BC Cancer Protocol Summary for Maintenance Treatment of Relapsed, BRCA-mutated, Platinum Sensitive and Responsive Epithelial Ovarian Cancer Using Olaparib

**Protocol Code:** UGOOVOlAPM

**Tumour Group:** Gynecologic Oncology

**Contact Physician:** Dr. Jenny Ko

**ELIGIBILITY:**
- Platinum-sensitive recurrent ovarian/fallopian tube/peritoneal carcinoma
  - *Platinum sensitive defined as partial or complete response to platinum retreatment*
  - *Recurrence should be* greater than four months from previous line of platinum-based chemotherapy
- High grade serous or endometrioid histology
- Two or more prior lines of platinum chemotherapy and in radiologic (complete or partial) response to the most recent platinum based therapy
- Germline or somatic BRCA mutation
- Olaparib maintenance to be started within 8 weeks of last dose of platinum chemotherapy *retreatment*
- *BC Cancer Compassionate Access Program (CAP) approval must be obtained*

**EXCLUSIONS:**
- performance status ECOG 3 or worse (unless related to chemotherapy toxicity and expected to improve)
- clinical suspicion of myelodysplasia
- platinum resistance
  - progression while on platinum-based therapy, or
  - progression within four months of last platinum dose

**TESTS:**
- Baseline: CBC & diff, platelets, creatinine, electrolytes (sodium, potassium), liver function tests (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, LFTs, any initially elevated tumour marker.

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

**TREATMENT:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Starting Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>olaparib (tablets)</td>
<td>300 mg</td>
<td>PO twice daily</td>
</tr>
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</table>

Repeat every 28 days until disease progression or unacceptable toxicity.
DOSE MODIFICATIONS:

1. Hematology

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

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:

<table>
<thead>
<tr>
<th>Dose Level 0 (100%)</th>
<th>Dose Level -1</th>
<th>Dose Level -2</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 mg BID</td>
<td>250 mg BID</td>
<td>200mg BID</td>
</tr>
</tbody>
</table>

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

Call Dr. Jenny Ko or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

REFERENCES: