Lynparza®
olaparib
tablets 150 mg

PAOLA-1 Clinical Trial Design, Efficacy, and Safety

AstraZeneca

Please see below for Important Safety Information and links to complete Prescribing Information, including Medication Guide.

Significance of the PAOLA-1 Trial

The combination of the poly (ADP-ribose) polymerase (PARP) inhibitor **LYNPARZA® (olaparib) plus bevacizumab** as **first-line maintenance therapy** after response to first-line platinum-based chemotherapy in advanced ovarian cancer was examined in the **PAOLA-1 clinical trial.**[1,2]

PAOLA-1 resulted in an **approval for use** in selected patients with HRD+* advanced ovarian cancer.[1]

Indication: 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 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.

Please see Important Safety Information below on this website and links to the complete Prescribing Information, including Medication Guide.

*Including *BRCA* mutation (as determined by Myriad MyChoice® CDx) and other causes of HRD. HRD+ is defined as either a tumor *BRCA* mutation and/or an HRD score ≥42 by Myriad MyChoice® CDx.[2,3]

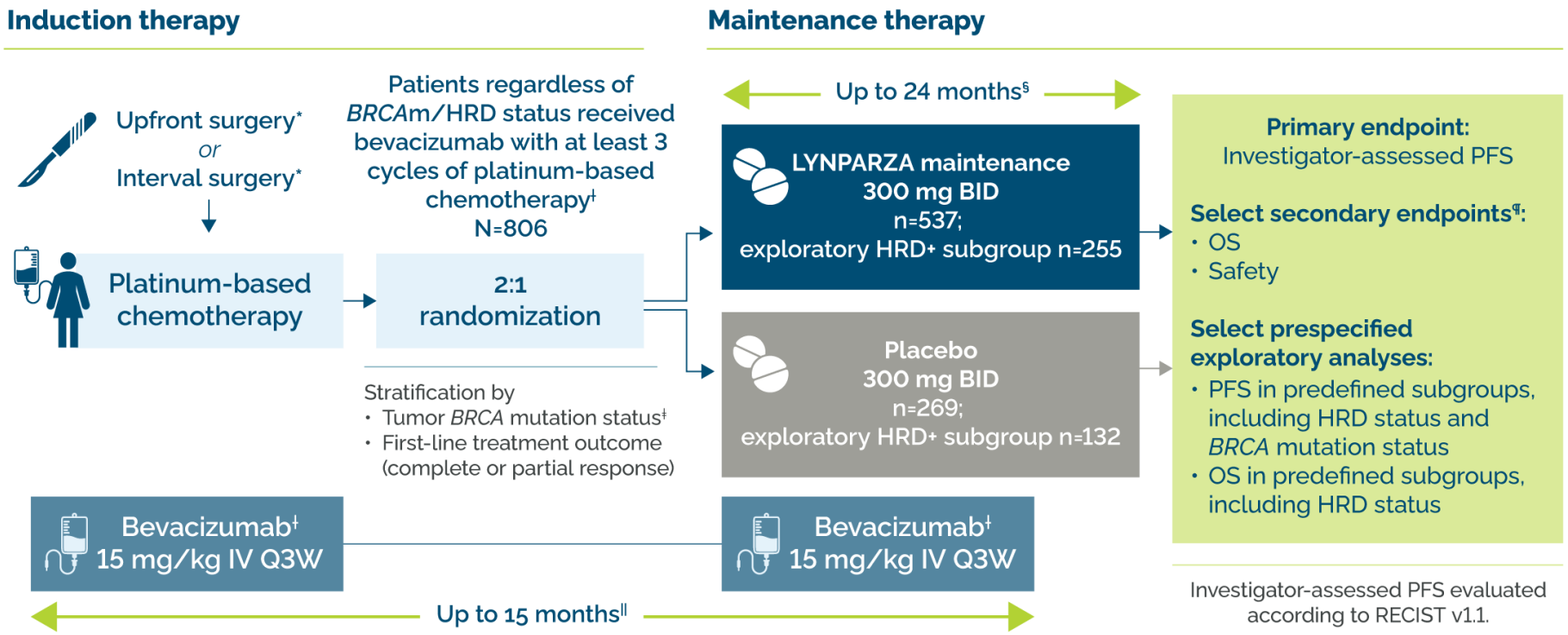
BRCA, BReast CAncer gene; CDx, companion diagnostic; FDA, US Food and Drug Administration; HRD, homologous recombination deficiency; HRD+, homologous recombination deficiency–positive.

