.9	10	1.5

* Graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), version 4.0.

[†] Includes asthenia, and fatigue.

[‡] Includes anemia, anemia macrocytic, erythropenia, haematocrit decreased, haemoglobin decreased, normochromic anemia, normochromic normocytic anemia, normocytic anemia, and red blood cell count decreased. Includes B-lymphocyte count decreased, lymphocyte count decreased, lymphopenia, and T-lymphocyte count decreased.

[§] Includes B-lymphocyte count decreased, lymphocyte count decreased, lymphopenia, and T-lymphocyte count decreased.

^{||} Includes leukopenia, and white blood cell count decreased.

The most common adverse reactions (≥ 10%) for patients receiving Lynparza/bevacizumab irrespective of the frequency compared with the placebo/bevacizumab arm were nausea (53%), fatigue (including asthenia) (53%), anemia (41%), lymphopenia, vomiting (22%), diarrhea (18%), neutropenia (18%), leukopenia (18%), urinary tract infection (15%), and headache (14%).

The adverse reactions that occurred in <10% of patients receiving Lynparza/bevacizumab were dysgeusia (8%), dyspnea (8%), stomatitis (5%), dyspepsia (4.3%), erythema (3%), dizziness (2.6%), and hypersensitivity (1.7%).

In addition, venous thromboembolic events occurred more commonly in patients receiving Lynparza/bevacizumab (5%) than in those receiving placebo/bevacizumab (1.9%).

Table 4 Laboratory Abnormalities Reported in ≥25% of Patients in PAOLA-1*

Laboratory Parameter [†]	Lynparza/bevacizumab n [‡] =535		Placebo/bevacizumab n [‡] =267	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Decrease in hemoglobin	79	13	55	0.4
Decrease in lymphocytes	63	10	42	3.0
Increase in serum creatinine	61	0.4	36	0.4
Decrease in leukocytes	59	3.4	45	2.2
Decrease in absolute neutrophil count	35	7	30	3.7
Decrease in platelets	35	2.4	28	0.4

* Reported within 30 days of the last dose.

[†] Patients were allowed to enter clinical studies with laboratory values of CTCAE Grade 1.

[‡] This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

Maintenance Treatment of Recurrent Ovarian Cancer

SOLO-2

The safety of Lynparza for the maintenance treatment of patients with platinum sensitive gBRCAm ovarian cancer was investigated in SOLO-2 [see [Clinical Studies \(14.3\)](#)]. Patients received Lynparza tablets 300 mg orally twice daily (n=195) or placebo (n=99) until disease progression or unacceptable toxicity. The median duration of study treatment was 19.4 months for patients who received Lynparza and 5.6 months for patients who received placebo.

Among patients who received Lynparza, dose interruptions due to an adverse reaction of any grade occurred in 45% and dose reductions due to an adverse reaction occurred in 27%. The most frequent adverse reactions leading to dose interruption or reduction of Lynparza were anemia (22%), neutropenia (9%), and fatigue/asthenia (8%). Discontinuation due to an adverse reaction occurred in 11% of patients receiving Lynparza.

Tables 5 and 6 summarize adverse reactions and laboratory abnormalities in SOLO-2.

Table 5 Adverse Reactions* in SOLO-2 (≥20% of Patients Who Received Lynparza)

Adverse Reaction	Lynparza tablets n=195		Placebo n=99	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Gastrointestinal Disorders				
Nausea	76	3	33	0
Vomiting	37	3	19	1

Diarrhea	33	2	22	0
Stomatitis [†]	20	1	16	0
General Disorders and Administration Site Conditions				
Fatigue including asthenia	66	4	39	2
Blood and Lymphatic Disorders				
Anemia [‡]	44	20	9	2
Infections and Infestations				
Nasopharyngitis/URI/sinusitis/ rhinitis/influenza	36	0	29	0
Musculoskeletal and Connective Tissue Disorders				
Arthralgia/myalgia	30	0	28	0
Nervous System Disorders				
Dysgeusia	27	0	7	0
Headache	26	1	14	0
Metabolism and Nutrition Disorders				
Decreased appetite	22	0	11	0

* Graded according to the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), version 4.0.

[†] Represents grouped term consisting of abscess oral, aphthous ulcer, gingival abscess, gingival disorder, gingival pain, gingivitis, mouth ulceration, mucosal infection, mucosal inflammation, oral candidiasis, oral discomfort, oral herpes, oral infection, oral mucosal erythema, oral pain, oropharyngeal discomfort, and oropharyngeal pain.

[‡] Represents grouped term consisting of anemia, hematocrit decreased, hemoglobin decreased, iron deficiency, mean cell volume increased and red blood cell count decreased.

In addition, the adverse reactions observed in SOLO-2 that occurred in <20% of patients receiving Lynparza were neutropenia (19%), cough (18%), leukopenia (16%), hypomagnesemia (14%), thrombocytopenia (14%), dizziness (13%), dyspepsia (11%), increased creatinine (11%), edema (8%), rash (6%), and lymphopenia (1%).

Table 6 Laboratory Abnormalities Reported in ≥25% of Patients in SOLO-2

Laboratory Parameter*	Lynparza tablets n [†] =195		Placebo n [†] =99	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Increase in mean corpuscular volume [‡]	89	-	52	-
Decrease in hemoglobin	83	17	69	0
Decrease in leukocytes	69	5	48	1
Decrease in lymphocytes	67	11	37	1
Decrease in absolute neutrophil count	51	7	34	3
Increase in serum creatinine	44	0	29	0
Decrease in platelets	42	2	22	1

* Patients were allowed to enter clinical studies with laboratory values of CTCAE Grade 1.

[†] This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

[‡] Represents the proportion of subjects whose mean corpuscular volume was > upper limit of normal (ULN).

Study 19

The safety of Lynparza as maintenance monotherapy was evaluated in patients with platinum sensitive ovarian cancer who had received 2 or more previous platinum containing regimens in Study 19 [see [Clinical Studies \(14.3\)](#)]. Patients received Lynparza capsules 400 mg orally twice daily (n=136) or placebo (n=128). At the time of final analysis, the median duration of exposure was 8.7 months in patients who received Lynparza and 4.6 months in patients who received placebo.

Adverse reactions led to dose interruptions in 35% of patients receiving Lynparza; dose reductions in 26% and discontinuation in 6% of patients receiving Lynparza.

Tables 7 and 8 summarize adverse reactions and laboratory abnormalities in Study 19.

Table 7 Adverse Reactions* in Study 19 (≥20% of Patients Who Received Lynparza)

Adverse Reaction	Lynparza capsules n=136		Placebo n=128	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Gastrointestinal Disorders				
Nausea	71	2	36	0
Vomiting	35	2	14	1
Diarrhea	28	2	25	2
Constipation	22	1	12	0
Dyspepsia	20	0	9	0
General Disorders and Administration Site Conditions				
Fatigue (including asthenia)	63	9	46	3
Blood and Lymphatic Disorders				
Anemia†	23	7	7	1
Infections and Infestations				
Respiratory tract infection	22	2	11	0
Metabolism and Nutrition Disorders				
Decreased appetite	21	0	13	0
Nervous System Disorders				
Headache	21	0	13	1

* Graded according to NCI CTCAE v4.0.

† Represents grouped terms of related terms that reflect the medical concept of the adverse reaction.

In addition, the adverse reactions in Study 19 that occurred in <20% of patients receiving Lynparza were dysgeusia (16%), dizziness (15%), dyspnea (13%), pyrexia (10%), stomatitis (9%), edema (9%), increase in creatinine (7%), neutropenia (5%), thrombocytopenia (4%), leukopenia (2%), and lymphopenia (1%).

Table 8 Laboratory Abnormalities Reported in ≥25% of Patients in Study 19

Laboratory Parameter*	Lynparza capsules n†=136		Placebo n†=129	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Decrease in hemoglobin	82	8	58	1

Increase in mean corpuscular volume [‡]	82	-	51	-
Decrease in leukocytes	58	4	37	2
Decrease in lymphocytes	52	10	32	3
Decrease in absolute neutrophil count	47	7	40	2
Increase in serum creatinine	45	0	14	0
Decrease in platelets	36	4	18	0

* Patients were allowed to enter clinical studies with laboratory values of CTCAE Grade 1.

† This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

‡ Represents the proportion of subjects whose mean corpuscular volume was > ULN.

Advanced Germline *BRCA*-mutated Ovarian Cancer After 3 or More Lines of Chemotherapy

Pooled Data

The safety of Lynparza was investigated in 223 patients (pooled from 6 studies) with *gBRCA*m advanced ovarian cancer who had received 3 or more prior lines of chemotherapy [see [Clinical Studies \(14.4\)](#)].

Patients received Lynparza capsules 400 mg orally twice daily until disease progression or unacceptable tolerability. The median exposure to Lynparza in these patients was 5.2 months.

There were 8 (4%) patients with adverse reactions leading to death, two were attributed to acute leukemia, and one each was attributed to COPD, cerebrovascular accident, intestinal perforation, pulmonary embolism, sepsis, and suture rupture. Adverse reactions led to dose interruption in 40% of patients, dose reduction in 4%, and discontinuation in 7%.

Tables 9 and 10 summarize the adverse reactions and laboratory abnormalities from the pooled studies.

Table 9 Adverse Reactions Reported in Pooled Data (≥20% of Patients Who Received Lynparza)

Adverse Reaction	Lynparza capsules n=223	
	Grades 1-4 (%)	Grades 3-4 (%)
General Disorders		
Fatigue/asthenia	66	8
Gastrointestinal Disorders		
Nausea	64	3
Vomiting	43	4
Diarrhea	31	1
Dyspepsia	25	0
Decreased appetite	22	1
Blood and Lymphatic Disorders		
Anemia	34	18
Infections and Infestations		
Nasopharyngitis/URI	26	0
Musculoskeletal and Connective Tissue Disorders		
Arthralgia/musculoskeletal pain	21	0
Myalgia	22	0

Table 10 Laboratory Abnormalities Reported in ≥25% of Patients in Pooled Data

Laboratory Parameter*	Lynparza capsules n [†] =223	
	Grades 1-4 (%)	Grades 3-4 (%)
Decrease in hemoglobin	90	15
Mean corpuscular volume elevation	57	-
Decrease in lymphocytes	56	17
Decrease in platelets	30	3
Increase in creatinine	30	2
Decrease in absolute neutrophil count	25	7

* Patients were allowed to enter clinical studies with laboratory values of CTCAE Grade 1.

