



EXTENDS PARP INHIBITOR THERAPY TO MORE WOMEN¹⁻³

Approved in 1L maintenance for patients in complete or partial response to platinum-based chemotherapy with advanced ovarian cancer, regardless of biomarker status¹:

- HRD+ (HRd), BRCA+
- HRD+ (HRd), BRCA-
- HRD- (HRp), BRCA-

No companion diagnostic required to initiate 1L therapy¹

Testing may provide useful prognostic information and inform hereditary risk^{4,5}

In a clinical study, ZEJULA significantly improved PFS in the overall population^{1,4}

mPFS in the OVERALL POPULATION (N=733)			mPFS in the HRd POPULATION (n=373)		
		38% reduction in risk of disease progression or death			57% reduction in risk of disease progression or death
ZEJULA	13.8 months	HR: 0.62 (95% CI, 0.50–0.76) P<0.0001	ZEJULA	21.9 months	HR: 0.43 (95% CI, 0.31–0.59) P<0.0001
Placebo	8.2 months		Placebo	10.4 months	

Study Design^{1,4}: PRIMA, a randomized double-blind, placebo-controlled phase 3 trial, evaluated the safety and efficacy of ZEJULA in women (N=733) with newly diagnosed advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer following CR or PR to first-line platinum-based chemotherapy. Patients were randomized 2:1 to receive ZEJULA or placebo once daily. The primary endpoint was PFS in patients who had tumors that were HRd and in those in the overall population, as determined on hierarchical testing. PFS was measured from time of randomization to time of disease progression or death. Patients were stratified based on neoadjuvant chemotherapy administered (yes or no), best response to 1st platinum therapy (CR or PR) and homologous-recombination (HR) status (deficient [HR-deficient], proficient [HR-proficient], or not determined). At the time of PFS analysis, limited overall survival data were available with 11% deaths in the overall population.

In a prespecified exploratory analysis of the HRp subgroup (n=249), a 32% reduction in the risk of disease progression or death compared with placebo was observed. This prespecified subgroup analysis was exploratory in nature and was not powered to detect a statistically significant treatment effect; therefore, results should be interpreted with caution.^{4,6}

- mPFS of 8.1 months for ZEJULA vs 5.4 months for placebo (HR 0.68; 95% CI, 0.49–0.94)

Among the subgroup of patients with HRnd*, HR: 0.85 (95% CI, 0.51–1.43)⁴

* If test results were inconclusive or the test was not done, tumors were considered as homologous recombination status not determined (HRnd).

- Convenient, once-daily, oral monotherapy¹
- Well-characterized safety profile¹
 - 12% discontinuation rate due to ARs

Indication

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

Highlights of Important Safety Information: Summary of Warnings and Precautions

Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML): MDS/AML occurred in patients exposed to ZEJULA, and some cases were fatal. Monitor patients for hematological toxicity and discontinue if MDS/AML is confirmed.

Bone Marrow Suppression: Test complete blood counts weekly for the first month, monthly for the next 11 months and periodically thereafter for clinically significant changes.

Cardiovascular Effects: Monitor blood pressure and heart rate at least weekly for the first two months, then monthly for the first year, and periodically thereafter during treatment with ZEJULA. Manage with antihypertensive medications as well as adjustment of the ZEJULA dose, if necessary.

Embryo-Fetal Toxicity: ZEJULA can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception.

Please see reverse side for additional Important Safety Information, as well as the accompanying Prescribing Information.

Important Safety Information (continued)

Myelodysplastic Syndrome/Acute Myeloid Leukemia (MDS/AML), including some fatal cases, was reported in 15 patients (0.8%) out of 1785 patients treated with ZEPJULA monotherapy in clinical trials. The duration of therapy in patients who developed secondary MDS/cancer therapy-related AML varied from 0.5 months to 4.9 years. These patients had received prior chemotherapy with platinum agents and/or other DNA-damaging agents including radiotherapy. Discontinue ZEPJULA if MDS/AML is confirmed.