1. LYNPARZA® (olaparib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025.
2. Ray-Coquard I, et al. *Ann Oncol*. 2023;34:681-692.
3. Myriad Genetic Laboratories, Inc. Myriad MyChoice® CDx Technical Information. Accessed June 30, 2025.

Design of the PAOLA-1 Trial

The **combination of LYNPARZA and bevacizumab** as **first-line maintenance therapy** in advanced ovarian cancer was examined in the **PAOLA-1 clinical trial**.[1]

Design of the PAOLA-1 trial[1-4]



*Not all patients received surgery. †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. ‡*BRCA* mutation status was determined by local laboratories. §LYNPARZA or placebo 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. ‖Bevacizumab was administered for a total of up to 15 months, including the period given with chemotherapy and given as maintenance. ¶More endpoints than those noted here were studied in PAOLA-1. Not all results from these endpoints are detailed on this site. This study did not implement a prespecified crossover study design.

BRCA, BReast CAncer gene; *BRCA*m, *BRCA* mutation; BID, twice daily; IV, intravenous; HRD, homologous recombination deficiency; HRD+, homologous recombination deficiency–positive; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks; RECIST, Response Evaluation Criteria in Solid Tumors.

1. LYNPARZA® (olaparib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025.
2. Ray-Coquard I, et al. *N Engl J Med*. 2019;381:2416-2428.
3. Ray-Coquard I, et al. Supplementary Information. *N Engl J Med*. 2019;381:2416-2428.
4. Ray-Coquard I, et al. *Ann Oncol*. 2023;34:681-692.

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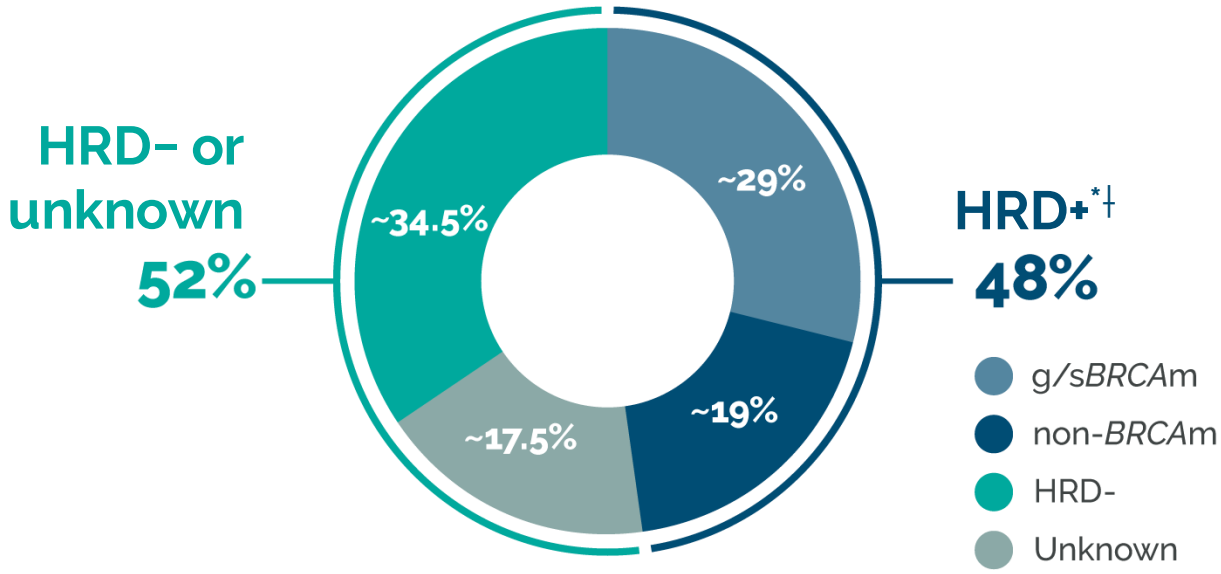
HRD Population in PAOLA-1

Nearly half of the patients in PAOLA-1 were HRD+[1*†]

All patients in the PAOLA-1 trial were retrospectively evaluated for HRD using the Myriad MyChoice® CDx.[2]



The prevalence of HRD in the PAOLA-1 overall study population was consistent with HRD prevalence in the general ovarian cancer population[1,3]

*HRD+ was defined as either a t*BRCA*m and/or an HRD score ≥42 by Myriad MyChoice® CDx; HRD– was defined as non–t*BRCA*m and an HRD score <42 by Myriad MyChoice® CDx.[1,4] 4.2% of the test results were missing, 2.1% failed, and 11.3% were inconclusive, yielding approximately 18% of the total PAOLA-1 population with an unknown HRD status.[5]
†May include markers of genomic instability (eg, LOH, TAI, LST).[4]

BRCA, BReast CAncer gene; *BRCA*m, *BRCA* mutation; CDx, companion diagnostic; g/s*BRCA*m, germline or somatic *BRCA* mutation; HRD, homologous recombination deficiency; HRD+, homologous recombination deficiency–positive; HRD–, homologous recombination deficiency–negative; LOH, loss of heterozygosity; LST, large-scale transitions; TAI, telomeric allelic imbalance; t*BRCA*m, tumor *BRCA*-mutated.

