



May 2022

IMPORTANT DRUG WARNING

Subject: Zejula (Niraparib) Important Drug Warning For The Maintenance Treatment In Recurrent Ovarian Cancer (2L+)

Dear Health Care Provider:

The purpose of this letter is to inform you of important information for Zejula® (niraparib) a poly (ADP-ribose) polymerase (PARP) inhibitor indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy received in the 2nd line or higher settings. GlaxoSmithKline (GSK) would like to inform you of updated overall survival (OS) data from the ENGOT- OV16/NOVA study.

Updated OS Data from the ENGOT-OV16/NOVA study, a Phase III trial which evaluated the efficacy and safety of niraparib as maintenance treatment for patients with platinum-sensitive recurrent ovarian cancer

- The primary endpoint of the study was progression free survival, which demonstrated the benefit of niraparib in patients with *gBRCA*mut and non-*gBRCA*mut ovarian cancer, including the HRD subgroups of non-*gBRCA*mut cohort.
- The observed overall survival (OS) results based on the currently available data (data cutoff date of October 1, 2020) are included below:
 - In the *gBRCA*mut cohort (N=203), the median OS was 43.6 months for patients treated with niraparib compared to 41.6 months for patients on placebo (HR = 0.93 [95% CI 0.63, 1.36])
 - In the non-*gBRCA*mut cohort (N=350), the median OS was 31.1 months for patients treated with niraparib compared to 36.5 months for patients on placebo (HR = 1.10 [95% CI 0.83, 1.46])
 - In the non-*gBRCA*mut, HRDpos subgroup (n=162), the median OS was 37.3 months for patients treated with niraparib compared to 41.4 months for patients on placebo (HR = 1.32 [95% CI 0.84, 2.06]).

The OS Kaplan Meier (KM) curves for the non-*gBRCA*mut cohort (Figure 1) and the non-*gBRCA*mut, HRDpos subgroup (Figure 2) are included below.

- As of the October 1, 2020 data cutoff date, 14% of patients in both the *gBRCA*mut and non-*gBRCA*mut cohorts had missing OS data. GSK is taking action to capture additional OS data in an effort to decrease the amount of missing survival information and intend to provide FDA with an updated OS analysis upon completion of our efforts.
- The current OS results indicate a possible OS detriment to patients in the overall non-*gBRCA*mut cohort and to patients in the non-*gBRCA*mut/HRDpos subgroup who received niraparib maintenance in this setting, as compared to placebo. The reason for this is currently unknown and additional efforts are ongoing to determine the potential etiology.
- These data are under review by the FDA.



