BC Cancer Protocol Summary for Maintenance Treatment of Newly Diagnosed BRCA-Mutated Platinum Responsive Epithelial Ovarian Cancer using Olaparib

Protocol Code: *UGOOVFOLAM*

Tumour Group: *Gynecologic Oncology*

Contact Physician: *Dr. Aalok Kumar*

ELIGIBILITY:

Patients must have:

1. Platinum-responsive ovarian/fallopian tube/primary peritoneal carcinoma,
    a. Platinum-responsive defined as partial or complete clinical response to platinum treatment,
    b. Completed at least 4 cycles of first-line platinum chemotherapy and in radiologic (complete or partial) response, and
    c. Last dose of platinum chemotherapy within 12 weeks of starting olaparib maintenance,
2. High grade serous or endometrioid histology,
3. Stage III or IV disease (patients may have upfront or interval debulking surgery),
4. Deleterious or suspected deleterious germline or somatic *BRCA 1/2* mutation, and
5. *BC Cancer Compassionate Access Program (CAP) approval.*

Patients on maintenance bevacizumab at the time of UGOOVFOLAM listing may switch to UGOOVFOLAM if they fulfill criteria 1 to 5 above.

Patients are eligible to receive only one line of olaparib treatment (UGOOVFOLAM or UGOOVOLAPM).

EXCLUSIONS:

Patients should not have:

- Performance status ECOG 3 or worse (unless related to chemotherapy toxicity and expected to improve),
- Clinical suspicion of myelodysplasia,
- Stable disease at completion of first-line platinum chemotherapy,
- Platinum resistance
    - progression while on platinum-based therapy, or
- Prior bevacizumab (except for patients on bevacizumab at the time of UGOOVFOLAM listing of UGOOVFOLAM).

TESTS:

- Baseline: CBC & diff, platelets, creatinine, sodium, potassium, ALT, bilirubin, alk phos.
  - If clinically indicated: tumour marker (CA 125, CA 15-3, CA 19-9, CEA), ECG.
- Every four weeks: CBC & diff, platelets.
  - If clinically indicated: creatinine, ALT, bilirubin, alk phos, any initially elevated tumour marker.
- If clinically indicated: CBC & diff, platelets on Day 14

PREMEDICATIONS:

- Antiemetic protocol for chemotherapy with low-moderate emetogenicity (see SCNAUSEA)

TREATMENT:

Drug	Starting Dose	BC Cancer Administration Guideline
olaparib (tablets*)	300 mg	PO twice daily (dispense 30 days supply**)

* tablet and capsule formulations are not interchangeable
** tablets must be dispensed in original manufacturer containers with supplied desiccant

Repeat every 28 days until disease progression or unacceptable toxicity for a maximum of 2 years.

DOSE MODIFICATIONS:

1. Hematology

ANC (x 10^9/L)		Platelets (x 10^9/L)	Dose
greater than or equal to 1.0	and	greater than or equal to 100	100% of previous cycle's dose
less than 1.0	or	less than 100	Delay until recovery, then re-start at a reduced dose level (see table below).

2. Renal dysfunction:

If CrCl falls between 31-50 mL/min, reduce dose to 200 mg PO twice daily. Treatment with olaparib is not recommended if CrCl is less than or equal to 30 mL/min.

3. Due to Other Toxicities

Dose reductions should be made according to the following increments:

Dose level 0 (100%)	Dose level -1	Dose level -2
300 mg BID	250 mg BID	200 mg BID

PRECAUTIONS:

1. **Neutropenia**: Fever or other evidence of infection must be assessed promptly and treated aggressively. Refer to BC Cancer Febrile Neutropenia Guidelines.
2. **Anemia**: In patients with hemoglobin less than 90 g/L, consider correction of anemia prior to beginning/continuing olaparib treatment
3. **Hepatic impairment**: no modifications are required for mild to moderate impairment (Child-Pugh A or B). Use in severe impairment (Child-Pugh C) is not recommended as there is no data.
4. **Drug interactions**: Olaparib is primarily metabolized by CYP3A. Concurrent use of moderate or strong CYP3A inhibitors and strong CYP3A inducers should be avoided. If concurrent use cannot be avoided, dose modification may be required.

Call Dr. Aalok Kumar or tumour group delegate at (604) 930-2098 or 1-800-523-2885 with any problems or questions regarding this treatment program.

REFERENCES:

Moore K, Colombo N, Scambia G, et al. Maintenance olaparib in patients with newly diagnosed advanced ovarian cancer. N Engl J Med. 2018;379:2495-2505.