Hematologic adverse reactions (thrombocytopenia, anemia and neutropenia) have been reported in patients receiving ZEPJULA. In PRIMA, the overall incidence of Grade ≥ 3 thrombocytopenia, anemia and neutropenia were reported, respectively, in 39%, 31%, and 21% of patients receiving ZEPJULA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 4%, 2%, and 2% of patients. In patients who were administered a starting dose of ZEPJULA based on baseline weight or platelet count, Grade ≥ 3 thrombocytopenia, anemia and neutropenia were reported, respectively, in 22%, 23%, and 15% of patients receiving ZEPJULA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 3%, 3%, and 2% of patients. Do not start ZEPJULA until patients have recovered from hematological toxicity caused by prior chemotherapy (\leq Grade 1). Monitor complete blood counts weekly for the first month, monthly for the next 11 months, and periodically thereafter. If hematological toxicities do not resolve within 28 days following interruption, discontinue ZEPJULA, and refer the patient to a hematologist for further investigations.

Hypertension and hypertensive crisis have been reported in patients receiving ZEPJULA. In PRIMA, Grade 3-4 hypertension occurred in 6% of patients receiving ZEPJULA vs 1% of patients receiving placebo, with no reported discontinuations. Monitor blood pressure and heart rate at least weekly for the first two months, then monthly for the first year, and periodically thereafter during treatment with ZEPJULA. Closely monitor patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension. Manage hypertension with antihypertensive medications and adjustment of the ZEPJULA dose, if necessary.

Embryo-Fetal Toxicity and Lactation: Based on its mechanism of action, ZEPJULA can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for 6 months after receiving their final dose of ZEPJULA. Because of the potential for serious adverse reactions from ZEPJULA in breastfed infants, advise lactating women to not breastfeed during treatment with ZEPJULA and for 1 month after receiving the final dose.

The most common adverse reactions (Grades 1-4) in $\geq 10\%$ of all patients who received ZEPJULA in PRIMA were thrombocytopenia (66%), anemia (64%), nausea (57%), fatigue (51%), neutropenia (42%), constipation (40%), musculoskeletal pain (39%), leukopenia (28%), headache (26%), insomnia (25%), vomiting (22%), dyspnea (22%), decreased appetite (19%), dizziness (19%), cough (18%), hypertension (18%), AST/ALT elevation (14%), and acute kidney injury (12%).

Common lab abnormalities (Grades 1-4) in $\geq 25\%$ of all patients who received ZEPJULA in PRIMA included: decreased hemoglobin (87%), decreased platelets (74%), decreased leukocytes (71%), increased glucose (66%), decreased neutrophils (66%), decreased lymphocytes (51%), increased alkaline phosphatase (46%), increased creatinine (40%), decreased magnesium (36%), increased AST (35%) and increased ALT (29%).

Please see accompanying Prescribing Information.

ALT = alanine aminotransferase; AML = acute myeloid leukemia; AR = adverse reaction; AST = aspartate aminotransferase; *BRCA*+ = breast cancer susceptibility gene mutated; *BRCA*- = *BRCA* not mutated; CI = confidence interval; CR = complete response; HR = hazard ratio; HRd = homologous recombination deficient; HRd+ = homologous recombination deficiency biomarker positive; HRd- = homologous recombination deficiency biomarker negative; HRnd = homologous recombination status not determined; HRp = homologous recombination proficient; L = line; MDS = myeloid dysplastic syndrome; mPFS = median progression-free survival; PARP = poly (ADP-ribose) polymerase; PFS = progression-free survival; PR = partial response.

References: 1. ZEPJULA (niraparib) capsules. Prescribing Information. GlaxoSmithKline; April 2020. 2. LYNPARZA (olaparib) tablets. Prescribing Information. AstraZeneca Pharmaceuticals LP; May 2020. 3. RUBRACA (rucaparib) tablets. Prescribing Information. Clovis Oncology, Inc.; May 2020. 4. González-Martín A, et al. *N Engl J Med*. 2019;381:2391-402. 5. Konstantinopoulos PA, et al. *J Clin Oncol*. 2020;38:1222-45. 6. Monk BJ, et al. Oral presentation at SGO 2020.



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NRPBROC200002 July 2020
Produced in USA. 0002-0007-61