† This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

The following adverse reactions and laboratory abnormalities have been identified in ≥10 to <20% of the 223 patients receiving Lynparza and not included in the table: cough (16%), constipation (16%), dysgeusia (16%), headache (15%), peripheral edema (14%), back pain (14%), urinary tract infection (14%), dyspnea (13%) and dizziness (11%).

The following adverse reactions and laboratory abnormalities have been identified in <10% of the 223 patients receiving Lynparza and not included in the table: leukopenia (9%), pyrexia (8%), peripheral neuropathy (5%), hypomagnesemia (5%), rash (5%), stomatitis (4%) and venous thrombosis (including pulmonary embolism) (1%).

Germline *BRCA*-mutated HER2-negative Metastatic Breast Cancer

OlympiAD

The safety of Lynparza was evaluated in *gBRCAm* patients with HER2-negative metastatic breast cancer who had previously received up to two lines of chemotherapy for the treatment of metastatic disease in *OlympiAD* [see [Clinical Studies \(14.5\)](#)]. Patients received either Lynparza tablets 300 mg orally twice daily (n=205) or a chemotherapy (capecitabine, eribulin, or vinorelbine) of the healthcare provider's choice (n=91) until disease progression or unacceptable toxicity. The median duration of study treatment was 8.2 months in patients who received Lynparza and 3.4 months in patients who received chemotherapy.

Among patients who received Lynparza, dose interruptions due to an adverse reaction of any grade occurred in 35% and dose reductions due to an adverse reaction occurred in 25%. Discontinuation due to an adverse reaction occurred in 5% of patients receiving Lynparza.

Tables 11 and 12 summarize the adverse reactions and laboratory abnormalities in *OlympiAD*.

Table 11 Adverse Reactions* in OlympiAD (≥20% of Patients Who Received Lynparza)

Adverse Reaction	Lynparza tablets n=205		Chemotherapy n=91	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Gastrointestinal Disorders				
Nausea	58	0	35	1
Vomiting	30	0	15	1
Diarrhea	21	1	22	0
Blood and Lymphatic Disorders				
Anemia [†]	40	16	26	4
Neutropenia [‡]	27	9	50	26
Leukopenia [§]	25	5	31	13
General Disorders and Administration Site Conditions				
Fatigue (including asthenia)	37	4	36	1
Infections and Infestations				
Respiratory tract infection	27	1	22	0
Nervous System Disorders				
Headache	20	1	15	2

* Graded according to NCI CTCAE v4.0.

[†] Represents grouped terms consisting of anemia (anemia erythropenia, hematocrit decreased, hemoglobin decreased and red blood cell count decreased).

[‡] Represents grouped terms consisting of neutropenia (febrile neutropenia, granulocyte count decreased, granulocytopenia, neutropenia, neutropenic infection, neutropenic sepsis, and neutrophil count decreased).

[§] Represents grouped terms consisting of leukopenia (leukopenia and white blood cell count decreased).

^{||} Represents grouped terms consisting of bronchitis, influenza, lower respiratory tract infection, nasopharyngitis, pharyngitis, respiratory tract infection, rhinitis, sinusitis, upper respiratory tract infection, and upper respiratory tract infection bacterial.

In addition, adverse reactions in OlympiAD that occurred in <20% of patients receiving Lynparza were cough (18%), decreased appetite (16%), thrombocytopenia (11%), dysgeusia (9%), lymphopenia (8%), dyspepsia (8%), dizziness (7%), stomatitis (7%), upper abdominal pain (7%), rash (5%), increase in serum creatinine (3%), and dermatitis (1%).

Table 12 Laboratory Abnormalities Reported in ≥25% of Patients in OlympiAD

Laboratory Parameter*	Lynparza tablets n [†] = 205		Chemotherapy n [†] = 91	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Decrease in hemoglobin	82	17	66	3
Decrease in lymphocytes	73	21	63	3
Decrease in leukocytes	71	8	70	23
Increase in mean corpuscular volume [‡]	71	-	33	-
Decrease in absolute neutrophil count	46	11	65	38
Decrease in platelets	33	3	28	0

* Patients were allowed to enter clinical studies with laboratory values of CTCAE Grade 1.

[†] This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

[‡] Represents the proportion of subjects whose mean corpuscular volume was > ULN.

First-line Maintenance Treatment of Germline *BRCA*-mutated Metastatic Pancreatic Adenocarcinoma

POLO

The safety of Lynparza as maintenance treatment of germline *BRCA*-mutated metastatic pancreatic adenocarcinoma following first-line treatment with platinum-based chemotherapy was evaluated in POLO [see [Clinical Studies \(14.6\)](#)]. Patients received Lynparza tablets 300 mg orally twice daily (n=90) or placebo (n=61) until disease progression or unacceptable toxicity. Among patients receiving Lynparza, 34% were exposed for 6 months or longer and 25% were exposed for greater than one year.

Among patients who received Lynparza, dosage interruptions due to an adverse reaction of any grade occurred in 35% and dosage reductions due to an adverse reaction occurred in 17%. The most frequent adverse reactions leading to dosage interruption or reduction in patients who received Lynparza were anemia (11%), vomiting (5%), abdominal pain (4%), asthenia (3%), and fatigue (2%). Discontinuation due to adverse reactions occurred in 6% of patients receiving Lynparza. The most frequent adverse reaction that led to discontinuation of Lynparza was fatigue (2.2%).

Tables 13 and 14 summarize the adverse reactions and laboratory abnormalities in patients in POLO.

Table 13 Adverse Reactions* in POLO (Occurring in ≥10% of Patients who Received Lynparza)

Adverse Reaction	Lynparza tablets (n=91) [†]		Placebo (n=60) [†]	
	All Grades (%)	Grades 3–4 (%)	All Grades (%)	Grades 3–4 (%)
General Disorders and Administration Site Conditions				
Fatigue [‡]	60	5	35	2
Gastrointestinal Disorders				
Nausea	45	0	23	2
Abdominal pain [^]	34	2	37	5
Diarrhea	29	0	15	0
Constipation	23	0	10	0
Vomiting	20	1	15	2
Stomatitis [§]	10	0	5	0
Blood and Lymphatic System Disorders				
Anemia	27	11	17	3
Thrombocytopenia [¶]	14	3	7	0
Neutropenia [¶]	12	4	8	3
Metabolism and Nutrition Disorders				
Decreased appetite	25	3	7	0
Musculoskeletal and Connective Tissue Disorders				
Back pain	19	0	17	2

Adverse Reaction	Lynparza tablets (n=91) [†]		Placebo (n=60) [†]	
	All Grades (%)	Grades 3 – 4 (%)	All Grades (%)	Grades 3 – 4 (%)
Arthralgia	15	1	10	0
Skin and Subcutaneous Tissue Disorder				
Rash [#]	15	0	5	0
Respiratory, Thoracic and Mediastinal Disorders				
Dyspnea ^{**}	13	0	5	2
Infections and Infestations				
Nasopharyngitis	12	0	3	0
Nervous System Disorders				
Dysgeusia	11	0	5	0

* Graded according to NCI CTCAE, version 4.0

[†] This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

[‡] Includes asthenia and fatigue

[^] Includes abdominal pain, abdominal pain upper, abdominal pain lower

[§] Includes stomatitis and mouth ulceration

^{||} Includes neutropenia, febrile neutropenia and neutrophil count decreased

[¶] Includes platelets count decreased and thrombocytopenia

[#] Includes rash erythematous, rash macular and rash maculo-papular

^{**} Includes dyspnea and dyspnea exertional

In addition, the adverse reactions observed in POLO that occurred in <10% of patients receiving Lynparza were cough (9%), abdominal pain upper (7%), blood creatinine increased (7%), dizziness (7%), headache (7%), dyspepsia (5%), leukopenia (5%), hypersensitivity (2%) and lymphopenia (2%).

Table 14 Laboratory Abnormalities Reported in ≥25% of Patients in POLO

Laboratory Parameter*	Lynparza tablets n [†] =91		Placebo n [†] =60	
	Grades 1-4 (%)	Grades 3-4 (%)	Grades 1-4 (%)	Grades 3-4 (%)
Increase in serum creatinine	99	2	85	0
Decrease in hemoglobin	86	11	65	0
Increase in mean corpuscular volume [‡]	71	-	30	-
Decrease in lymphocytes	61	9	27	0
Decrease in platelets	56	2	39	0
Decrease in leukocytes	50	3	23	0
Decrease in absolute neutrophil count	25	3	10	0

* Patients were allowed to enter POLO with hemoglobin ≥ 9 g/dL (CTCAE Grade 2) and other laboratory values of CTCAE Grade 1.

† This number represents the safety population. The derived values in the table are based on the total number of evaluable patients for each laboratory parameter.

‡ Represents the proportion of subjects whose mean corpuscular volume was $>$ ULN.

6.2 Postmarketing Experience

The following adverse reactions have been identified during post approval use of Lynparza. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Immune System Disorders: Hypersensitivity (rash/dermatitis).

7 DRUG INTERACTIONS

7.1 Use with Anticancer Agents

Clinical studies of Lynparza with other myelosuppressive anticancer agents, including DNA damaging agents, indicate a potentiation and prolongation of myelosuppressive toxicity.

7.2 Effect of Other Drugs on Lynparza

Strong and Moderate CYP3A Inhibitors

Coadministration of CYP3A inhibitors can increase olaparib concentrations, which may increase the risk for adverse reactions [see [Clinical Pharmacology \(12.3\)](#)]. Avoid coadministration of strong or moderate CYP3A inhibitors. If the strong or moderate inhibitor must be coadministered, reduce the dose of Lynparza [see [Dosage and Administration \(2.4\)](#)].

Strong and Moderate CYP3A Inducers

Concomitant use with a strong or moderate CYP3A inducer decreased olaparib exposure, which may reduce Lynparza efficacy [see [Clinical Pharmacology \(12.3\)](#)]. Avoid coadministration of strong or moderate CYP3A inducers.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Based on findings in animals and its mechanism of action [see [Clinical Pharmacology \(12.1\)](#)], Lynparza can cause fetal harm when administered to a pregnant woman. There are no available data on Lynparza use in pregnant women to inform the drug-associated risk. In an animal reproduction study, the administration of olaparib to pregnant rats during the period of organogenesis caused teratogenicity and embryo-fetal toxicity at exposures below those in patients receiving the recommended human dose of 300 mg twice daily (see [Data](#)). Apprise pregnant women of the potential hazard to the fetus and the potential risk for loss of the pregnancy.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. The estimated background risk in the U.S. general population of major birth defects is 2-4%; and the risk for spontaneous abortion is approximately 15-20% in clinically recognized pregnancies.