Figure 1: OS Kaplan Meier curve for the non-*gBRCA*mut cohort

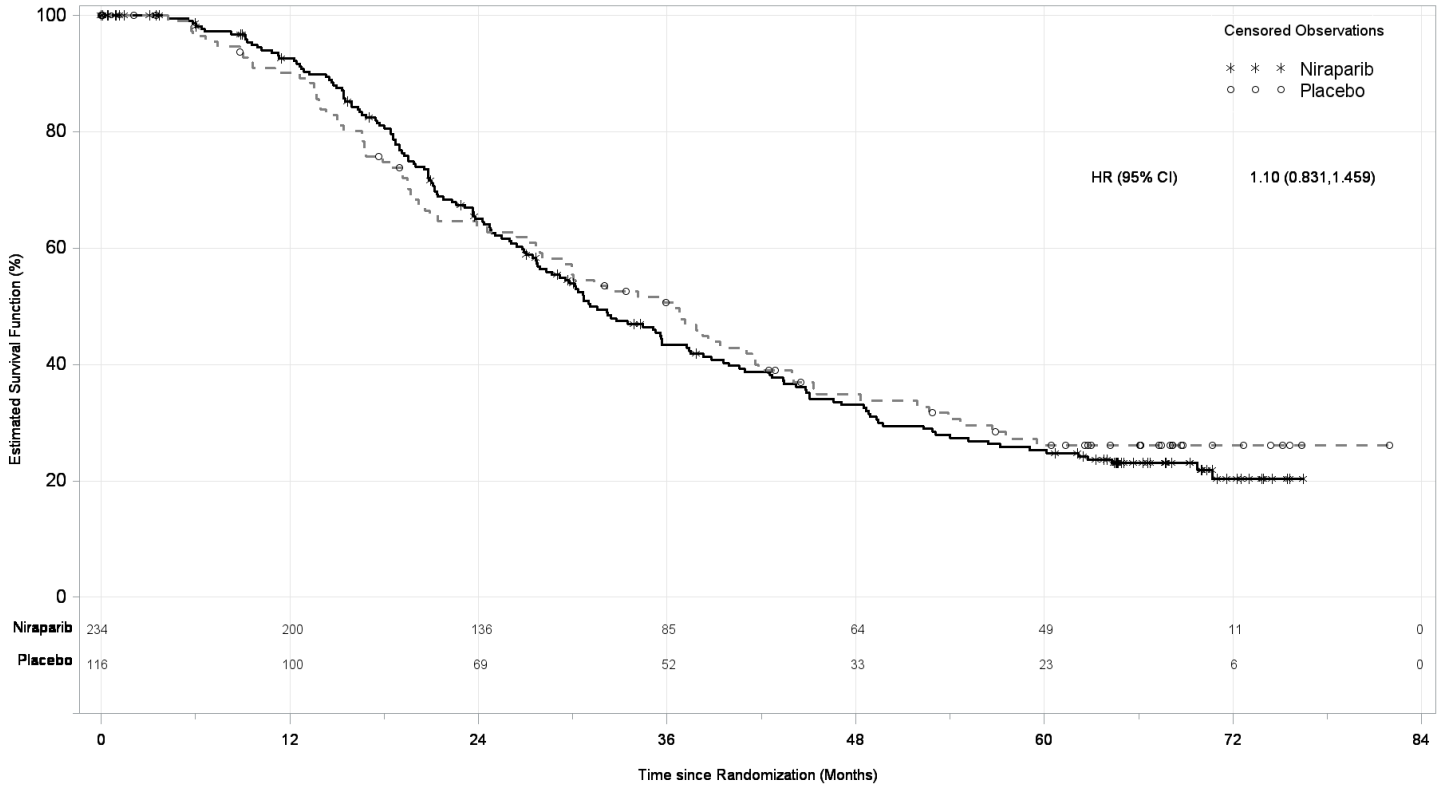
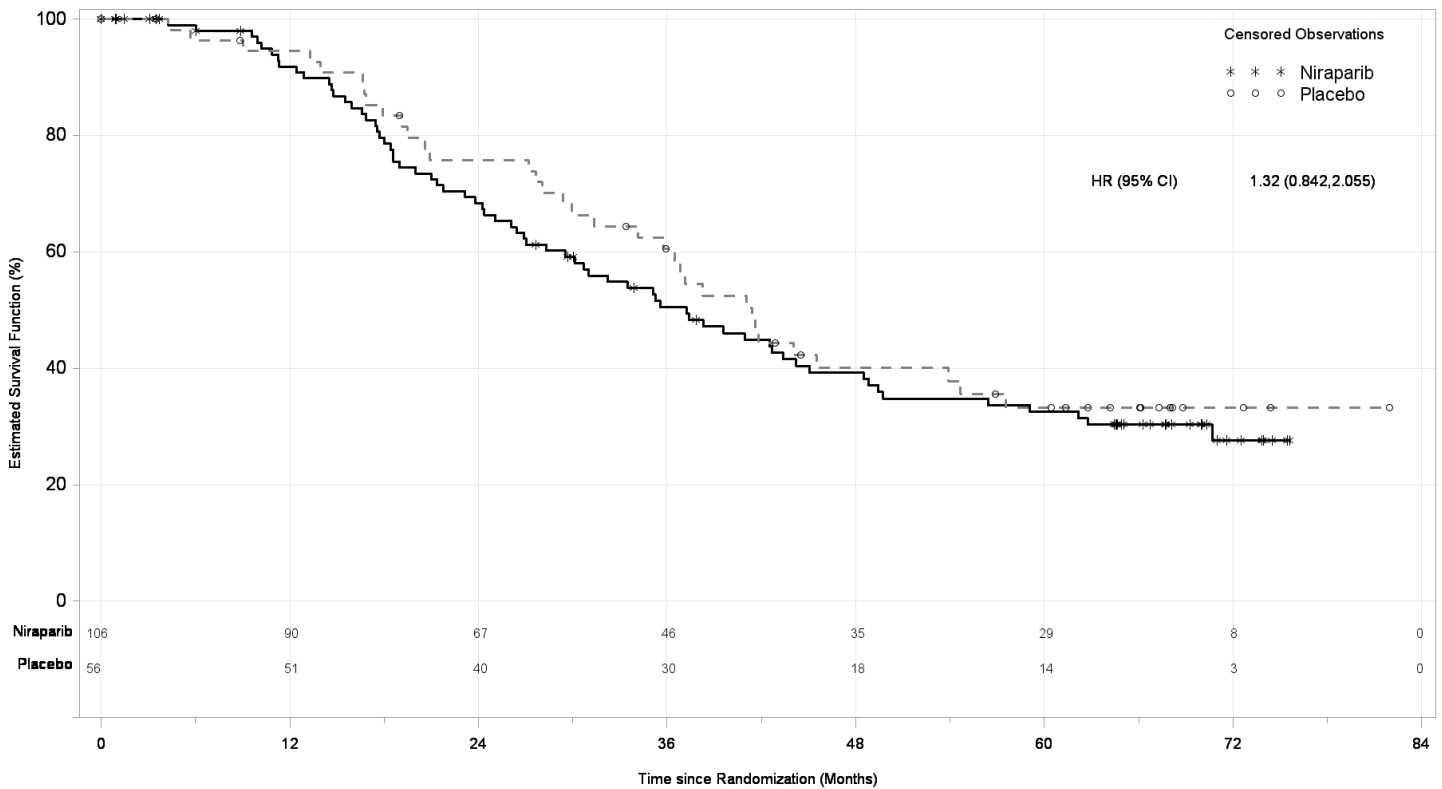


Figure 2: OS Kaplan Meier curve for the non-*gBRCA*mut HRD positive subgroup





Prescriber Action

You should share the information in this letter with relevant healthcare personnel and patients under your supervision, so that your patients can also make an informed decision regarding the use of niraparib in this setting.

Reporting Adverse Events

Health care providers and patients are encouraged to report adverse events in patients taking ZEJULA® to GSK at 1-888-825-5249. You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

You may also contact our medical information department at 1-877-GSK-MI4U (6448) if you have any questions about the information contained in this letter or the safe and effective use of ZEJULA®. This letter is not intended as a complete description of the benefits and risks related to the use of ZEJULA®. Please refer to the enclosed full prescribing information.

Sincerely,

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Enclosure(s): ZEJULA® Full Prescribing Information