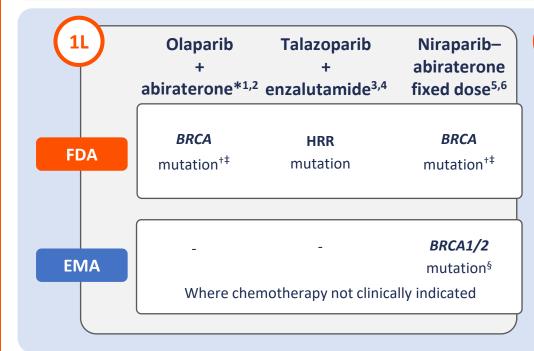


PARP inhibitors for metastatic castration-resistant prostate cancer: Enhancing patient-practitioner conversations

Practice aid for metastatic castration-resistant prostate cancer For more information, visit: www.touchoncology.com

PARP inhibitor indications in mCRPC



Olaparib
Monotherapy*1,2

HRR mutation^{‡§}
Progressed on
enzalutamide/
abiraterone

BRCA1/2 mutation§

Progressed following

prior therapy that included

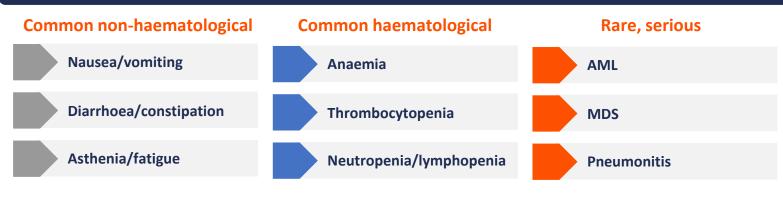
new hormonal agent

Rucaparib monotherapy⁷

Deleterious **BRCA** mutation^{†§}
Prior androgen receptordirected therapy and taxanebased chemotherapy

Not approved

Side effects shared across PARP inhibitors in mCRPC¹⁻⁷



Patients should be monitored for haematological toxicity and treatment discontinued if MDS/AML confirmed.

Treatment should be interrupted if pneumonitis is suspected and discontinued if confirmed.



Molecular testing for HRR alterations in prostate cancer

Guidelines
recommend
germline and
somatic (tumour)
HRR testing for all
patients with
mCRPC⁸⁻¹⁰

NCCN guidelines also recommend germline testing in patients with:¹¹

Specified family history

Regional (node-positive) PC

High-risk localized PC

Very high-risk localized PC

Ashkenazi Jewish ancestry

≥1 close blood relative* with:

- Breast cancer at age ≤50 years
- Male breast cancer
- Ovarian cancer
- Pancreatic cancer
- Metastatic, node-positive, high- or very high-risk prostate cancer

≥3 close blood relatives* with:

Any grade prostate cancer and/or breast cancer

Practical testing considerations

Germline testing samples¹²

Blood sample



Saliva sample

Somatic testing samples^{8,9,12}



Metastatic tumour biopsy (ideal)



Liquid biopsy (ctDNA)



Primary tumour biopsy



Primary prostatectomy tissue

- Somatic sample test failures commonly occur due to sample degradation, insufficient tumour cellularity or limited sample availability¹²
- Caution is needed when interpreting ctDNA-only evaluation due to potential false-positive signal from CHIP⁸

Pre- and post-test genetic counselling are essential to inform patients about germline findings that may affect their familial cancer risk¹¹



Shared decision-making for PARP inhibitor use in mCRPC



EDUCATE

- Communicate big picture of treatment plan early
- Remind of next steps as they approach
- Share timely, up-to-date information with patients and caregivers
 - For example, specific information about therapy options, MoA and side effects



EMPHASIZE

- Communicate that PARP inhibitors work differently than traditional chemotherapy...
- ...and have unique actions and side effects
- Encourage patients to report AEs early
- Assess and document AEs consistently at each clinic visit



EQUIP

- Provide patients with AE 'toolkits' specific to treatment plan phase:
 - Handout/wallet card to grade AEs
 - Supportive care medications including anti-diarrhoeal medications, stool softeners or anti-nausea medications
- Encourage early reporting, give patients permission to call



Abbreviations and references

Abbreviations

1L, first line; 2L, second line; 3L, third line; AE, adverse event; AML, acute myeloid leukaemia; BRCA, BReast CAncer gene; CHIP, clonal haematopoiesis of indeterminate potential; ctDNA, circulating tumour DNA; EMA, European Medicines Agency; FDA, US Food and Drug Administration; HRR, homologous recombination repair; mCRPC, metastatic castration-resistant prostate cancer; MDS, myelodysplastic syndrome; MoA, mechanism of action; PARP, poly (ADP-ribose) polymerase; PC, prostate cancer.

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The guidance provided by this practice aid is not intended to directly influence patient care. Clinicians should always evaluate their patients' conditions and potential contraindications and review any relevant manufacturer product information or recommendations of other authorities prior to consideration of procedures, medications, or other courses of diagnosis or therapy included here.

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