EVALUATED PFS IN 1L MAINTENANCE IN PATIENTS WITH PLATINUM-RESPONSIVE ADVANCED OVARIAN CANCER[1,2]

1 DAILY DOSE

Zejula
niraparib
tablets 100/200/300 mg

THERE'S MORE TO ME

ZEJULA DATA:
3.5-year median follow-up of the PRIMA trial[3]

Indications

ZEJULA tablets are indicated for first-line maintenance treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy.

Important Safety Information

Myelodysplastic syndrome/acute myeloid leukemia (MDS/AML), including cases with a fatal outcome, have been reported in patients who received ZEJULA. In PRIMA, MDS/AML occurred in 6 out of 484 (1.2%) patients treated with ZEJULA, and in 3 out of 244 (1.2%) patients treated with placebo. The duration of therapy with ZEJULA in patients who developed secondary MDS/cancer therapy-related AML varied from 3.7 months to 2.5 years. All patients who developed secondary MDS/cancer therapy-related AML had received previous chemotherapy with platinum agents and/or other DNA-damaging agents, including radiotherapy. For suspected MDS/AML or prolonged hematological toxicities, refer the patient to a hematologist for further evaluation. Discontinue ZEJULA if MDS/AML is confirmed.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

1L = first-line; PFS = progression-free survival.

GSK

More than doubled 4-year PFS rates observed with ZEJULA in HRd patients vs placebo[3]

Primary analysis

13.8-month median follow-up[1,2]

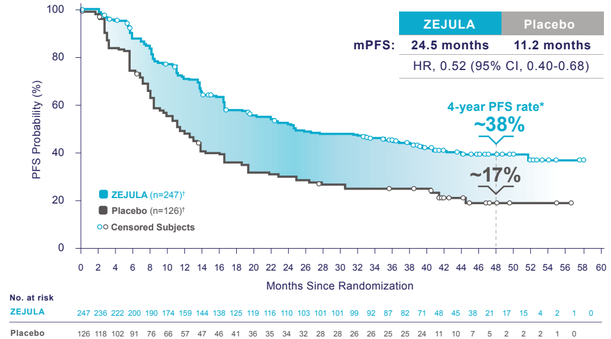
Median PFS by BICR in the HRd population (n=373)		Median PFS by BICR in the overall population (N=733)	
21.9 months ZEJULA	vs **10.4 months placebo**	**13.8 months ZEJULA**	vs **8.2 months placebo**
HR, 0.43 (95% CI, 0.31-0.59; *P*<0.0001)		HR, 0.62 (95% CI, 0.50-0.76; *P*<0.0001)	

Study Design[1,2]: PRIMA, a randomized, double-blind, phase 3 trial of safety and efficacy of ZEJULA vs placebo (N=733) in newly diagnosed advanced ovarian cancer, fallopian tube, or primary peritoneal cancer after CR or PR to 1L platinum chemotherapy.

Primary endpoint by BICR: PFS in patients with HRd tumors and overall population, as determined on hierarchical testing. At the time of primary PFS analysis, limited overall survival data were available, with 11% deaths in the overall population.

Exploratory ad hoc analysis*

3.5-year median follow-up of investigator-assessed PFS in the HRd population (n=373)[3]*



***Interpret results with caution.**

- Not powered to detect a statistically significant treatment effect
- 4-year PFS rates estimated from Kaplan-Meier curve with median follow-up time of 3.5 years[3]

- The probability of patients in the HRd population to be alive and progression-free at 4 years was 38% in the ZEJULA arm vs 17% in the placebo arm[3]
- With 3.5-year median follow-up, overall survival data remain immature at 41.2% for the overall population[3]

ZEJULA was associated with long-term PFS benefits for patients with HRd ovarian cancer[3]

Important Safety Information (continued)

Hematologic adverse reactions (thrombocytopenia, anemia, neutropenia, and/or pancytopenia) have been reported in patients receiving ZEJULA. The overall incidence of Grade ≥3 thrombocytopenia, anemia, and neutropenia were reported, respectively, in 39%, 31%, and 21% of patients receiving ZEJULA in PRIMA. Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 4%, 2%, and 2% of patients in PRIMA. In patients who were administered a starting dose of ZEJULA based on baseline weight or platelet count in PRIMA, Grade ≥3 thrombocytopenia, anemia, and neutropenia were reported, respectively, in 22%, 23%, and 15% of patients receiving ZEJULA.

