



PARP Inhibitors for the Treatment of Ovarian Cancer

Full abbreviations, accreditation, and disclosure information available at [PeerView.com/CHG40](https://www.peerview.com/CHG40)



Agents: Indication and Dosing Information¹⁻⁴

Agent	Indicated for	FDA-Approved Companion Diagnostic	Dosing
Niraparib	Treatment of patients with advanced ovarian cancer who have been treated with ≥ 3 prior chemotherapy regimens and whose cancer is associated with HRD-positive status	HRD status testing using myChoice CDx	Niraparib 300 mg taken orally once daily
	Maintenance treatment in patients with recurrent epithelial ovarian cancer who are in a complete or partial response to platinum-based chemotherapy	N/A	Niraparib 200 mg taken orally once daily for patients weighing < 77 kg (< 170 lb) OR with a platelet count $< 150,000/\text{mL}$
	Maintenance treatment in patients with advanced ovarian cancer who are in a complete or partial response to first-line platinum-based chemotherapy	N/A	Niraparib 300 mg taken orally once daily for patients weighing ≥ 77 kg (≥ 170 lb) AND with a platelet count $\geq 150,000/\text{mL}$
Olaparib	Treatment of patients with gBRCAmut advanced ovarian cancer previously treated with ≥ 3 chemotherapies	BRCA1/2 testing using BRCAAnalysis CDx or next-generation sequencing using FoundationOne CDx	Olaparib 300 mg taken orally twice daily For moderate renal impairment (CrCl: 31-50 mL/min), reduce dosage to 200 mg orally twice daily
	Maintenance treatment in patients with recurrent ovarian cancer who are in a complete or partial response to platinum-based chemotherapy	N/A	
	Maintenance treatment in patients with deleterious or suspected deleterious gBRCAmut or sBRCAmut advanced ovarian cancer who are in a complete or partial response to first-line platinum-based chemotherapy	BRCA1/2 testing using BRCAAnalysis CDx or next-generation sequencing using FoundationOne CDx	
	Maintenance treatment in combination with bevacizumab in patients with advanced epithelial ovarian cancer who are in a complete or partial response to first-line platinum-based chemotherapy and whose cancer is HRD positive	HRD status testing using Myriad myChoice CDx	
Rucaparib	Treatment of patients with gBRCAmut and/or sBRCAmut advanced ovarian cancer previously treated with ≥ 2 chemotherapies	BRCA1/2 testing using BRCAAnalysis CDx or FoundationOne Liquid CDx; next-generation sequencing using FoundationFocus CDxBRCA or FoundationOne CDx	Rucaparib 600 mg orally twice daily
	Maintenance treatment in patients with recurrent ovarian cancer who are in a complete or partial response to platinum-based chemotherapy	N/A	

Spectrum of Adverse Events With PARP Inhibitors

- Common AEs**
- Hematologic: anemia, thrombocytopenia, neutropenia, and lymphocytopenia
 - Gastrointestinal: nausea, vomiting, diarrhea, constipation, abdominal pain, dysgeusia, and decreased appetite
 - Constitutional: fatigue, asthenia, and dyspnea
 - Laboratory abnormalities: elevated creatinine, ALT, AST, and cholesterol
- Serious AEs**
- Bone marrow suppression and MDS/AML
 - Lung-related: pneumonitis
 - Cardiovascular effects: hypertension and hypertensive crisis
 - Embryo-fetal toxicity

Next-Generation PARP Inhibitors on the Horizon

AZD5305 is a highly selective PARP1 inhibitor and trapper^{5,6}

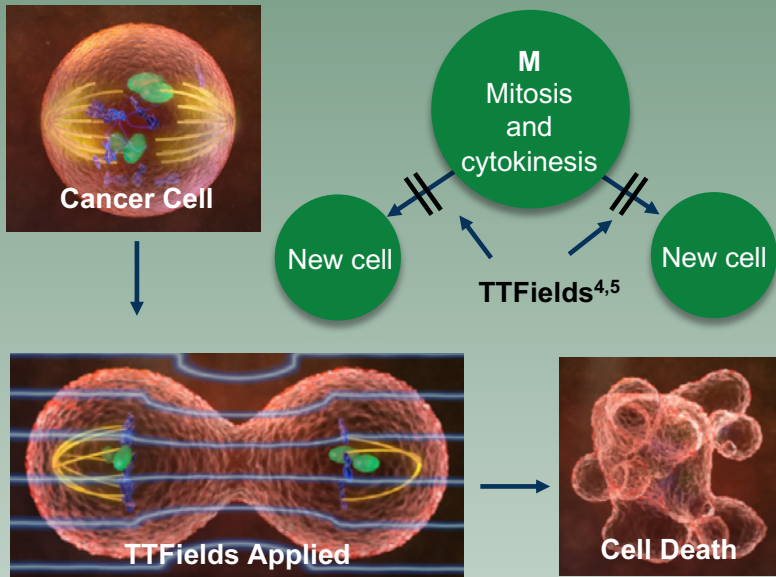
1. Zejula (niraparib) Prescribing Information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/208447s022s0241bl.pdf. 2. Lynparza (olaparib) Prescribing Information. <https://medicalinformation.astrazeneca-us.com/home/prescribing-information/lynparza-tablets-pi.html>. 3. Rubraca (rucaparib) Prescribing Information. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/209115s0081bl.pdf. 4. <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm301431.htm>. 5. <https://clinicaltrials.gov/ct2/show/NCT04644068>. 6. Johannes J et al. 2021 American Association for Cancer Research Annual Meeting (AACR 2021). Abstract ND05.



PRACTICE AID

Understanding Tumor Treating Fields in Cancer

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TTFields Treatment

- Causes minimal damage to healthy cells
- Does not stimulate or heat tissue
- Mild to moderate skin irritation is the most common adverse event reported^{6,7}

TTFields Regulatory Status

- Approved in certain countries for the treatment of adults with glioblastoma^{8,9}
- Approved in the U.S. for mesothelioma¹⁰
- Under investigation in multiple solid tumor types¹¹

TTFields in Ovarian Cancer¹²

GOG-3029/INNOVATE-3

NCT03940196

Pivotal, Randomized, Open-Label Study of TTFields (200kHz) Concomitant With Weekly Paclitaxel for the Treatment of Recurrent Ovarian Cancer

Regimen: Continuous TTFields + paclitaxel 80 mg/m² IV weekly for 8 wk and then on d 1, 8 and 15 of each subsequent 28-d cycle vs paclitaxel alone following the same schedule

Primary endpoint: OS

Estimated N = 540