1. Ray-Coquard I, et al. *N Engl J Med.* 2019;381:2416-2428.
2. LYNPARZA® (olaparib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025.
3. Konstantinopoulos PA, et al. *Cancer Discov.* 2015;5:1137-1154.
4. Myriad Genetic Laboratories, Inc. Myriad MyChoice® CDx Technical Information. Accessed June 30, 2025.
5. Ray-Coquard I, et al. Presentation LBA2_PR presented at ESMO Annual Conference 2019, 27 September – 1 October. Barcelona, Spain.

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Baseline Patient Characteristics in the ITT Population

		LYNPARZA + bevacizumab (n=537)	Placebo + bevacizumab (n=269)
Age, median years (range)		61 (32–87)	60 (26–85)
FIGO stage, n (%)	III	378 (70)	186 (69)
	IV	159 (30)	83 (31)
HRD status*, n (%)	HRD positive	255 (47)	132 (49)
	t*BRCA*m	157 (29)	80 (30)
	HRD negative/HRD unknown	282 (53)	137 (51)
	HRD negative	192 (36)	85 (32)
History of cytoreductive surgery, n (%)	**Upfront surgery**	271 (50)	138 (51)
	Residual macroscopic disease	111 (41)	53 (38)
	No residual macroscopic disease	160 (59)	85 (62)
	Interval cytoreductive surgery	228 (42)	110 (41)
	Residual macroscopic disease	65 (29)	35 (32)
	No residual macroscopic disease	163 (71)	75 (68)
	No surgery	38 (7)	21 (8)
Response after surgery/platinum-based chemotherapy, n (%)	NED	290 (54)	141 (52)
	CR	106 (20)	53 (20)
	PR	141 (26)	75 (28)

*HRD-positive was defined as either a t*BRCA*m and/or an HRD score ≥42 by Myriad MyChoice® CDx.

BRCA, BReast CAncer gene; CR, complete response; FIGO, International Federation of Gynecology and Obstetrics; HRD, homologous recombination deficiency; ITT, intent-to-treat; NED, no evidence of disease; PR, partial response; t*BRCA*m, tumor *BRCA*-mutated.

Ray-Coquard I, et al. Supplementary Information. *N Engl J Med*. 2019;381:2416-2428.

Baseline Patient Characteristics in the HRD+ Subgroup

			HRD+ subgroup (n=387)	
Age, median years (range)			58 (32–82)	
ECOG performance (%)	0 1		75 24	
Primary tumor location (%)	Ovary		87	
Histologic type (%)	Serous		95	
Surgical outcome (%)	Complete cytoreduction at initial or interval debulking surgery Residual macroscopic disease		67 33	
Response after first-line chemotherapy (%)	NED	Complete macroscopic resection at initial debulking surgery	36	
	NED/CR	Complete macroscopic resection at interval debulking surgery	29	
		Incomplete resection (initial or interval debulking surgery) or no debulking surgery	16	
	Partial response		19	
			LYNPARZA + bevacizumab (n=255)	**Placebo + bevacizumab** (n=132)
Deleterious tumor *BRCA* mutation (%)			62	58

BRCA, BReast CAncer gene; CR, complete response; ECOG, Eastern Cooperative Oncology Group; HRD, homologous recombination deficiency; HRD+, homologous recombination deficiency–positive; NED, no evidence of disease.

