SUMMARY

olaparib
LYNPARZA 100 and 150 mg,

film-coated tablets

New indication

Original French opinion adopted by the Transparency Committee on 18 January 2023

The legally binding text is the original French opinion version

Key points

Favourable opinion for reimbursement of LYNPARZA (olaparib) indicated: “as monotherapy or in combination with endocrine therapy for the adjuvant treatment of adult patients with germline BRCA1/2-mutations who have HER2-negative, high-risk early breast cancer previously treated with neoadjuvant or adjuvant chemotherapy”.

What therapeutic improvement?

Therapeutic improvement in the care pathway.

Role in the care pathway?

The Committee deems that LYNPARZA (olaparib) as monotherapy or in combination with endocrine therapy is an adjuvant treatment for adult patients with germline BRCA1/2-mutations who have HER2-negative, high-risk early breast cancer previously treated with neoadjuvant or adjuvant chemotherapy. In patients with triple-negative breast cancer (stages 2 and 3), KEYTRUDA (pembrolizumab) is also recommended in the subgroup of patients eligible for this treatment. In the absence of available comparative data, it is not possible to specify the role of LYNPARZA (olaparib) compared to KEYTRUDA (pembrolizumab).

In addition, given the important potential risk of acute myeloid leukaemia/myelodysplastic syndrome, the Committee recommends careful investigation of any unexplained cytopenia developing during treatment with olaparib as monotherapy or in combination via appropriate haematological investigations, such as a myelogram and a cytogenetic analysis of the bone marrow in order not to miss a potential diagnosis of MDS or AML (see 4.4 Special warnings and precautions for use in the SmPC).

Special recommendations

The Committee would like to receive longer-term results on overall survival (additional analysis of overall survival scheduled in 2024) and the final study results (final analysis scheduled in 2029).

Transparency Committee's conclusions

Clinical Benefit

- Seriousness of the disease: HER2-negative, high-risk early breast cancer with germline BRCA1/2-mutations is a serious, life-threatening disease.
- The medicinal product LYNPARZA (olaparib) is a curative medicinal product.
- The efficacy/adverse effects ratio of LYPARZA (olaparib) appears to be high.
- Availability of an alternative: there is a therapeutic alternative (see Clinically relevant comparators).
- The medicinal product LYNPARZA (olaparib) is an adjuvant treatment**.**

Public health benefit

Considering:

- the seriousness of the disease and its incidence;
- the inadequately met medical need;
- the partial response to the identified need, with:
  - an additional impact on morbidity and mortality despite an established efficacy of LYNPARZA (olaparib) only in comparison with placebo;
  - the lack of an established additional impact on quality of life;
  - the absence of data enabling assessment of the additional impact on the organisation of care.

LYNPARZA (olaparib) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit (CB) of LYNPARZA (olaparib) is substantial in this MA indication extension.

The Committee issues a favourable opinion for inclusion of LYNPARZA (olaparib) film-coated tablets in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in this MA indication extension.

Clinical Added Value

Considering:

- demonstration of a superiority of adjuvant treatment with olaparib (LYNPARZA) compared to placebo in the Olympia phase 3 study, in terms of:
  - invasive disease-free survival (with 11.5% of patients having presented invasive disease-free survival events in the olaparib group versus 19.5% of patients in the placebo group, i.e. a difference of 8 points in favour of olaparib; HR=0.58; CI99.5% = [0.41 - 0.82], p = 0.0000073);
  - overall survival (with 8.1% of patients having died in the olaparib group versus 11.9% of patients in the placebo group, i.e. an absolute difference of 3.8 points in favour of olaparib; HR=0.68; CI98.5% = [0.47 - 0.97], p = 0.009);

despite:

- an additional toxicity primarily concerning adverse events of grades > 3, with 24.5% in the olaparib group versus 11.3% in the placebo group;
- the risk of myelodysplastic syndrome (MDS) or acute myeloid leukaemia (AML), identified as important potential risks in the Risk Management Plan (RMP) and in a context of treatment at an early stage of the disease;
- the limited follow-up time (median follow-up of 3.5 years), which requires longer-term follow-up to confirm the benefit observed, particularly relative to overall survival;
- the absence of a formal conclusion that can be drawn on quality of life (exploratory endpoint);

the Committee deems that LYNPARZA (olaparib) provides a moderate clinical added value (CAV III) in the care pathway for the treatment of adult patients with germline BRCA1/2-mutations who have HER2-negative, high-risk early breast cancer previously treated with neo-adjuvant or adjuvant chemotherapy, not including the comparator KEYTRUDA (pembrolizumab) for the subgroup concerned.