



Olaparib Monotherapy for 1L Maintenance of BRCA-mutated Advanced Ovarian Cancer

VOLUME 1 MAINTENANCE

NURSING REFERENCE GUIDE

Indication: For the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic *BRCA*-mutated advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy

Dosing: Olaparib monotherapy –

300 mg PO twice daily with or without food

- Continue treatment until disease progression, unacceptable toxicity, or completion of 2 years of treatment
- Patients with a CR (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 treatment, can be treated beyond 2 years

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

1 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)



2 DOSE INTERRUPTION¹

Consider dose interruption if a patient experiences an AR



3 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>