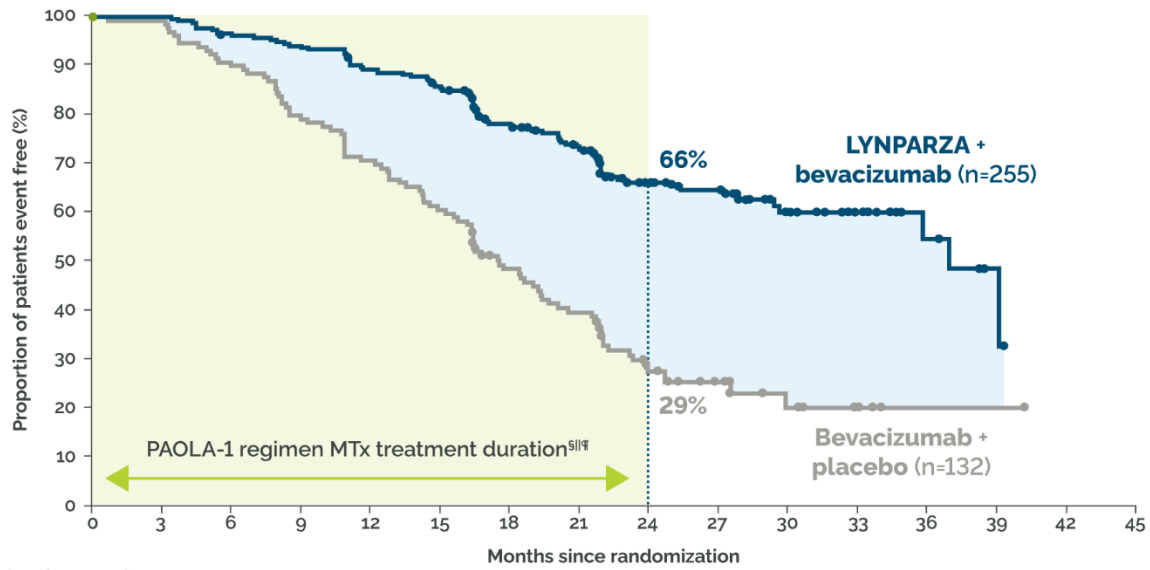
LYNPARZA® (olaparib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025.

Clinically Meaningful PFS Benefit in HRD+ Patients: 37.2 Months With LYNPARZA Plus Bevacizumab vs 17.7 Months With Bevacizumab Plus Placebo

US Food and Drug Administration (FDA) approval of LYNPARZA plus bevacizumab was based on a **prespecified exploratory HRD+**[*†] **subgroup** in the PAOLA-1 trial.[1,2]

- A prespecified exploratory subgroup analysis showed clinically meaningful PFS benefit in HRD+ patients after response to first-line platinum-based chemotherapy[1-3‡]
- Median PFS was 3.1 years (37.2 months) with LYNPARZA plus bevacizumab vs ~1.5 years (17.7 months) with bevacizumab plus placebo.[2§‖¶]
- 67% risk reduction of disease progression or death; HR=0.33 (95% CI: 0.25–0.45).[2]
- Data was based upon a prespecified exploratory subgroup analysis, which was not controlled for Type 1 error. HRD status was not a stratification factor in PAOLA-1.[4]

PFS in the HRD+ subgroup[1,2]



Number of patients at risk

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

*Select patients for this indication based on an FDA-approved companion diagnostic for LYNPARZA.[1] †Including *BRCA* mutation (as determined by Myriad MyChoice® CDx) and other causes of HRD. HRD+ is defined as either a tumor *BRCA* mutation and/or an HRD score ≥42 by Myriad MyChoice® CDx.[2,5] ‡Prespecified exploratory analysis of PFS in the HRD+ subgroup. Data based upon a prespecified exploratory subgroup analysis, which was not controlled for Type 1 error. HRD status was not a stratification factor in PAOLA-1. The analysis is based on Kaplan–Meier estimates and is descriptive only. This trial was not designed to assess a statistical difference between treatment groups at 2 years.[4] §Bevacizumab was administered for a total of up to 15 months, including the period given with chemotherapy and given as maintenance.[1] ‖LYNPARZA was continued for up to 2 years or until progression of the underlying disease or unacceptable toxicity.[1] Patients, who in the opinion of the treating physician could derive further benefit from continuous treatment, could be treated beyond 2 years. ¶Patients with a complete response should stop treatment at 2 years. Patients with evidence of disease at 2 years can remain on therapy at physician discretion.[1] In PAOLA-1, it was unknown how many HRD+ patients remained on therapy longer than 2 years; therefore, results should be interpreted with caution.
BRCA, BReast CAncer gene; CI, confidence interval; FDA, US Food and Drug Administration; HR, hazard ratio; HRD, homologous recombination deficiency; PFS, progression-free survival.