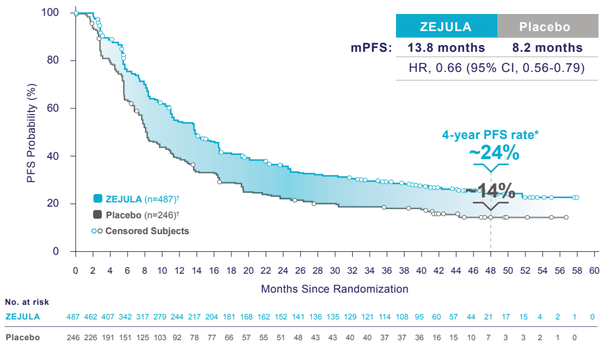
Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

†Censored subjects are indicated by circles.
1L = first line; BICR = blinded independent central review; CI = confidence interval; CR = complete response; HR = hazard ratio; HRd = homologous recombination deficient; mPFS = median PFS; PFS = progression-free survival; PR = partial response.

Continued confidence with ZEJULA: durable PFS benefit observed consistent with primary analysis[1-3]

Exploratory ad hoc analysis*

3.5-year median follow-up of investigator-assessed PFS in the overall population (N=733)[3]*



Reduction in risk of progression or death remained consistent with the primary analysis[1-3]

Primary efficacy analysis of PFS by BICR HR, 0.62 (95% CI, 0.50-0.76; *P*<0.0001)[1,2]

***Interpret results with caution.**

- Not powered to detect a statistically significant treatment effect
- 4-year PFS rates estimated from Kaplan-Meier curve with median follow-up time of 3.5 years[3]

- The probability of patients in the overall population to be alive and progression-free at 4 years was 24% in the ZEJULA arm vs 14% in the placebo arm[3]
- With 3.5-year median follow-up, overall survival data remain immature at 41.2% for the overall population[3]

With ZEJULA, durable outcomes were observed in PRIMA long-term data[3]

Important Safety Information (continued)

Hematologic adverse reactions (continued). Discontinuation due to thrombocytopenia, anemia, and neutropenia occurred, respectively, in 3%, 3%, and 2% of patients. Do not start ZEJULA until patients have recovered from hematological toxicity caused by prior chemotherapy (≤Grade 1). Monitor complete blood counts weekly for the first month, monthly for the next 11 months, and periodically thereafter. If hematological toxicities do not resolve within 28 days following interruption, discontinue ZEJULA, and refer the patient to a hematologist for further investigations.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

†Censored subjects are indicated by circles.
BICR = blinded independent central review; CI= confidence interval; HR = hazard ratio; mPFS = median PFS; PFS = progression-free survival.

In PRIMA, no new safety signals were reported in 3.5-year follow-up exploratory analysis[3]

TEAE overview from 3.5-year follow-up of the overall population[3]

Adverse Event	ZEJULA (n=484)	Placebo (n=244)
Any TEAE	99.0%	93.9%
Grade ≥3	72.9%	23.0%
TEAE leading to treatment discontinuation	14.3%	2.9%
TEAE leading to dose reduction	71.7%	9.4%
TEAE leading to dose interruption	80.4%	20.9%
TEAE leading to death	1.0%	0.8%

Adverse events were consistent with the primary analysis and the known safety profile of ZEJULA[1-3]
The discontinuation rate was sustained with 3.5-year follow-up[1-3]*

With 3.5-year median follow-up, the most common adverse events (grades 1-4) in ≥20% of all patients who received ZEJULA in PRIMA were thrombocytopenia (67%), anemia (65%), nausea (58%), neutropenia (43%), constipation (42%), fatigue (37%), headache (28%), insomnia (26%), abdominal pain (25%), vomiting (24%), arthralgia (21%), hypertension (21%), and diarrhea (20%).[3]

***At the time of the primary analysis of PRIMA, 12% of patients discontinued treatment with ZEJULA due to adverse events.[1,2]**
Adverse events resulting in discontinuation of ZEJULA in >1% of patients included thrombocytopenia (3.7%), anemia (1.9%), and nausea and neutropenia (1.2% each)[1]

Important Safety Information (continued)

Hypertension and hypertensive crisis have been reported in patients receiving ZEJULA. Grade 3-4 hypertension occurred in 6% of patients receiving ZEJULA vs 1% of patients receiving placebo in PRIMA, with no reported discontinuations. Monitor blood pressure and heart rate at least weekly for the first two months, then monthly for the first year, and periodically thereafter during treatment with ZEJULA. Closely monitor patients with cardiovascular disorders, especially coronary insufficiency, cardiac arrhythmias, and hypertension. Manage hypertension with antihypertensive medications and adjustment of the ZEJULA dose if necessary.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

TEAE = treatment-emergent adverse event.

