

Olaparib + Bevacizumab for 1L Maintenance in HRD-Positive Advanced Ovarian Cancer

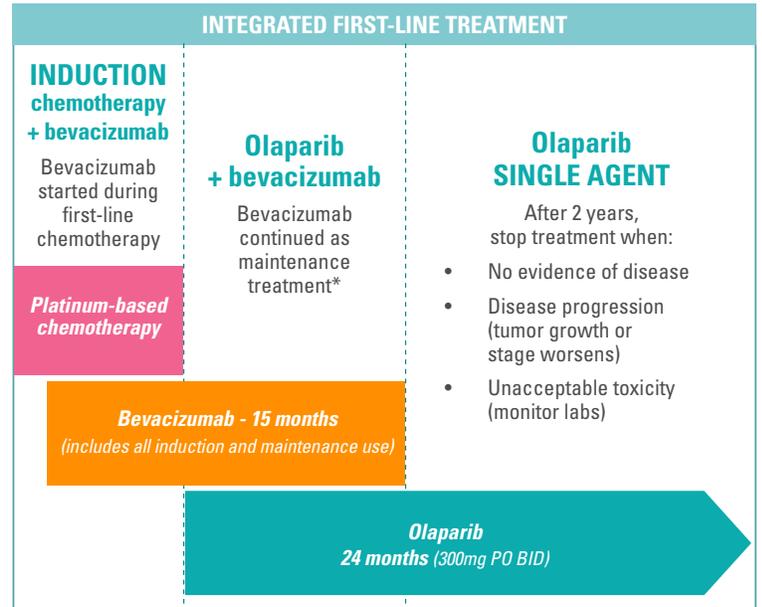
VOLUME 1 MAINTENANCE

NURSING REFERENCE GUIDE

Indication: For the maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy and whose cancer is associated with homologous recombination deficiency (HRD)-positive status

Dosing: Olaparib + bevacizumab – 300 mg olaparib PO twice daily with or without food; 15 mg/kg bevacizumab every 3 weeks

- Continue olaparib treatment until disease progression, unacceptable toxicity, or completion of 2 years of treatment
- Patients with a complete response (no radiological evidence of disease) at 2 years should stop treatment
- Patients with evidence of disease at 2 years, who in the opinion of the treating healthcare provider can derive further benefit from continuous olaparib treatment, can be treated beyond 2 years
- Bevacizumab should be given for a total of 15 months, including the period given with chemotherapy and given as maintenance



*When used with olaparib, the recommended dose of bevacizumab is 15 mg/kg every 3 weeks. Refer to the Prescribing Information for bevacizumab when used in combination with olaparib for more information.†

DOSE ADJUSTMENTS FOR OLAPARIB

- To manage **adverse reactions (ARs)**, consider interruption of treatment or dose reduction. The recommended dose reduction is 250 mg taken twice daily
- If a further dose reduction is required, then reduce to 200 mg taken twice daily

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RECOMMENDED DAILY DOSE¹

The recommended daily dose of olaparib is: 300 mg (two 150-mg tablets) taken orally twice daily, with or without food (total 600 mg daily)
Bevacizumab is dosed at 15 mg/kg Q3 week



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DOSE INTERRUPTION¹

Consider dose interruption if a patient experiences an AR



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DOSE REDUCTION¹

If an AR continues after restarting olaparib following dose interruption, consider dose reduction:

INITIAL REDUCTION

Initial reduction to 250 mg (one 150-mg tablet and one 100-mg tablet) taken twice daily (total 500 mg daily)



FINAL REDUCTION

Final reduction to 200 mg (two 100-mg tablets) taken twice daily (total 400 mg daily)



Constipation

- Advise that constipation is a potential side effect when receiving olaparib¹
- Help them understand that management strategies exist to aid in alleviation of AR symptoms²
- Let them know that communication with their care team is essential to adherence and potential resulting outcomes^{3,4}

Advise Patients to^{2,5}



Consume noncaffeinated fluids



Increase fiber intake*



Consider taking an over-the-counter laxative, stool softener, or enema

* Good sources include barley, oatmeal, beans, nuts, and fruits such as apples, berries, citrus fruits, and pears.

Diarrhea

- Advise patients that diarrhea is a potential side effect when receiving olaparib¹
- Help them understand that management strategies exist to aid in alleviation of AR symptoms⁶
- Let them know that communication with their care team is essential to adherence and potential resulting outcomes^{3,4}

Advise Patients to⁶



Eat smaller, more frequent meals



Avoid foods with sorbitol, eg, fruits and juices



Increase fluid intake



Adhere to the BRAT diet: bananas, rice, applesauce, and toast



Ensure that fiber intake is predominantly soluble (oats, citrus fruits, etc.)

REFERENCES

1. Lynparza (olaparib). Prescribing information. AstraZeneca Pharmaceuticals LP;2020.
2. Avila JG. Pharmacologic treatment of constipation in cancer patients. *Cancer Control*. 2016;12(4):323-331.
3. Partridge AH, Avorn J, Wang PS, Winer EP. Adherence to therapy with oral antineoplastic agents. *J Natl Cancer Inst*. 2002;94(9):652-661.
4. Krikorian SA, Shamim K. Adherence issues for oral antineoplastics: a focus on prevention and management of side effects related to targeted therapies. *Am J Lifestyle Med*. 2012;7(3):206-222.
5. Rumman A, Gallinger ZR, Liu LWC. Opioid induced constipation in cancer patients: pathophysiology, diagnosis and treatment. *Expert Rev Qual Life Cancer Care*. 2016;1(1):25-35.
6. Moore KN, Monk BJ. Patient counseling and management of symptoms during olaparib therapy for recurrent ovarian cancer. *Oncologist*. 2016;21(8):954-963.
7. Friedlander M, Banerjee S, Mileskin L, Scott C, Shannon C, Goh J. Practical guidance on the use of olaparib capsules as maintenance therapy for women with BRCA mutations and platinum-sensitive recurrent ovarian cancer. *Asia Pac J Clin Oncol*. 2016;12(4):323-331.

Fatigue

- Advise that fatigue is a potential side effect when receiving olaparib¹
- Help them understand that management strategies exist to aid in alleviation of AR symptoms²
- Let them know that communication with their care team is essential to adherence and potential resulting outcomes^{3,4}

Advise Patients to make small changes at home^{6,7}



Exercise to help lessen fatigue



Prioritize tasks to conserve energy



Avoid multitasking



Take brief naps in the afternoon for the first 4–6 weeks of treatment to combat fatigue and help improve symptoms

Nausea and Vomiting

- Advise that olaparib is categorized as moderate to high emetic risk ($\geq 30\%$ of patients experience symptoms)⁸
- Help them understand that management strategies exist to aid in alleviation of AR symptoms
- Let them know that communication with their care team is essential to adherence and potential resulting outcomes^{3,4}
- Offer them advice for managing the symptoms at home

Suggest lifestyle measures such as^{8,9}



Eat small frequent meals



Choose healthy or bland foods*



Eat smaller, more frequent meals



Sip clear liquids slowly



Don't skip meals



Eat food at room temperature

A dietary consult may also be useful

*Examples of bland food include white toast, clear broth, plain yogurt

8. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis V.2.2020. National Comprehensive Cancer Network, Inc. 2020.
 9. Eating hints: before, during, and after cancer treatment. National Cancer Institute. Accessed May 26, 2020. <https://www.cancer.gov/publications/patient-education/eating-hints>
- * The ARs listed below are related to olaparib only. For further details on ARs related to bevacizumab, please see full information from the bevacizumab package insert