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PAOLA-1 Additional PFS Data

Population/subgroup		Results	HR
HRD+ subgroup (n=387)[1,2]	 **HRD+**	Events, n (%): 87/255 (34) with LYNPARZA plus bevacizumab and 92/132 (70) with bevacizumab plus placebo	
ITT population (n=806)[1,2]	 **ITT**	Statistically significant improvement in PFS was observed for LYNPARZA plus bevacizumab compared with bevacizumab plus placebo	
HRD− subgroup (n=277)[1,2]	 **HRD−**	Results from an exploratory analysis in this subgroup indicated that the clinical benefit was primarily attributed to the results seen in the HRD+ subgroup	HR=1.00 (95% CI: 0.75–1.34)

Additional subgroup analyses[2,3]:

HRD+; non-*BRCA*m	 **HRD+; non-*BRCA*m**	Median PFS in the LYNPARZA + bevacizumab arm was 28.1 months, and median PFS in the bevacizumab + placebo arm was 16.6 months	HR=0.43 (95% CI: 0.28–0.66 [prespecified exploratory analysis])
***BRCA*m**	 ***BRCA*m**	Median PFS in the LYNPARZA + bevacizumab arm was 37.2 months, and median PFS in the bevacizumab + placebo arm was 21.7 months	HR=0.31 (95% CI: 0.20–0.47 [stratified subgroup])

BRCA, BReast CAncer gene; *BRCA*m, *BRCA* mutation; CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficiency; HRD+, homologous recombination deficiency–positive; HRD−, homologous recombination deficiency–negative; ITT, intent-to-treat; PFS, progression-free survival; t*BRCA*m, tumor *BRCA*-mutated.

There was insufficient evidence to suggest differential efficacy between the *BRCA*m and HRD+ non-*BRCA*m groups.

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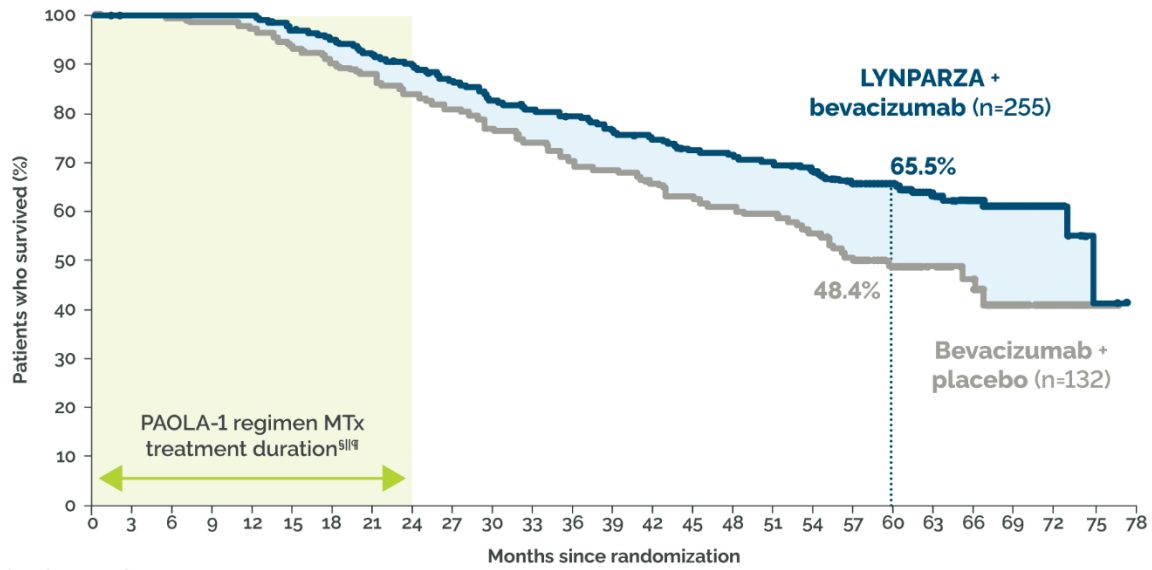
Clinically Meaningful OS Benefit in HRD+ Patients: 6.3 Years With LYNPARZA Plus Bevacizumab vs 4.8 Years With Bevacizumab Plus Placebo

Prespecified exploratory analysis of the secondary endpoint **overall survival (OS) in the HRD+*† subgroup** showed a clinically meaningful survival benefit after response to first-line platinum-based chemotherapy[1-3‡]

- Median OS was ~6.3 years (75.2 months) with LYNPARZA plus bevacizumab vs ~4.8 years (57.3 months) with bevacizumab plus placebo[1§‖¶]
- 38% reduction in the risk of death; HR=0.62 (95% CI: 0.45–0.85)[1]
- Data based upon a prespecified exploratory subgroup analysis, which was not controlled for Type 1 error. HRD status was not a stratification factor in PAOLA-1[2]

OS in the HRD+ subgroup[1,2]