Data

Animal Data

In a fertility and early embryonic development study in female rats, olaparib was administered orally for 14 days before mating through to Day 6 of pregnancy, which resulted in increased post-implantation loss at a dose level of 15 mg/kg/day (with maternal systemic exposures approximately 7% of the human exposure (AUC_{0-24h}) at the recommended dose).

In an embryo-fetal development study, pregnant rats received oral doses of 0.05 and 0.5 mg/kg/day olaparib during the period of organogenesis. A dose of 0.5 mg/kg/day (with maternal systemic exposures approximately 0.18% of human exposure (AUC_{0-24h}) at the recommended dose) caused embryo-fetal toxicities including increased post-implantation loss and major malformations of the eyes (anophthalmia, microphthalmia), vertebrae/ribs (extra rib or ossification center; fused or absent neural arches, ribs, and sternbrae), skull (fused exoccipital) and diaphragm (hernia). Additional abnormalities or variants included incomplete or absent ossification (vertebrae/sternbrae, ribs, limbs) and other findings in the vertebrae/sternbrae, pelvic girdle, lung, thymus, liver, ureter and umbilical artery. Some findings noted above in the eyes, ribs and ureter were observed at a dose of 0.05 mg/kg/day olaparib at lower incidence.

8.2 Lactation

Risk Summary

No data are available regarding the presence of olaparib in human milk, or on its effects on the breastfed infant or on milk production. Because of the potential for serious adverse reactions in the breastfed infants from Lynparza, advise a lactating woman not to breastfeed during treatment with Lynparza and for one month after receiving the last dose.

8.3 Females and Males of Reproductive Potential

Pregnancy Testing

Recommend pregnancy testing for females of reproductive potential prior to initiating treatment with Lynparza.

Contraception

Females

Lynparza can cause fetal harm when administered to a pregnant woman [see [Use in Specific Populations \(8.1\)](#)]. Advise females of reproductive potential to use effective contraception during treatment with Lynparza and for at least 6 months following the last dose.

Males

Based on findings in genetic toxicity and animal reproduction studies, advise male patients with female partners of reproductive potential or who are pregnant to use effective contraception during treatment and for 3 months following the last dose of Lynparza. Advise male patients not to donate sperm during therapy and for 3 months following the last dose of Lynparza [see [Use in Specific Populations \(8.1\)](#) and [Nonclinical Toxicology \(13.1\)](#)].

8.4 Pediatric Use

Safety and effectiveness of Lynparza have not been established in pediatric patients.

8.5 Geriatric Use

Of the 1585 patients with advanced solid tumors who received Lynparza tablets 300 mg orally twice daily as monotherapy, 443 (28%) patients were aged ≥ 65 years, and this included 109 (7%) patients who were aged ≥ 75 years. Six (0.4%) patients were aged ≥ 85 years.

Of the 535 patients with advanced solid tumors who received Lynparza tablets 300 mg orally twice daily in combination with bevacizumab, 204 (38%) patients were aged ≥ 65 years, and this included 31 (6%) patients who were aged ≥ 75 years.

No overall differences in the safety or effectiveness of Lynparza were observed between these patients and younger patients.

8.6 Renal Impairment

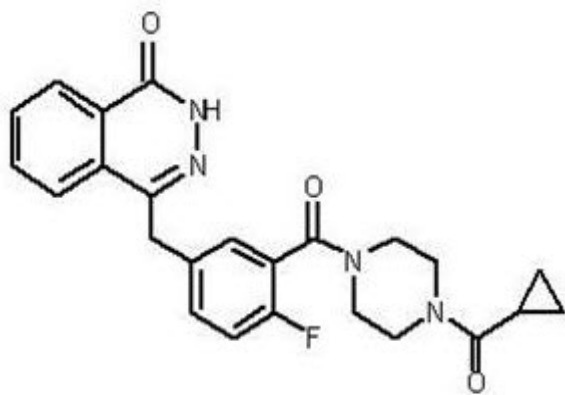
No dosage modification is recommended in patients with mild renal impairment (CLcr 51 to 80 mL/min estimated by Cockcroft-Gault). Reduce Lynparza dosage to 200 mg twice daily in patients with moderate renal impairment (CLcr 31 to 50 mL/min) [see [Dosage and Administration \(2.5\)](#)]. There are no data in patients with severe renal impairment or end-stage disease (CLcr ≤ 30 mL/min) [see [Clinical Pharmacology \(12.3\)](#)].

8.7 Hepatic Impairment

No adjustment to the starting dose is required in patients with mild or moderate hepatic impairment (Child-Pugh classification A and B). There are no data in patients with severe hepatic impairment (Child-Pugh classification C) [see [Clinical Pharmacology \(12.3\)](#)].

11 DESCRIPTION

Olaparib is a poly (ADP-ribose) polymerase (PARP) inhibitor. The chemical name is 4-[(3-[[4-(cyclopropylcarbonyl)piperazin-1-yl]carbonyl]-4-fluorophenyl)methyl]phthalazin-1(2H)-one. The empirical molecular formula for Lynparza is $C_{24}H_{23}FN_4O_3$ and the relative molecular mass is 434.46. It has the following chemical structure:



Olaparib is a crystalline solid, is non-chiral and shows pH-independent low solubility across the physiological pH range.

Lynparza (olaparib) tablets for oral use contain 100 mg or 150 mg of olaparib. Inactive ingredients in the tablet core are copovidone, mannitol, colloidal silicon dioxide and sodium stearyl fumarate. The tablet coating consists of hypromellose, polyethylene glycol 400, titanium dioxide, ferric oxide yellow and ferrousferrous oxide (150 mg tablet only).

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Olaparib is an inhibitor of poly (ADP-ribose) polymerase (PARP) enzymes, including PARP1, PARP2, and PARP3. PARP enzymes are involved in normal cellular functions, such as DNA transcription and DNA repair. Olaparib has been shown to inhibit growth of select tumor cell lines in vitro and decrease tumor growth in mouse xenograft models of human cancer, both as monotherapy or following platinum-based chemotherapy. Increased cytotoxicity and anti-tumor activity following treatment with olaparib were noted in cell lines and mouse tumor models with deficiencies in *BRCA* and non-*BRCA* proteins involved in the homologous recombination repair (HRR) of DNA damage and correlated with platinum response. In vitro studies have shown that olaparib-induced cytotoxicity may involve inhibition of PARP enzymatic activity and increased formation of PARP-DNA complexes, resulting in DNA damage and cancer cell death.

12.2 Pharmacodynamics

Cardiac Electrophysiology

The effect of olaparib on cardiac repolarization was assessed in 119 patients following a single dose of 300 mg and in 109 patients following multiple dosing of 300 mg twice daily. No clinically relevant effect of olaparib on QT interval was observed.

12.3 Pharmacokinetics

The area under the curve (AUC) of olaparib increases approximately proportionally following administration of single doses of 25 mg to 450 mg (0.08 to 1.5 times the recommended dose) and maximal concentrations (C_{max}) increased slightly less than proportionally for the same dose range.

Olaparib showed time-dependent pharmacokinetics and an AUC mean accumulation ratio of 1.8 is observed at steady state following a dose of 300 mg twice daily.

The mean (CV%) olaparib C_{max} is 5.8 $\mu\text{g/mL}$ (36%) and AUC is 42 $\mu\text{g}\cdot\text{h/mL}$ (51%) following a single 300 mg dose. The mean steady state olaparib C_{max} and AUC is 7.7 $\mu\text{g/mL}$ (40%) and 49 $\mu\text{g}\cdot\text{h/mL}$ (52%), following a dose of 300 mg twice daily.

Absorption

Following oral administration of olaparib, the median time to peak plasma concentration is 1.5 hours.

Effect of Food

Co-administration of a high fat and high calorie meal (800-1000 kcal, 50% of the calorie content made up from fat) with olaparib slowed the rate (t_{max} delayed by 2.5 hours) of absorption, but did not significantly alter the extent of olaparib absorption (mean AUC increased by approximately 8%).

Distribution

The mean (\pm standard deviation) apparent volume of distribution of olaparib is 158 ± 136 L following a single 300 mg dose of Lynparza. The protein binding of olaparib is approximately 82% in vitro.

Elimination

The mean (\pm standard deviation) terminal plasma half-life of olaparib is 14.9 ± 8.2 hours and the apparent plasma clearance is 7.4 ± 3.9 L/h following a single 300 mg dose of Lynparza.

Metabolism

Olaparib is metabolized by cytochrome P450 (CYP) 3A in vitro.

Following an oral dose of radiolabeled olaparib to female patients, unchanged olaparib accounted for 70% of the circulating radioactivity in plasma. It was extensively metabolized with unchanged drug accounting for 15% and 6% of radioactivity in urine and feces, respectively. The majority of the metabolism is attributable to oxidation reactions with a number of the components produced undergoing subsequent glucuronide or sulfate conjugation.

Excretion

Following a single dose of radiolabeled olaparib, 86% of the dosed radioactivity was recovered within a 7-day collection period, 44% via the urine and 42% via the feces. The majority of the material was excreted as metabolites.

Specific Populations

Patients with Renal Impairment

In a renal impairment trial, the mean AUC increased by 24% and C_{max} by 15%, when olaparib was dosed in patients with mild renal impairment (CL_{Cr} =51-80 mL/min defined by the Cockcroft-Gault equation;

n=13) and by 44% and 26%, respectively, when olaparib was dosed in patients with moderate renal impairment (CLCr=31-50 mL/min; n=13), compared to those with normal renal function (CLCr ≥81 mL/min; n=12). There was no evidence of a relationship between the extent of plasma protein binding of olaparib and creatinine clearance. There are no data in patients with severe renal impairment or end-stage renal disease (CLCr ≤30 mL/min).

Patients with Hepatic Impairment

In a hepatic impairment trial, the mean AUC increased by 15% and the mean C_{max} increased by 13% when olaparib was dosed in patients with mild hepatic impairment (Child-Pugh classification A; n=10) and the mean AUC increased by 8% and the mean C_{max} decreased by 13% when olaparib was dosed in patients with moderate hepatic impairment (Child-Pugh classification B; n=8), compared to patients with normal hepatic function (n=13). Hepatic impairment had no effect on the protein binding of olaparib and, therefore, total plasma exposure was representative of free drug. There are no data in patients with severe hepatic impairment (Child-Pugh classification C).

