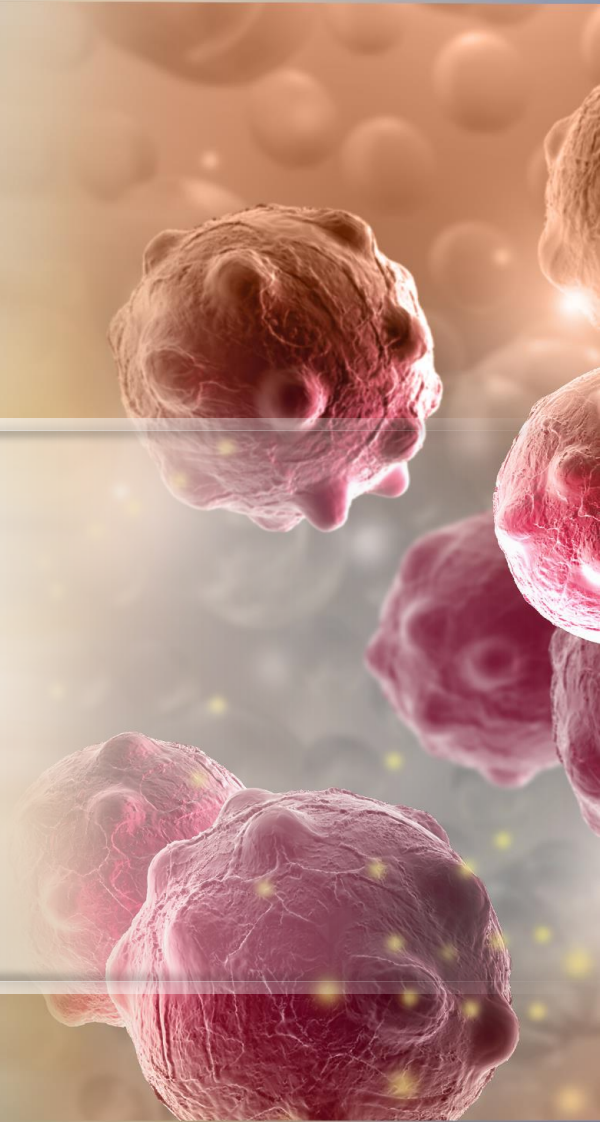




# PARP Inhibitors



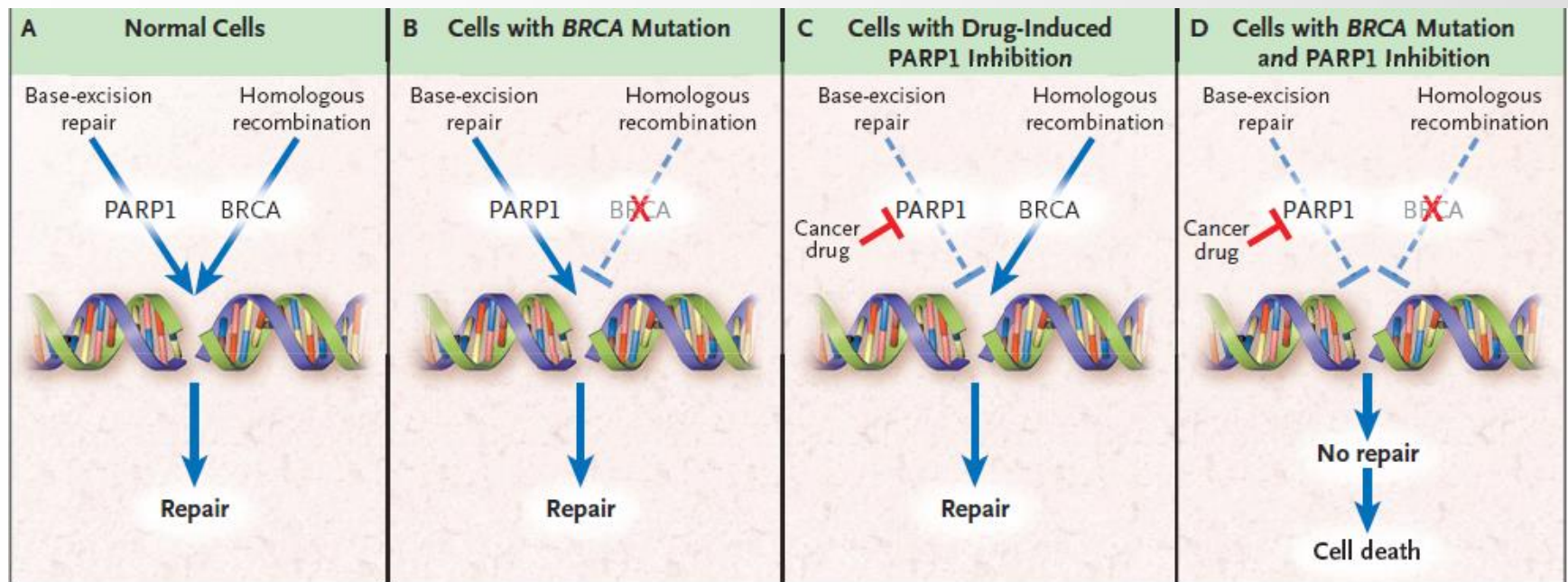
# Discussion points

- What are PARP inhibitors?
- How are they used?
- How do I know if they are right for me?
- What are some common side effects?

# What are PARP inhibitors?

- A medication that blocks an enzyme in cells called poly-ADP-ribose polymerase (PARP)
- PARP is a protein that helps cells repair DNA damage
  - Plays role in the base excision repair pathway
  - If inhibited, leads to build up of double strand DNA breaks in the cells
  - The cells will try to use a different DNA repair pathway to fix that damage (the homologous recombination (HR) pathway)

# What are PARP inhibitors?



Igelhart JD and Silver DP. NEJM 2009

# Why do they work better in some tumors?

- Depends on genetics
  - BRCA1/ BRCA2 mutations
    - These mutations lead to difficulty in repairing DNA damage
      - HR pathway is not working well
    - PARP inhibitors enhance that difficulty
    - Can be a germline (inherited) mutation **OR** a somatic (tumor only) mutation
  - Other changes in DNA repair that can play a role as well

# Why do they work better in some tumors?

- Other genetic changes
  - Other proteins in the HR pathway
    - Does the tumor have any defects in the HR pathway?
      - Homologous Recombination Deficiency (HRD) score
        - Positive score- pathway is not working completely (defect present)
        - Negative score- no defects in the pathway are noted
  - Discuss the testing and results with your cancer care team

# What does that mean for me?

- BRCA1/2 mutation
  - On average, the largest improvement in time to disease recurrence
  - These tumors are also HRD positive
- HRD positive
  - If it is not due to a BRCA mutation, there is still improvement, but usually a bit less than with a BRCA mutation
- HRD negative
  - Least impact since the repair pathway is likely working