Number of patients at risk

LYNPARZA + bevacizumab	255	253	253	252	252	244	238	231	225	215	205	200	195	189	183	176	174	170	164	142	116	83	62	32	17	4	0
Bevacizumab + placebo	132	130	129	128	126	121	117	114	109	105	100	96	91	89	86	82	174	77	70	59	44	29	21	9	2	1	0

*Select patients for this indication based on an FDA-approved companion diagnostic for LYNPARZA.[1] †Including *BRCA* mutation (as determined by Myriad MyChoice® CDx) and other causes of HRD. HRD+ is defined as either a tumor *BRCA* mutation and/or an HRD score ≥42 by Myriad MyChoice® CDx.[4,5] ‡Secondary endpoint: Prespecified exploratory analysis of OS in the HRD+ subgroup. Data based upon a prespecified exploratory subgroup analysis, which was not controlled for Type 1 error. HRD status was not a stratification factor in PAOLA-1. The analysis is based on Kaplan–Meier estimates and is descriptive only. This trial was not designed to assess a statistical difference between treatment groups at 5 years.[2] §Bevacizumab was administered for a total of up to 15 months, including the period given with chemotherapy and given as maintenance.[1] ‖LYNPARZA was continued for up to 2 years or until progression of the underlying disease or unacceptable toxicity.[1] Patients, who in the opinion of the treating physician could derive further benefit from continuous treatment, could be treated beyond 2 years. ¶Patients with a complete response should stop treatment at 2 years. Patients with evidence of disease at 2 years can remain on therapy at physician discretion.[1] In PAOLA-1, it was unknown how many HRD+ patients remained on therapy longer than 2 years; therefore, results should be interpreted with caution.
BRCA, BReast CAncer gene; CI, confidence interval; FDA, US Food and Drug Administration; HR, hazard ratio; HRD, homologous recombination deficiency; OS, overall survival.

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PAOLA-1 Additional OS Data

Population/subgroup		Results	HR
HRD+ subgroup (n=387)[1,2]	 **HRD+**	Events, n (%): 93/255 (36) with LYNPARZA plus bevacizumab and 69/132 (52) with bevacizumab plus placebo	
ITT population (n=806)[1,3]	 **ITT**	Statistical significance in OS was not reached for LYNPARZA plus bevacizumab compared with bevacizumab plus placebo	
HRD− subgroup (n=277)[1,2]	 **HRD−**	Results from an exploratory analysis in this subgroup indicated that the clinical benefit was primarily attributed to the results seen in the HRD+ subgroup	HR=1.18 (95% CI: 0.87–1.60)

Additional subgroup analyses[2,3]:

HRD+; non-*BRCA*m	 **HRD+; non-*BRCA*m**	HR=0.71 (95% CI: 0.45–1.13)
***BRCA*m**	 ***BRCA*m**	HR=0.60 (95% CI: 0.39–0.93)

BRCA, BReast CAncer gene; *BRCA*m, *BRCA* mutation; CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficiency; HRD+, homologous recombination deficiency–positive; HRD−, homologous recombination deficiency–negative; ITT, intent-to-treat; PFS, progression-free survival; t*BRCA*m, tumor *BRCA*-mutated.

There was insufficient evidence to suggest differential efficacy between the *BRCA*m and HRD+ non-*BRCA*m groups.

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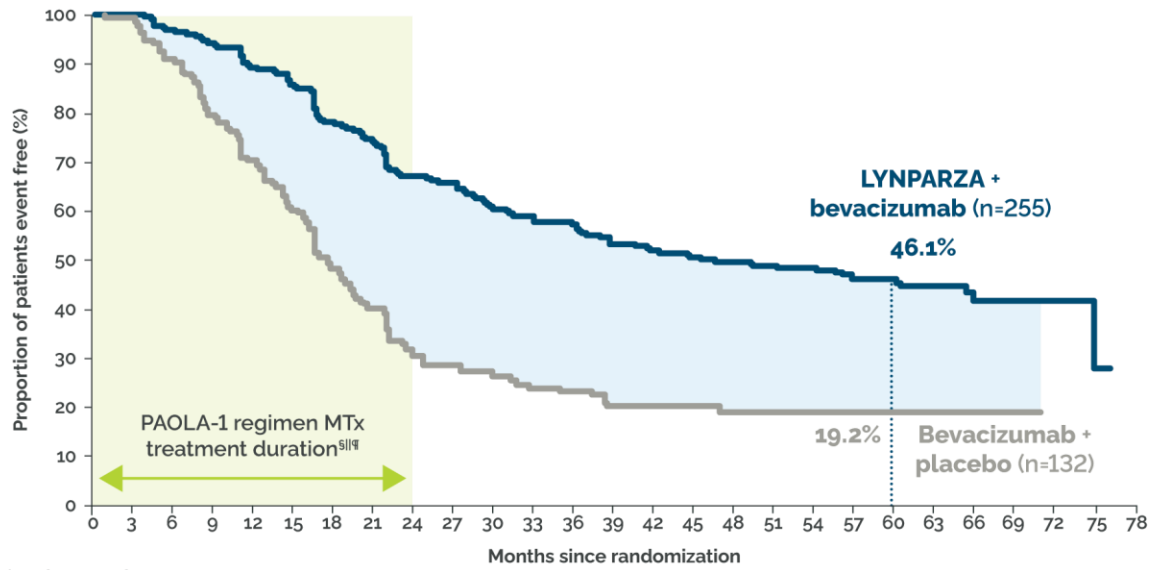
Post Hoc 5-Year Follow-Up: PFS at the Time of OS Analysis