Drug Interaction Studies

Clinical Studies

CYP3A Inhibitors: Concomitant use of itraconazole (strong CYP3A inhibitor) increased olaparib C_{max} by 42% and AUC by 170%. Concomitant use of fluconazole (moderate CYP3A inhibitor) is predicted to increase olaparib C_{max} by 14% and AUC by 121%.

CYP3A Inducers: Concomitant use of rifampicin (strong CYP3A inducer) decreased olaparib C_{max} by 71% and AUC by 87%. Concomitant use of efavirenz (moderate CYP3A inducer) is predicted to decrease olaparib C_{max} by 31% and AUC by 60%.

In vitro Studies

CYP Enzymes: Olaparib is both an inhibitor and inducer of CYP3A and an inducer of CYP2B6. Olaparib is predicted to be a weak CYP3A inhibitor in humans.

UGT Enzymes: Olaparib is an inhibitor of UGT1A1.

Transporters: Olaparib is an inhibitor of BCRP, OATP1B1, OCT1, OCT2, OAT3, MATE1, and MATE2K. Olaparib is a substrate and inhibitor of the efflux transporter P-gp. The potential for olaparib to induce P-gp has not been evaluated.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity studies have not been conducted with olaparib.

Olaparib was clastogenic in an in vitro chromosomal aberration assay in mammalian Chinese hamster ovary (CHO) cells and in an in vivo rat bone marrow micronucleus assay. This clastogenicity is consistent with genomic instability resulting from the primary pharmacology of olaparib and indicates potential for genotoxicity in humans. Olaparib was not mutagenic in a bacterial reverse mutation (Ames) test.

In a fertility study, female rats received oral olaparib at doses of 0.05, 0.5, and 15 mg/kg/day for at least 14 days before mating through the first week of pregnancy. There were no adverse effects on mating and fertility rates at doses up to 15 mg/kg/day (maternal systemic exposures approximately 7% of the human exposure (AUC_{0-24h}) at the recommended dose).

In a male fertility study, olaparib had no effect on mating and fertility in rats at oral doses up to 40 mg/kg/day following at least 70 days of olaparib treatment (with systemic exposures of approximately 5% of the human exposure (AUC_{0-24h}) at the recommended dose).

14 CLINICAL STUDIES

14.1 First-Line Maintenance Treatment of *BRCA*-mutated Advanced Ovarian Cancer

SOLO-1

The efficacy of Lynparza was evaluated in SOLO-1 (NCT01844986), a randomized (2:1), double-blind, placebo-controlled, multi-center trial in patients with *BRCA*-mutated advanced ovarian, fallopian tube, or primary peritoneal cancer following first-line platinum-based chemotherapy. Patients were randomized to receive Lynparza tablets 300 mg orally twice daily or placebo. Treatment was continued for up to 2 years or until disease progression or unacceptable toxicity; however, patients with evidence of disease at 2 years, who in the opinion of the treating healthcare provider could derive further benefit from continuous treatment, could be treated beyond 2 years. Randomization was stratified by response to first-line platinum-based chemotherapy (complete or partial response). The major efficacy outcome was investigator-assessed progression-free survival (PFS) evaluated according to Response Evaluation Criteria in Solid Tumors (RECIST), version 1.1.

A total of 391 patients were randomized, 260 to Lynparza and 131 to placebo. The median age of patients treated with Lynparza was 53 years (range: 29 to 82) and 53 years (range: 31 to 84) among patients on placebo. The ECOG performance status (PS) was 0 in 77% of patients receiving Lynparza and 80% of patients receiving placebo. Of all patients, 82% were White, 36% were enrolled in the U.S. or Canada, and 82% were in complete response to their most recent platinum-based regimen. The majority of patients (n=389) had germline *BRCA* mutation (*gBRCAm*), and 2 patients had somatic *BRCAm* (*sBRCAm*).

Of the 391 patients randomized in SOLO-1, 386 were retrospectively or prospectively tested with a Myriad BRACAnalysis test and 383 patients were confirmed to have deleterious or suspected deleterious *gBRCAm* status; 253 were randomized to the Lynparza arm and 130 to the placebo arm. Two out of 391 patients randomized in SOLO-1 were confirmed to have *sBRCAm* based on an investigational Foundation Medicine tissue test.

SOLO-1 demonstrated a statistically significant improvement in investigator-assessed PFS for Lynparza compared to placebo. Results from a blinded independent review were consistent. At the time of the analysis of PFS, overall survival (OS) data were not mature (21% of patients had died). Efficacy results are presented in Table 15 and Figure 1.

Table 15 Efficacy Results – SOLO-1 (Investigator Assessment)

	Lynparza tablets (n=260)	Placebo (n=131)
Progression-Free Survival*		
Number of events (%)	102 (39%)	96 (73%)
Median, months	NR	13.8
Hazard ratio [†] (95% CI)	0.30 (0.23, 0.41)	
p-value [‡]	<0.0001	

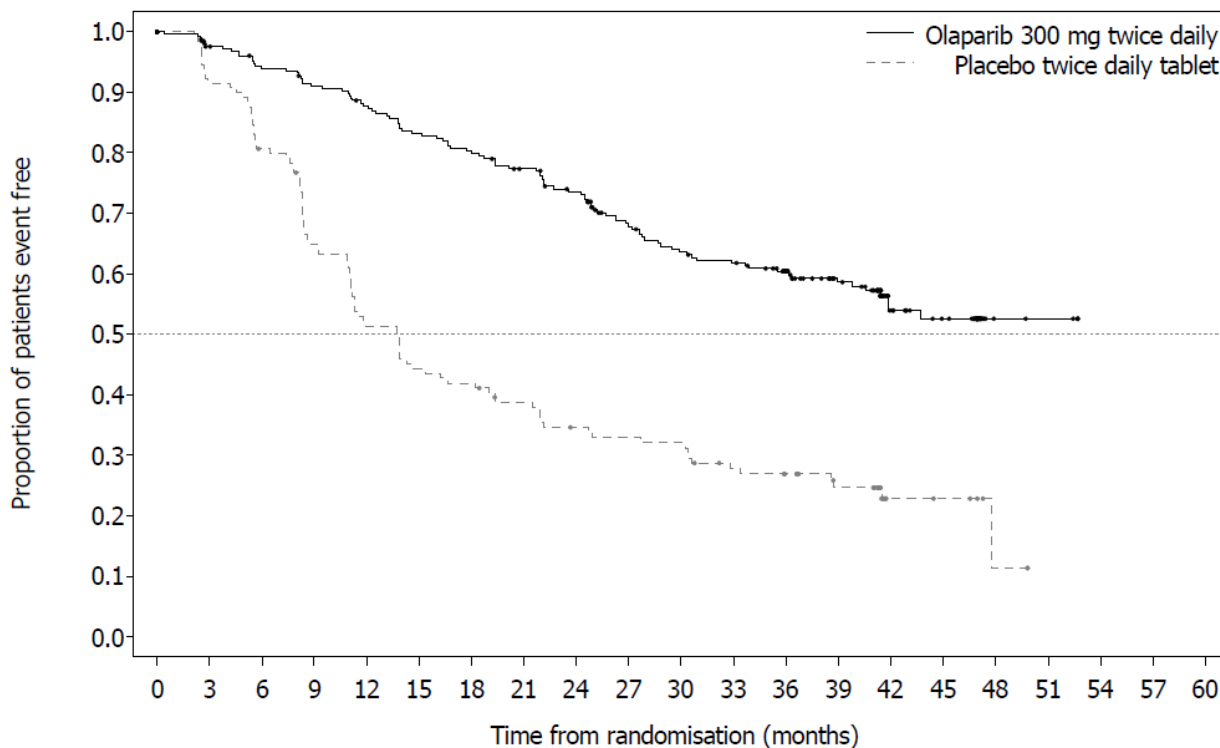
* Median follow up of 41 months in both treatment arms.

† A value <1 favors olaparib. Hazard ratio from a Cox proportional hazards model including response to previous platinum chemotherapy (complete response versus partial response) as a covariate.

‡ The p-value is derived from a stratified log-rank test.

NR not reached; CI Confidence Interval.

Figure 1 Kaplan-Meier Curves of Investigator-Assessed Progression-Free Survival - SOLO-1



Number of patients at risk:

Time (months)	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
Olaparib 300 mg twice daily tablet	260	240	229	221	212	201	194	184	172	149	138	133	111	88	45	36	4	3	0	0	0
Placebo twice daily tablet	131	118	103	82	65	56	53	47	41	39	38	31	28	22	6	5	1	0	0	0	0

14.2 First-line Maintenance Treatment of Advanced Ovarian Cancer in Combination with Bevacizumab

PAOLA-1

PAOLA-1 (NCT03737643) was a randomized, double-blind, placebo-controlled, multi-center trial that compared the efficacy of Lynparza in combination with bevacizumab versus placebo/bevacizumab for the maintenance treatment of advanced high-grade epithelial ovarian cancer, fallopian tube or primary peritoneal cancer following first-line platinum-based chemotherapy and bevacizumab. Randomization was stratified by first-line treatment outcome (timing and outcome of cytoreductive surgery and response to platinum-based chemotherapy) and *tBRCAm* status, determined by prospective local testing. All available clinical samples were retrospectively tested with Myriad myChoice[®] CDx. Patients were required to have no evidence of disease (NED) due to complete surgical resection, or who were in complete response (CR), or partial response (PR) following completion of first-line platinum-containing chemotherapy and bevacizumab. Patients were randomized (2:1) to receive Lynparza tablets 300 mg orally twice daily in combination with bevacizumab (n=537) 15 mg/kg every three weeks or

placebo/bevacizumab (n=269) Patients continued bevacizumab in the maintenance setting and started treatment with Lynparza after a minimum of 3 weeks and up to a maximum of 9 weeks following completion of their last dose of chemotherapy. Lynparza treatment was continued for up to 2 years or until progression of the underlying disease or unacceptable toxicity. Patients who in the opinion of the treating physician could derive further benefit from continuous treatment could be treated beyond 2 years. Treatment with bevacizumab was for a total of up to 15 months, including the period given with chemotherapy and given as maintenance.