# When are they used?

- Can be used as a maintenance therapy and as a treatment
- There is FDA approval for PARP maintenance therapy in front line and recurrence setting
- Now they tend to be used early as a maintenance therapy
  - If the tumor is platinum “sensitive”
    - Tumor has decreased in size after treatment with platinum



# Risk/Benefits of Maintenance Therapy

- **Benefits**
  - May help keep cancer from coming back
  - May slow down cancer growth
- **Disadvantages**
  - Side effects
  - Treatment cost
  - More doctor visits
  - Limited information on long term side effects and benefits for each individual

# FDA Approved PARP Inhibitors

**Lynparza**<sup>®</sup>  
olaparib



**Zejula**<sup>™</sup>  
niraparib  
capsules 100 mg



**Rubraca**<sup>®</sup>  
(rucaparib) tablets



# PARP inhibitors

- Oral medication
- Take once to twice daily
- Some common side effects
  - Nausea
  - Vomiting
  - Appetite changes
  - Fatigue
  - Weakness
  - Changes in blood counts

# PARP Inhibitor Side Effects

- All have a similar side effects, but some are more common and/or more severe in one versus another
- All can cause AML/MDS (blood diseases)
- Talk to your physician as to which may work best for you
  - Individuals react differently
  - No one right answer for everyone
  - Also depends on the clinical situation

# Questions to consider with your team

- How did the tumor respond to the chemotherapy?
- Do I have a germline mutation which makes me more sensitive to this treatment?
- Was my tumor tested for mutations and/or an HRD score? If so, what were the results?
- What can I expect regarding side effects?
- How does this change the frequency of blood tests and visits to the clinic?

# Parting thoughts. . .

## PARP Inhibitors

- Can be used as treatment or maintenance
- The genetics of your tumor are important
- Which to use is based on specific indication and discussion with your physician
  - Genetic status
  - Side effects
  - Dosing schedule



Thank you!