At the final OS analysis, an **updated descriptive analysis of PFS** was conducted.[1]

- Median PFS was approximately 4 years (46.8 months) in the olaparib plus bevacizumab arm vs 1.5 years (17.6 months) in the bevacizumab plus placebo arm for patients with HRD+[*†] disease[1]
- 59% reduction in risk of disease progression or death for olaparib plus bevacizumab vs bevacizumab alone; HR=0.41 (95% CI: 0.32-0.54)[1]
- 46.1% of patients in the olaparib plus bevacizumab arm were progression free at 5 years vs 19.2% in the bevacizumab arm[1]
- Median PFS follow-up time (post hoc follow-up analysis): Efficacy and safety were assessed with long-term follow-up of 5 years after the last patient was randomized (5.1 years for LYNPARZA + bevacizumab and 5.2 years for bevacizumab + placebo); DCO: March 22, 2022[1]

Updated PFS in the HRD+ subgroup[1]



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BRCA, BReast CAncer gene; CI, confidence interval; DCO, data cutoff; FDA, US Food and Drug Administration; HR, hazard ratio; HRD, homologous recombination deficiency; OS, overall survival; PFS, progression-free survival.

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No New Safety Signals Were Identified At 5 Years Follow-Up

ARs occurring in ≥10% of patients treated with LYNPARZA plus bevacizumab and ≥5% frequency compared with placebo plus bevacizumab[1]

Adverse reactions*	Grades 1–4 (%)	Grades 3–4 (%)
Fatigue (including asthenia)†	53 / 32	5 / 1.5
Nausea	53 / 22	2.4 / 0.7
Vomiting	22 / 11	1.7 / 1.9
Anemia‡	41 / 10	17 / 0.4
Lymphopenia§	24 / 9	7 / 1.1
Leukopenia‖	18 / 10	1.9 / 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, hematocrit decreased, hemoglobin 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 leukopenia and white blood cell count decreased.
AR, adverse reaction.

Adverse reactions (ARs) and laboratory abnormalities from the primary analysis in PAOLA-1 were **mostly Grades 1 and 2**.[1]

Primary analysis:

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 plus bevacizumab. Serious adverse reactions in >5% of patients included hypertension (19%) and anemia (17%).[1]

In addition, venous thromboembolism occurred more commonly in patients receiving LYNPARZA plus bevacizumab (5%) than in those receiving placebo plus bevacizumab (1.9%).[1]

At 5-year follow-up analysis:

- No new safety signals were identified[2]
- The incidence of MDS/AML/AA was 1.7% (9/535) in the LYNPARZA plus bevacizumab group and 2.2% (6/267) in the bevacizumab plus placebo group[2]
  - In the HRD+ subgroup, the incidence of MDS/AML was 1.6% (4/255) in patients who received LYNPARZA plus bevacizumab and 2.3% (3/131) in patients who received bevacizumab plus placebo[1]
- 22 (4.1%) new primary malignancy events occurred in the LYNPARZA plus bevacizumab group and 8 (3.0%) events occurred in the bevacizumab plus placebo group[2]
- 7 (1.3%) pneumonitis events occurred in the LYNPARZA plus bevacizumab group and 2 (0.7%) events occurred in the bevacizumab plus placebo group[2]

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PAOLA-1 Dose Modifications Due to an AR

Primary analysis: Dose modifications due to an AR[2]

	LYNPARZA + bevacizumab (n=535)	Placebo + bevacizumab (n=267)
Dose interruptions due to ARs (%)	54	24
Dose reductions due to ARs (%)	41	7
Discontinuations due to ARs (%)	20	6

8 out of 10 patients remained on LYNPARZA as prescribed, in combination with bevacizumab, without discontinuing due to ARs.[1]

- Anemia (4%) and nausea (3%) were reported to cause discontinuation rates ≥2%; all other ARs leading to discontinuation occurred with a frequency of 1% or below[3]
- Recorded ARs occurred during study treatment or up to 30 days after discontinuation of the intervention[3]

Adverse reactions (ARs) and laboratory abnormalities from the primary analysis in PAOLA-1 were mostly Grades 1 and 2; most patients remained on LYNPARZA as prescribed.[1]

Please see bevacizumab Prescribing Information for more information on the management of ARs related to bevacizumab and bevacizumab dosage modifications.