The major efficacy outcome measure was investigator-assessed PFS evaluated according to RECIST, version 1.1. An additional efficacy endpoint was overall survival (OS).

The median age of patients in both arms was 61 years overall (range 26 to 87). Ovarian cancer was the primary tumor type in 86% of patients in both arms. Ninety six percent (96%) were serous histological type. The ECOG performance score was 0 in 70% of patients and 1 in 28% of patients, overall. All patients had received first-line platinum-based therapy and bevacizumab. First-line treatment outcomes at screening indicated that patients had no evidence of disease with complete macroscopic resection at initial debulking surgery (32%, both arms), no evidence of disease/ CR with complete macroscopic resection at interval debulking surgery (31%, both arms), no evidence of disease/ CR in patients who had either incomplete resection (at initial or interval debulking surgery) or no debulking surgery (15%, both arms) and patients with a partial response (22%, both arms). Thirty percent (30%) of patients in both arms had a deleterious mutation. Patients were not restricted by the surgical outcome with 65% having complete cytoreduction at initial or interval debulking surgery and 35% having residual macroscopic disease. Demographics and baseline disease characteristics were balanced and comparable between the study and placebo arms in the Intention to Treat (ITT) population and also in the HRD positive subgroup.

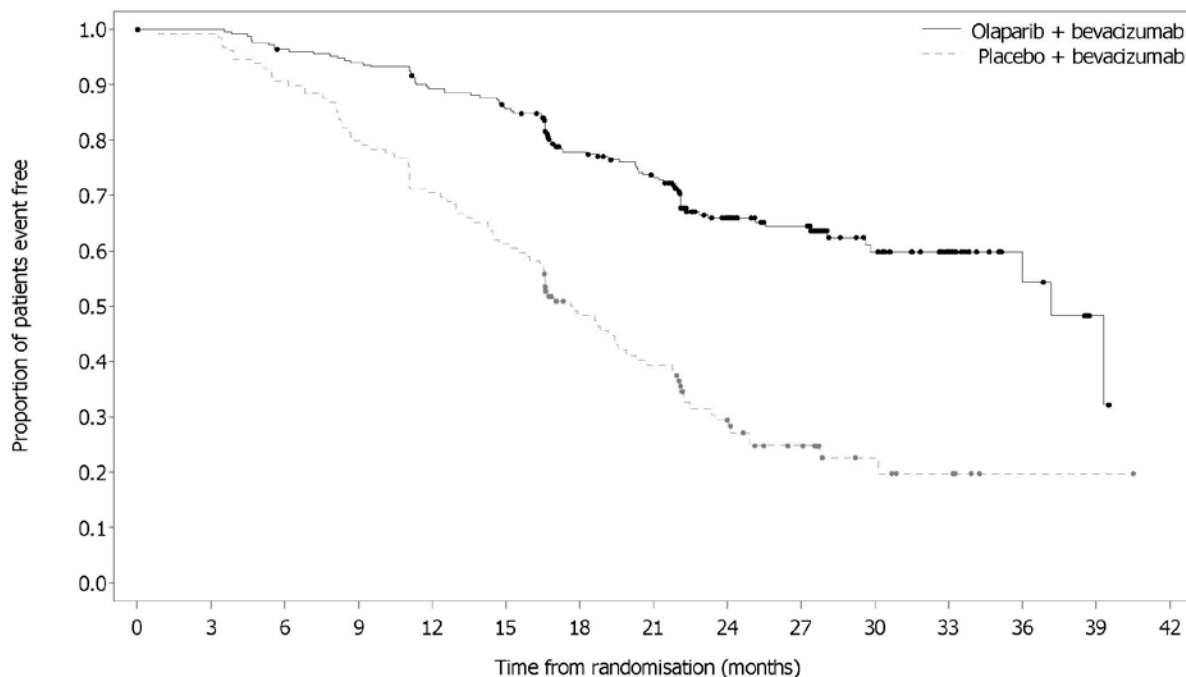
Efficacy results from a biomarker subgroup analysis of 387 patients with HRD positive tumors, identified post-randomization using the Myriad myChoice® HRD Plus tumor test, who received Lynparza/bevacizumab (n=255) or placebo/bevacizumab (n=132), are summarized in Table 16 and Figure 2. Results from a blinded independent review of PFS were consistent. Overall survival data in this subpopulation were immature with 16% deaths.

Table 16 Efficacy Results – PAOLA-1 (HRD positive status*, Investigator Assessment)

	Lynparza/bevacizumab (n=255)	Placebo/bevacizumab (n=132)
Progression-Free Survival		
Number of events (%)	87 (34%)	92 (70%)
Median, months	37.2	17.7
Hazard ratio ^a (95% CI)	0.33 (0.25, 0.45)	

* Median follow-up of 27.4 months in Lynparza/bevacizumab arm and 27.5 months in placebo/bevacizumab arm.
 a The analysis was performed using an unstratified Cox proportional hazards model.
 CI Confidence interval

Figure 2 Kaplan-Meier Curves of Investigator-Assessed Progression-Free Survival – PAOLA-1 (HRD positive status)



Number of patients at risk:

Olaparib + bevacizumab	255	252	242	236	223	213	169	155	103	85	46	29	11	3	0
Placebo + bevacizumab	132	128	117	103	91	79	54	44	28	18	8	5	1	1	0

14.3 Maintenance Treatment of Recurrent Ovarian Cancer

The efficacy of Lynparza was investigated in two randomized, placebo-controlled, double-blind, multi-center studies in patients with recurrent ovarian cancers who were in response to platinum-based therapy.

SOLO-2

The efficacy of Lynparza was evaluated in SOLO-2 (NCT01874353), a randomized (2:1) double-blind, placebo-controlled trial in patients with *gBRCA*m ovarian, fallopian tube, or primary peritoneal cancer. Patients were randomized to Lynparza tablets 300 mg orally twice daily or placebo until unacceptable toxicity or progressive disease. Randomization was stratified by response to last platinum chemotherapy (complete versus partial) and time to disease progression in the penultimate platinum-based chemotherapy prior to enrollment (6-12 months versus >12 months). All patients had received at least two prior platinum-containing regimens and were in response (complete or partial) to their most recent platinum-

based regimen. The major efficacy outcome measure was investigator-assessed PFS evaluated according to RECIST, version 1.1. An additional efficacy outcome measure was OS.

A total of 295 patients were randomized, 196 to Lynparza and 99 to placebo. The median age of patients treated with Lynparza was 56 years (range: 28 to 83) and 56 years (range: 39 to 78) among patients treated with placebo. The ECOG PS was 0 in 83% of patients receiving Lynparza and 78% of patients receiving placebo. Of all patients, 89% were White, 17% were enrolled in the U.S. or Canada, 47% were in complete response to their most recent platinum-based regimen, and 40% had a progression-free interval of 6-12 months since their penultimate platinum regimen. Prior bevacizumab therapy was reported for 17% of those treated with Lynparza and 20% of those receiving placebo. Approximately 44% of patients on the Lynparza arm and 37% on placebo had received three or more lines of platinum-based treatment.

All patients had a deleterious or suspected deleterious germline *BRCA* mutation as detected either by a local test (n=236) or central Myriad CLIA test (n=59), subsequently confirmed by BRACAnalysis CDx® (n=286).

SOLO-2 demonstrated a statistically significant improvement in investigator-assessed PFS in patients randomized to Lynparza as compared with placebo. Results from a blinded independent review were consistent. At the time of the analysis of PFS, OS data were not mature with 24% of events. Efficacy results are presented in Table 17 and Figure 3.

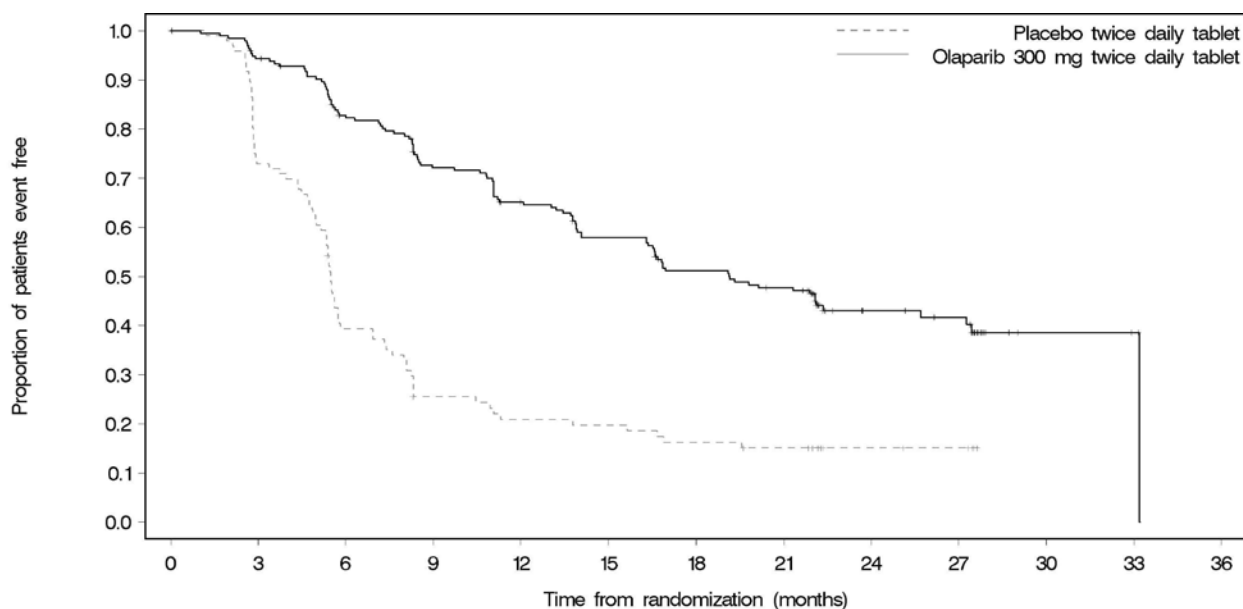
Table 17 Efficacy Results – SOLO-2 (Investigator Assessment)

	Lynparza tablets (n=196)	Placebo (n=99)
Progression-Free Survival		
Number of events (%)	107 (54.6%)	80 (80.8%)
Median, months	19.1	5.5
Hazard ratio* (95% CI)	0.30 (0.22, 0.41)	
p-value†	<0.0001	

* Hazard ratio from a Cox proportional hazards model including response to last platinum chemotherapy (complete response versus partial response) and time to disease progression in the penultimate platinum-based chemotherapy prior to enrollment (6-12 month versus >12 months) as covariates.