With ZEJULA, your patient can plan their treatment around their life and not their life around their treatment[1*]

Health-related quality of life comparable to placebo based on results from an exploratory analysis[4†]
†Data cutoff: primary analysis.

A therapy for which no specific drug-drug interactions have been reported[1‡]
‡No clinical drug interaction studies have been performed with ZEJULA.

Convenient, one-tablet, once-daily dosing for infusion-free maintenance[1*]

Flexible once-daily dosing at a time of their choice, at any time of day or night[1§]
§ZEJULA can be taken any time of day, with or without food. Patients should be encouraged to take ZEJULA at approximately the same time each day. Bedtime administration may be a potential method for managing nausea.[1]

*Routine monitoring of blood counts, blood pressure, and heart rate is required as part of treatment with ZEJULA.[1]

Important Safety Information (continued)

Posterior reversible encephalopathy syndrome (PRES) occurred in 0.1% of 2,165 patients treated with ZEJULA in clinical trials and has also been described in postmarketing reports. Monitor all patients for signs and symptoms of PRES, which include seizure, headache, altered mental status, visual disturbance, or cortical blindness, with or without associated hypertension. Diagnosis requires confirmation by brain imaging. If suspected, promptly discontinue ZEJULA and administer appropriate treatment. The safety of reinitiating ZEJULA is unknown.

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

Notes

Notes

Help protect what you've achieved together

With 3.5-year median follow-up:

More than doubled 4-year PFS rates observed in HRd population[3]*

~38% in the ZEJULA arm vs ~17% in the placebo arm[3]

Overall survival data remained immature at 41.2% for the overall population[3]

Reduction in risk of progression or death remained consistent with the primary analysis[1-3]*

No new safety signals reported[3]

*Exploratory ad hoc analysis. Interpret results with caution.

With ZEJULA, durable outcomes were observed in PRIMA long-term data[3]

Learn more at ZEJULAHCP.com

Important Safety Information (continued)

Embryo-fetal toxicity and lactation: Based on its mechanism of action, ZEJULA can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for 6 months after receiving their final dose of ZEJULA. Because of the potential for serious adverse reactions from ZEJULA in breastfed infants, advise lactating women not to breastfeed during treatment with ZEJULA and for 1 month after receiving the last dose.

First-line Maintenance Advanced Ovarian Cancer

Most common adverse reactions (Grades 1-4) in ≥10% of all patients who received ZEJULA in PRIMA were thrombocytopenia (66%), anemia (64%), nausea (57%), fatigue (51%), neutropenia (42%), constipation (40%), musculoskeletal pain (39%), leukopenia (28%), headache (26%), insomnia (25%), vomiting (22%), dyspnea (22%), decreased appetite (19%), dizziness (19%), cough (18%), hypertension (18%), AST/ALT elevation (14%), and acute kidney injury (12%).

Common lab abnormalities (Grades 1-4) in ≥25% of all patients who received ZEJULA in PRIMA included: decreased hemoglobin (87%), decreased platelets (74%), decreased leukocytes (71%), increased glucose (66%), decreased neutrophils (66%), decreased lymphocytes (51%), increased alkaline phosphatase (46%), increased creatinine (40%), decreased magnesium (36%), increased AST (35%), and increased ALT (29%).

Please see additional Important Safety Information throughout, as well as the accompanying Prescribing Information.

HRd = homologous recombination deficient; PFS = progression-free survival.

References

1. ZEJULA (niraparib) Tablets. Prescribing Information. GSK; 2023.
2. González-Martín A, Pothuri B, Vergote I, et al; PRIMA/ENGOT-OV26/GOG-3012 Investigators. *N Engl J Med*. 2019;381(25):2391-2402. doi:10.1056/NEJMoa1910962
3. Data on file. GSK.
4. González-Martín A, Pothuri B, Vergote I, et al; PRIMA/ENGOT-OV26/GOG-3012 Investigators. [supplementary appendix]. *N Engl J Med*. 2019;381(25):1-42. doi:10.1056/NEJMoa1910962

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