AR, adverse reaction.

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Health-Related Quality of Life Assessments in PAOLA-1

Health-related quality of life was assessed using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30).[1*]

- EORTC QLQ-C30 was completed by patients at baseline and then every 12 weeks for 2 years or until data cutoff[1]
- 498 of 537 (93%) patients in the olaparib plus bevacizumab group and 246 of 269 (91%) patients in the placebo plus bevacizumab group had baseline and at least one post-baseline global health status score[2]
- The change from baseline in the global health status–quality of life score was assessed with the use of a mixed model for repeated measures; results were not powered for statistical significance[1]

*The EORTC QLQ-C30 is a cancer-specific questionnaire assessing 15 HRQoL scales through 30 items: a global health status, five functional scales (physical, role, emotional, cognitive, and social) and nine symptomatic scales (fatigue, nausea and vomiting, pain, dyspnea, insomnia, appetite loss, constipation, diarrhea, and financial difficulties). For each dimension, one score is generated on a 0–100 scale, with higher score representing better HRQoL.[2]

A minimal clinically important difference is defined as ±10 points.

This analysis was a secondary endpoint and was not controlled for type 1 error or powered for statistical significance.

	Olaparib + bevacizumab[1,2]	Placebo + bevacizumab
n	**498**	246
Adjusted mean change from baseline in GHS/QoL score	**−1.33**	−2.89
95% CI	**−2.47 to −0.19**	−4.52 to −1.26
Estimated difference	**1.56**	
95% CI	−0.42 to 3.55	

Primary analysis DCO: March 22, 2019. Median duration of follow-up for primary analysis: olaparib, 22.7 months; placebo, 24.0 months.[2]

CI, confidence interval; DCO, data cutoff; HRQol, health-related quality of life; GHS, global health status; QoL, quality of life.

1. Ray-Coquard I, et al. *N Engl J Med.* 2019;381:2416-2428.
2. Ray-Coquard I, et al. Supplementary Information. *N Engl J Med*. 2019;381:2416-2428.

Take-Home Messages

- The combination of the PARP inhibitor LYNPARZA plus bevacizumab as first-line maintenance therapy in advanced ovarian cancer was examined in the PAOLA-1 clinical trial.[1,2]
- A prespecified exploratory subgroup analysis showed clinically meaningful PFS benefit in HRD+*† patients after response to first-line platinum-based chemotherapy. [1,3,4‡]
- A prespecified exploratory analysis of the secondary endpoint OS in the HRD+*† subgroup showed a clinically meaningful survival benefit after response to first-line platinum-based chemotherapy. [1,2,4‡]
- ARs and laboratory abnormalities from the primary analysis in PAOLA-1 were mostly Grades 1 and 2; 8 out of 10 patients remained on LYNPARZA as prescribed, in combination with bevacizumab, without discontinuing due to ARs.[1]

*Select patients for this indication based on an FDA-approved companion diagnostic for LYNPARZA.[1] †Including *BRCA* mutation (as determined by Myriad MyChoice® CDx) and other causes of HRD. HRD+ is defined as either a tumor *BRCA* mutation and/or an HRD score ≥42 by Myriad MyChoice® CDx.[2,5] ‡Prespecified exploratory analysis of PFS and OS in the HRD+ subgroup. Data based upon a prespecified exploratory subgroup analysis, which was not controlled for Type 1 error. HRD status was not a stratification factor in PAOLA-1.[4]
AR, adverse reaction; *BRCA*, BReast CAncer gene; CDx, companion diagnostic; FDA, US Food and Drug Administration; HRD, homologous recombination deficiency; OS, overall survival; PARP, poly (ADP-ribose) polymerase; PFS, progression-free survival.

1. LYNPARZA® (olaparib) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025.
2. Ray-Coquard I, et al. *Ann Oncol.* 2023;34:681-692.
3. Ray-Coquard I, et al. *N Engl J Med*. 2019;381:2416-2428.
4. Ellis LM, et al. *J Clin Oncol*. 2014;32:1277-1280.

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