† The p-value is derived from a stratified log-rank test.

Figure 3 Kaplan-Meier Curves of Investigator-Assessed Progression-Free Survival – SOLO-2



Number of patients at risk:

Time (months)	0	3	6	9	12	15	18	21	24	27	30	33	36
Olaparib 300 mg twice daily tablet	196	182	156	134	118	104	89	82	32	29	3	2	0
Placebo twice daily tablet	99	70	37	22	18	17	14	12	7	6	0	0	0

Study 19

The efficacy of Lynparza was evaluated in Study 19 (NCT00753545), a randomized (1:1) double-blind, placebo-controlled trial in patients with platinum-sensitive ovarian cancer who had received 2 or more previous platinum-containing regimens. Patients were randomized to Lynparza capsules 400 mg orally twice daily or placebo until unacceptable toxicity or progressive disease. Randomization was stratified by response to last platinum chemotherapy (complete response versus partial response), time to disease progression in the penultimate platinum-based chemotherapy (6-12 months versus >12 months), and descent (Jewish versus non-Jewish). The major efficacy outcome measure was investigator-assessed PFS according to RECIST, version 1.0.

A total of 265 patients were randomized, 136 to Lynparza and 129 to placebo. The median age of patients treated with Lynparza was 58 years (range: 21 to 89) and 59 years (range 33 to 84) among patients treated with placebo. ECOG PS was 0 in 81% of patients receiving Lynparza and 74% of patients receiving placebo. Of all patients, 97% were White, 19% were enrolled in the US or Canada, 45% were in complete response following their most recent platinum chemotherapy regimen, and 40% had a progression-free interval of 6-12 months since their penultimate platinum. Prior bevacizumab therapy was reported for 13% of patients receiving Lynparza and 16% of patients receiving placebo.

A retrospective analysis for germline *BRCA* mutation status, some performed using the Myriad test, indicated that 36% (n=96) of patients from the ITT population had deleterious *gBRCA* mutation, including 39% (n=53) of patients on Lynparza and 33% (n=43) of patients on placebo.

Efficacy results are presented in Table 18 and Figure 4. Study 19 demonstrated a statistically significant improvement in investigator-assessed PFS in patients treated with Lynparza versus placebo.

Table 18 Efficacy Results - Study 19 (Investigator Assessment)

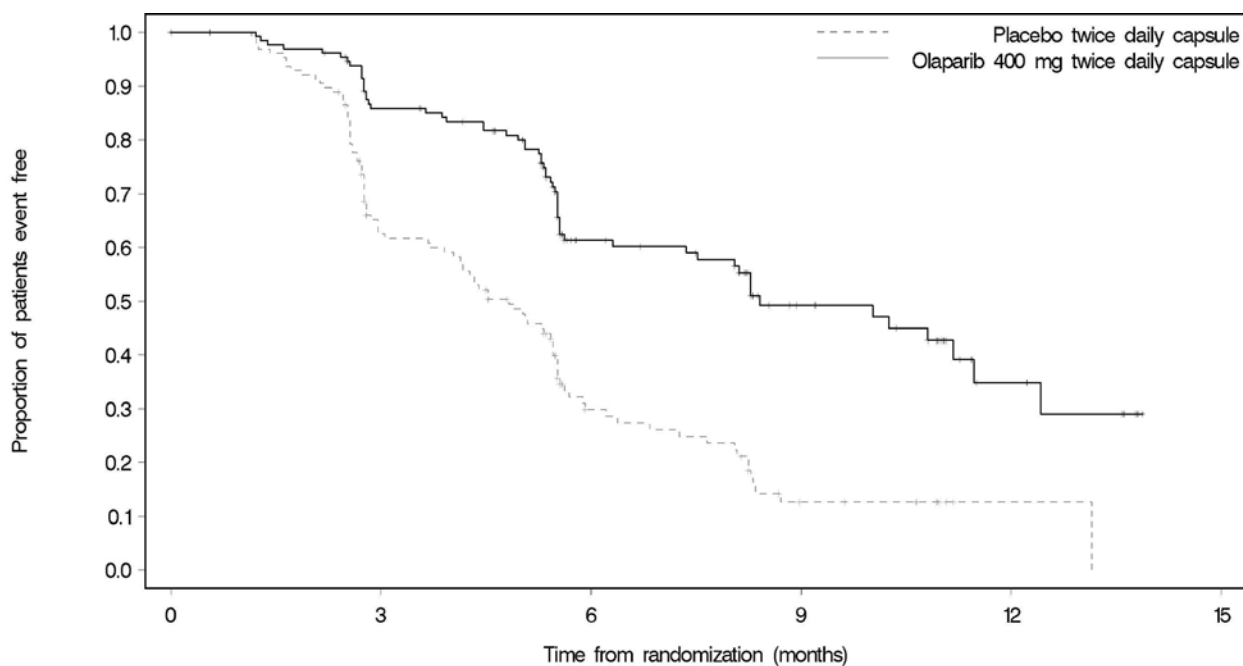
	Lynparza capsules (n=136)	Placebo (n=129)
Progression-Free Survival		
Number of events (%)	60 (44%)	94 (73%)
Median, months	8.4	4.8
Hazard ratio* (95% CI)	0.35 (0.25, 0.49)	
p-value†	<0.0001	
Overall Survival‡		
Number of events (%)	98 (72%)	112 (87%)
Median, months	29.8	27.8
Hazard ratio (95% CI)	0.73 (0.55, 0.95)	

* Hazard ratio from a Cox proportional hazards model including response to last platinum chemotherapy (complete response versus partial response), time to disease progression in the penultimate platinum-based chemotherapy (6-12 months versus >12 months) and Jewish descent (yes versus no) as covariates.

† The p-value is derived from a Cox proportional hazards model.

‡ Without adjusting for multiple analyses.

Figure 4 Kaplan-Meier Curves of Investigator-Assessed Progression-Free Survival – Study 19



Number of patients at risk:					
	0	3	6	9	12
Olaparib 400 mg twice daily capsule	136	106	53	24	7
Placebo twice daily capsule	129	72	24	7	1

14.4 Advanced Germline *BRCA*-mutated Ovarian Cancer Treated with 3 or More Prior Lines of Chemotherapy

The efficacy of Lynparza was investigated in a single-arm study of patients with deleterious or suspected deleterious *gBRCAm* advanced cancers. A total of 137 patients with measurable, advanced *gBRCAm* ovarian cancer treated with three or more prior lines of chemotherapy were enrolled. All patients received Lynparza capsules 400 mg orally twice daily until disease progression or intolerable toxicity. The efficacy outcome measures were objective response rate (ORR) and duration of response (DOR) as assessed by the investigator according to RECIST, version 1.0.

The median age of the patients was 58 years, the majority were White (94%) and 93% had an ECOG PS of 0 or 1. Deleterious or suspected deleterious *gBRCAm* status was verified retrospectively in 97% (59/61) of the patients for whom blood samples were available by the BRCAAnalysis CDx™.

Efficacy results are summarized in Table 19.

Table 19 Overall Response and Duration of Response in Patients with *gBRCA*-mutated Advanced Ovarian Cancer Who Received 3 or More Lines of Chemotherapy

	Lynparza Capsules n=137
Objective Response Rate (95% CI)	34% (26, 42)
Complete response	2%
Partial response	32%
Median DOR in months (95% CI)	7.9 (5.6, 9.6)

14.5 Treatment of Germline *BRCA*-mutated HER2-negative Metastatic Breast Cancer

OlympiAD

The efficacy of Lynparza was evaluated in OlympiAD (NCT02000622), an open-label randomized (2:1) study in patients with *gBRCA*m HER2-negative metastatic breast cancer. Patients were required to have received treatment with an anthracycline (unless contraindicated) and a taxane, in the neoadjuvant, adjuvant or metastatic setting. Patients with hormone receptor-positive disease must have progressed on at least 1 endocrine therapy (adjuvant or metastatic), or have disease that the treating healthcare provider believed to be inappropriate for endocrine therapy. Patients with prior platinum therapy were required to have no evidence of disease progress during platinum treatment. No prior treatment with a PARP inhibitor was permitted. Patients were randomized to Lynparza tablets 300 mg orally twice daily or healthcare provider's choice of chemotherapy (capecitabine, eribulin, or vinorelbine, at standard doses) until progression or unacceptable toxicity. Randomization was stratified by prior use of chemotherapy for metastatic disease (yes vs no), hormone receptor status (hormone receptor positive vs triple negative), and previous use of platinum-based chemotherapy (yes vs no). The major efficacy outcome measure was PFS assessed by blinded independent central review (BICR) using RECIST version 1.1.

A total of 302 patients were randomized, 205 to Lynparza and 97 to chemotherapy. Among the 205 patients treated with Lynparza, the median age was 44 years (range: 22 to 76), 65% were White, 4% were males and all the patients had an ECOG PS of 0 or 1. Approximately 50% of patients had triple-negative tumors and 50% had estrogen receptor and/or progesterone receptor positive tumors and the proportions were balanced across treatment arms. Patients in each treatment arm had received a median of 1 prior chemotherapy regimen for metastatic disease; approximately 30% had not received a prior chemotherapy regimen for metastatic breast cancer. Twenty-one percent of patients in the Lynparza arm and 14% in the chemotherapy arm had received platinum therapy for metastatic disease. Seven percent of patients in each treatment arm had received platinum therapy for localized disease.

Of the 302 patients randomized onto OlympiAD, 299 were tested with the BRACAnalysis CDx[®] and 297 were confirmed to have deleterious or suspected deleterious *gBRCA*m status; 202 were randomized to the Lynparza arm and 95 to the healthcare provider's choice of chemotherapy arm.

A statistically significant improvement in PFS was demonstrated for the Lynparza arm compared to the chemotherapy arm. Efficacy data for OlympiAD are displayed in Table 20 and Figure 5. Consistent results were observed across patient subgroups defined by study stratification factors. An exploratory analysis of investigator-assessed PFS was consistent with the BICR-assessed PFS results.

Table 20 Efficacy Results - OlympiAD (BICR-assessed)

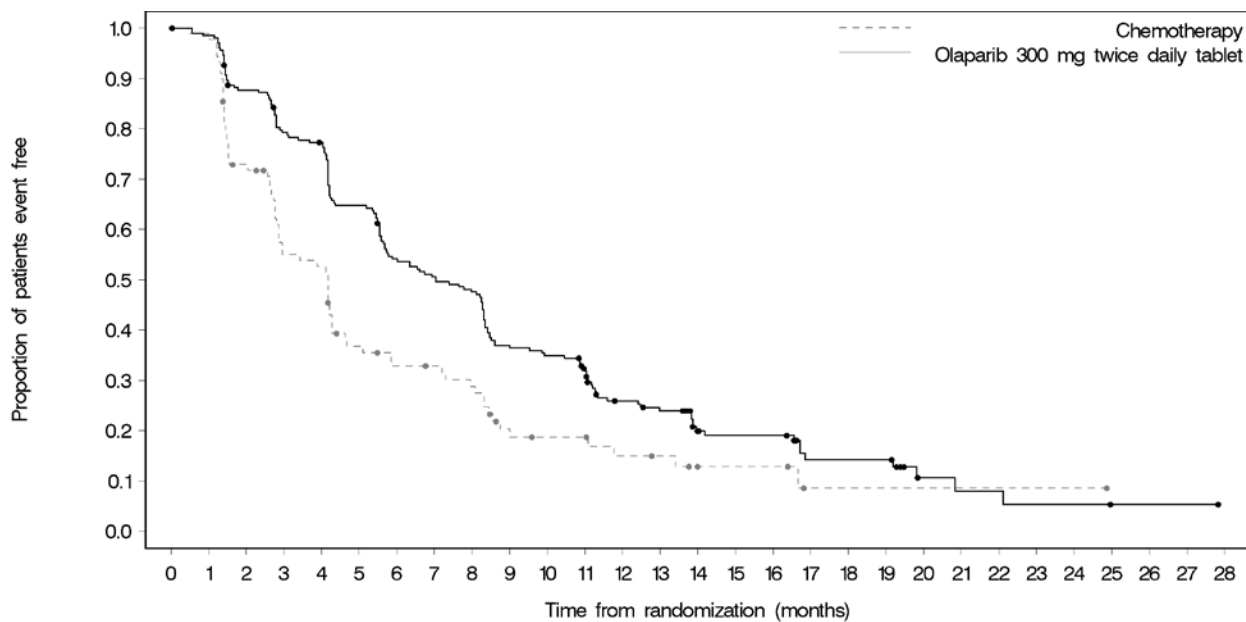
	Lynparza tablets (n=205)	Chemotherapy (n=97)
Progression-Free Survival		
Number of events (%)	163 (80%)	71 (73%)
Median, months	7.0	4.2
Hazard ratio (95% CI)*	0.58 (0.43, 0.80)	
p-value†	0.0009	
Patients with Measurable Disease	n=167	n=66
Objective Response Rate (95% CI)‡	52% (44, 60)	23% (13, 35)
Overall Survival		
Number of events (%)	130 (63%)	62 (64%)
Median, months	19.3	17.1
Hazard ratio (95% CI)*	0.90 (0.66, 1.23)	

* Hazard ratio is derived from a stratified log-rank test, stratified by ER, PgR negative versus ER and or PgR positive and prior chemotherapy (yes versus no).

† For PFS, p-value (2-sided) was compared to 0.05.

‡ Response based on confirmed responses. The confirmed complete response rate was 7.8% for Lynparza compared to 1.5% for chemotherapy arm.

Figure 5 Kaplan-Meier Curves of Progression-Free Survival – OlympiAD



Number of patients at risk:

Time (months)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Olaparib 300 mg twice daily tablet	205	201	177	159	154	129	107	100	94	73	69	61	40	36	23	21	21	11	11	11	4	3	3	2	2	1	1	1	0
Chemotherapy	97	88	63	46	44	29	25	24	21	13	11	11	8	7	4	4	4	1	1	1	1	1	1	1	1	0	0	0	0

14.6 First-Line Maintenance Treatment of Germline *BRCA*-mutated Metastatic Pancreatic Adenocarcinoma

POLO

The efficacy of Lynparza was evaluated in POLO (NCT02184195), a randomized (3:2), double-blind placebo-controlled, multi-center trial. Patients were required to have metastatic pancreatic adenocarcinoma with a deleterious or suspected deleterious germline *BRCA* mutation (*gBRCA*m) and absence of disease progression after receipt of first-line platinum-based chemotherapy for at least 16 weeks. Patients were randomized to receive Lynparza tablets 300 mg orally twice daily or placebo until disease progression or unacceptable toxicity. The major efficacy outcome measure was PFS by BICR using RECIST, version 1.1 modified to assess patients with clinical complete response at entry who were assessed as having no evidence of disease unless they had progressed based on the appearance of new lesions. Additional efficacy outcome measures were OS and ORR.

A total of 154 patients were randomized, 92 to Lynparza and 62 to placebo. The median age was 57 years (range 36 to 84); 54% were male; 92% were White, 4% were Asian and 3% were Black; baseline ECOG PS was 0 (67%) or 1 (31%). The median time from initiation of first-line platinum-based chemotherapy to randomization was 5.8 months (range 3.4 to 33.4 months). Seventy-five percent (75%) of patients received FOLFIRINOX with a median of 9 cycles (range 4-61), 8% received FOLFOX or XELOX, 4% received GEMOX, and 3% received gemcitabine plus cisplatin; 49% achieved a complete or partial response to platinum-based chemotherapy.

All patients had a deleterious or suspected deleterious germline *BRCA*-mutation as detected by the Myriad *BRCA*Analysis® or *BRCA*Analysis CDx® at a central laboratory only (n=106), local *BRCA* test only (n=4), or both local and central testing (n=44). Among the 150 patients with central test results, 30% had a mutation in *BRCA1*; 69% had a mutation in *BRCA2*; and 1 patient (1%) had mutations in both *BRCA1* and *BRCA2*.

Efficacy results of POLO are provided in Table 21 and Figure 6.

Table 21 Efficacy Results - POLO (BICR-assessed)

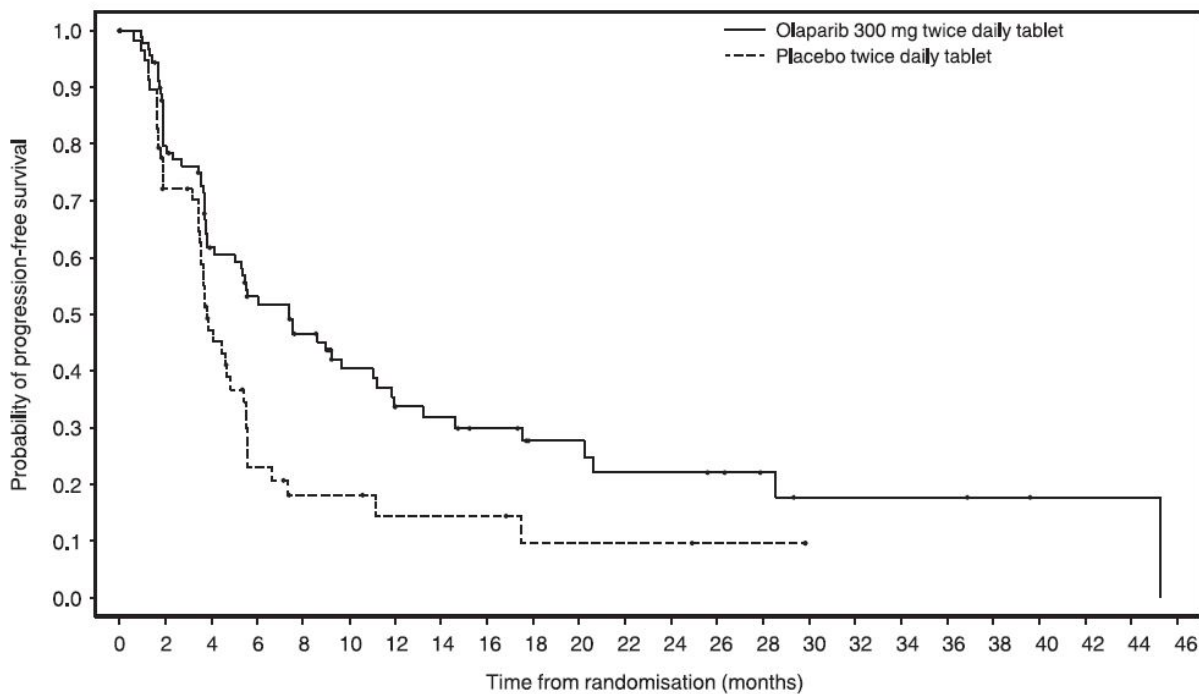
	Lynparza tablets (n=92)	Placebo (n=62)
Progression-Free Survival		
Number of events (%)*	60 (65%)	44 (71%)
Median, months (95% CI)	7.4 (4.1, 11.0)	3.8 (3.5, 4.9)
Hazard ratio** (95% CI)	0.53 (0.35, 0.81)	
p-value	0.0035	
Patients with Measurable Disease	n=78	n=52
Objective Response Rate (95% CI)	23% (14, 34)	12% (4, 23)
Complete response (%)	2 (2.6)	0
Partial response (%)	16 (21)	6 (12)
Duration of Response (DOR)		
Median time in months (95% CI)	25 (15, NC)	4 (2, NC)

* Number of events: Progression – Lynparza 55, placebo 44; death before BICR-documented progression – Lynparza 5, placebo 0

** Hazard ratio, 95% CI, and p-value calculated from a log-rank test. A hazard ratio <1 favors Lynparza.
NC Not calculable

The result of an OS interim analysis conducted based on 67% information fraction did not show a statistically significant improvement in OS for Lynparza compared to placebo.

Figure 6 Kaplan-Meier Curves of BICR-Assessed Progression-Free Survival - POLO



Number of patients at risk:

Time (months)	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	
Olaparib 300 mg twice daily tablet	92	69	50	41	34	24	18	17	14	10	10	8	8	7	5	3	3	3	3	2	1	1	1	0	
Placebo twice daily tablet	62	39	23	10	6	6	4	4	4	2	2	2	2	1	1	0	0	0	0	0	0	0	0	0	0

16 HOW SUPPLIED/STORAGE AND HANDLING

Lynparza is available as 150 mg and 100 mg tablets.

- 150 mg tablets: green to green/grey, oval, bi-convex, film-coated tablet, with debossment ‘OP150’ on one side and plain on the reverse, are available in:
 - Bottles of 60 tablets (NDC 0310-0679-60) and
 - Bottles of 120 tablets (NDC 0310-0679-12).
- 100 mg tablets: yellow to dark yellow, oval, bi-convex, film-coated tablet, with debossment ‘OP100’ on one side and plain on the reverse, are available in:
 - Bottles of 60 tablets (NDC 0310-0668-60) and
 - Bottles of 120 tablets (NDC 0310-0668-12).

Store at 20°C to 25°C (68°F to 77°F), excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Store in original bottle to protect from moisture.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

MDS/AML

Advise patients to contact their healthcare provider if they experience weakness, feeling tired, fever, weight loss, frequent infections, bruising, bleeding easily, breathlessness, blood in urine or stool, and/or laboratory findings of low blood cell counts, or a need for blood transfusions. This may be a sign of hematological toxicity or a more serious uncommon bone marrow problem called ‘myelodysplastic syndrome’ (MDS) or ‘acute myeloid leukemia’ (AML) which have been reported in patients treated with Lynparza [see [Warnings and Precautions \(5.1\)](#)].

Pneumonitis

Advise patients to contact their healthcare provider if they experience any new or worsening respiratory symptoms including shortness of breath, fever, cough, or wheezing [see [Warnings and Precautions \(5.2\)](#)].

Embryo-Fetal Toxicity

Inform pregnant women of the risk to a fetus and potential loss of the pregnancy. Advise females to inform their healthcare provider of known or suspected pregnancy [see [Use in Specific Populations \(8.1\)](#)].

Advise females of reproductive potential to use effective contraception during treatment with Lynparza and for 6 months after the last dose [see [Use in Specific Populations \(8.3\)](#)].

Advise male patients with female partners of reproductive potential or who are pregnant to use effective contraception during treatment and for 3 months after receiving the last dose of Lynparza. Advise male patients not to donate sperm during therapy and for 3 months following the last dose of Lynparza [see [Warnings and Precautions \(5.3\)](#) and [Use in Specific Population \(8.3\)](#)].

Lactation

Advise patients not to breastfeed while taking Lynparza and for one month after receiving the last dose [see [Use in Specific Populations \(8.2\)](#)].

Drug Interactions

Advise patients and caregivers to inform their healthcare provider of all concomitant medications, including prescription medicines, over-the-counter drugs, vitamins, and herbal products. Inform patients to avoid grapefruit, grapefruit juice, Seville oranges, and Seville orange juice while taking Lynparza [see [Drug Interactions \(7.2\)](#)].

Nausea/Vomiting

Advise patients that mild or moderate nausea and/or vomiting is very common in patients receiving Lynparza and that they should contact their healthcare provider who will advise on available antiemetic treatment options [see [Adverse Reactions \(6.1\)](#)].

This label may not be the latest approved by FDA.
For current labeling information, please visit <https://www.fda.gov/drugsatfda>

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Wilmington, DE 19850
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Medication Guide
Lynparza® (Lin-par-zah)
(olaparib)
tablets

What is the most important information I should know about Lynparza?

Lynparza may cause serious side effects, including:

Bone marrow problems called Myelodysplastic Syndrome (MDS) or Acute Myeloid Leukemia (AML). Some people who have ovarian cancer or breast cancer and who have received previous treatment with chemotherapy, radiotherapy or certain other medicines for their cancer have developed MDS or AML during treatment with Lynparza. MDS or AML may lead to death. If you develop MDS or AML, your healthcare provider will stop treatment with Lynparza.

Symptoms of low blood cell counts are common during treatment with Lynparza, but can be a sign of serious bone marrow problems, including MDS or AML. Symptoms may include:

- weakness
- weight loss
- fever
- frequent infections
- blood in urine or stool
- shortness of breath
- feeling very tired
- bruising or bleeding more easily

Your healthcare provider will do blood tests to check your blood cell counts:

- before treatment with Lynparza
- every month during treatment with Lynparza
- weekly if you have low blood cell counts that last a long time. Your healthcare provider may stop treatment with Lynparza until your blood cell counts improve.

Lung problems (pneumonitis). Tell your healthcare provider if you have any new or worsening symptoms of lung problems, including shortness of breath, fever, cough, or wheezing. Your healthcare provider may do a chest x-ray if you have any of these symptoms. Your healthcare provider may temporarily or completely stop treatment if you develop pneumonitis. Pneumonitis may lead to death.

What is Lynparza?

Lynparza is a prescription medicine used to treat adults who have:

- advanced ovarian cancer, fallopian tube cancer, or primary peritoneal cancer with a certain type of inherited (germline) or acquired (somatic) abnormal *BRCA* gene. Lynparza is used alone as maintenance treatment after the cancer has responded to your first treatment with platinum-based chemotherapy. Your healthcare provider will perform a test to make sure that Lynparza is right for you.
- advanced ovarian cancer, fallopian tube cancer or primary peritoneal cancer with a certain type of abnormal *BRCA* gene or a positive laboratory tumor test for genomic instability called HRD. Lynparza is used in combination with another anti-cancer medicine, bevacizumab, as maintenance treatment after the cancer has responded to your first treatment with platinum-based chemotherapy. Your healthcare provider will perform a test to make sure that Lynparza is right for you.
- ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, as maintenance treatment, when the cancer has come back. Lynparza is used after the cancer has responded to treatment with platinum-based chemotherapy.
- advanced ovarian cancer with a certain type of abnormal inherited *BRCA* gene, **and** have received treatment with 3 or more prior types of chemotherapy medicines. Your healthcare provider will perform a test to make sure that Lynparza is right for you.
- a certain type of abnormal inherited *BRCA* gene, human epidermal growth factor receptor 2 (HER2)-negative breast cancer that has spread to other parts of the body (metastatic). You should

have received chemotherapy medicines, either before or after your cancer has spread. If you have hormone receptor (HR)-positive disease, you should have been treated with hormonal therapy. Your healthcare provider will perform a test to make sure that Lynparza is right for you.

- metastatic pancreatic cancer with a certain type of abnormal inherited *BRCA* gene. Lynparza is used as maintenance treatment after your cancer has not progressed on at least 16 weeks of treatment with platinum-based chemotherapy. Your healthcare provider will perform a test to make sure that Lynparza is right for you.

It is not known if Lynparza is safe and effective in children.

Before taking Lynparza, tell your healthcare provider about all of your medical conditions, including if you:

- have lung or breathing problems
- have kidney problems
- are pregnant, become pregnant, or plan to become pregnant. Lynparza can harm your unborn baby and may cause loss of pregnancy (miscarriage).
 - If you are able to become pregnant, your healthcare provider may do a pregnancy test before you start treatment with Lynparza.
 - **Females** who are able to become pregnant should use effective birth control (contraception) during treatment with Lynparza and for 6 months after the last dose of Lynparza. Talk to your healthcare provider about birth control methods that may be right for you. Tell your healthcare provider right away if you become pregnant or think you might be pregnant following treatment with Lynparza.
 - **Males** with female partners who are pregnant or able to become pregnant should use effective birth control (contraception) during treatment with Lynparza and for 3 months after the last dose of Lynparza.
 - Do not donate sperm during treatment with Lynparza and for 3 months after your final dose.
- are breastfeeding or plan to breastfeed. It is not known if Lynparza passes into your breast milk. Do not breastfeed during treatment with Lynparza and for 1 month after receiving the last dose of Lynparza. Talk to your healthcare provider about the best way to feed your baby during this time.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking Lynparza and certain other medicines may affect how Lynparza works and may cause side effects.

How should I take Lynparza?

- Take Lynparza tablets exactly as your healthcare provider tells you.
- Do not change your dose or stop taking Lynparza unless your healthcare provider tells you to. Your healthcare provider may temporarily stop treatment with Lynparza or change your dose of Lynparza if you experience side effects.
- Your healthcare provider will decide how long you stay on treatment.
- **Do not** take more than 4 Lynparza tablets in 1 day. If you have any questions about Lynparza, please talk to your healthcare provider or pharmacist.
- Take Lynparza by mouth 2 times a day.
- Each dose should be taken about 12 hours apart.
- Swallow Lynparza tablets whole. Do not chew, crush, dissolve, or divide the tablets.
- Take Lynparza with or without food.
- If you miss a dose of Lynparza, take your next dose at your usual scheduled time. Do not take an extra dose to make up for a missed dose.
- If you take too much Lynparza, call your healthcare provider or go to the nearest hospital emergency room right away.

What should I avoid while taking Lynparza?

Avoid grapefruit, grapefruit juice, Seville oranges and Seville orange juice during treatment with Lynparza since they may increase the level of Lynparza in your blood.

What are the possible side effects of Lynparza?

Lynparza may cause serious side effects.

See “What is the most important information I should know about Lynparza?”

The most common side effects of Lynparza are:

- nausea or vomiting. Tell your healthcare provider if you get nausea or vomiting. Your healthcare provider may prescribe medicines to treat these symptoms.
 - low number of red or white blood cells
 - stomach-area (abdominal) pain
 - dizziness
 - tiredness or weakness
 - sore throat or runny nose
 - diarrhea
 - joint, muscle, and back pain
 - headache
 - constipation
 - mouth sores
 - respiratory tract infections
 - changes in kidney function blood test
 - changes in the way food tastes
 - loss of appetite
 - low number of platelets
 - indigestion or heartburn

These are not all of the possible side effects of Lynparza.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store Lynparza?

- Store Lynparza at room temperature, between 68°F to 77°F (20°C to 25°C).
- Store Lynparza in the original bottle to protect it from moisture.

Keep Lynparza and all medicines out of the reach of children.

General information about the safe and effective use of Lynparza.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Lynparza for a condition for which it was not prescribed. Do not give Lynparza to other people, even if they have the same symptoms you have. It may **harm** them.

You can ask your healthcare provider or pharmacist for information about Lynparza that is written for health professionals.

What are the ingredients in Lynparza?

Active ingredient: olaparib

Inactive ingredients:

Tablet contains: copovidone, mannitol, colloidal silicon dioxide and sodium stearyl fumarate

Tablet coating contains: hypromellose, polyethylene glycol 400, titanium dioxide, ferric oxide yellow and ferrousferrous oxide (150 mg tablet only)

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Distributed by:

AstraZeneca Pharmaceuticals LP

Wilmington, DE 19850

For more information, call 1-800-236-9933 or go to www.Lynparza.com.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Revised: XX/20XX