



HCP Engagement (Branded HCP)

Indication

- Metastatic castrate resistant prostate cancer (mCRPC)

Brand Situation

- First PARP inhibitor for mCRPC; loss of exclusivity in 2028
- New PARP entrants, existing NHAs competing for small patient pool

Brand Strategy

- Create urgency to treat *BRCA* mutated patients with LYNPARZA and extend life without disease progression

Campaign Objectives

- Drive HCPs to consider LYNPARZA as 1st line for all eligible patients, regardless of prior NHA exposure

Target

- Urologists, Medical Oncologists

Creative Approach



1st line treatment choice matters in mCRPC

- Just like comparing apples to oranges can be unfair or misleading, not all prostate cancer treatments are the same
- Patients deserve the most optimal targeted therapy from the start to transform their lives

Year

- 2025

Location

- Canada National ENG/FR

Length

- 7 months

Team Size

- 8-10

Platforms

- Google Responsive Search Ads
- Gated Platform Banner Ads and eNewsletters (CUAJ, Ensemble IQ, CMAJ, IMD Health)
- Print Journal Ad (CUAJ)



Lynparza[®]
olaparib tablets

Consider LYNPARZA[®] in combination with abiraterone and prednisone or prednisolone for the treatment of adult patients with deleterious or suspected deleterious germline and/or somatic *BRCA* mutated metastatic castration resistant prostate cancer (mCRPC) in whom chemotherapy is not clinically indicated. *BRCA* mutation must be confirmed before LYNPARZA[®] treatment is initiated.²

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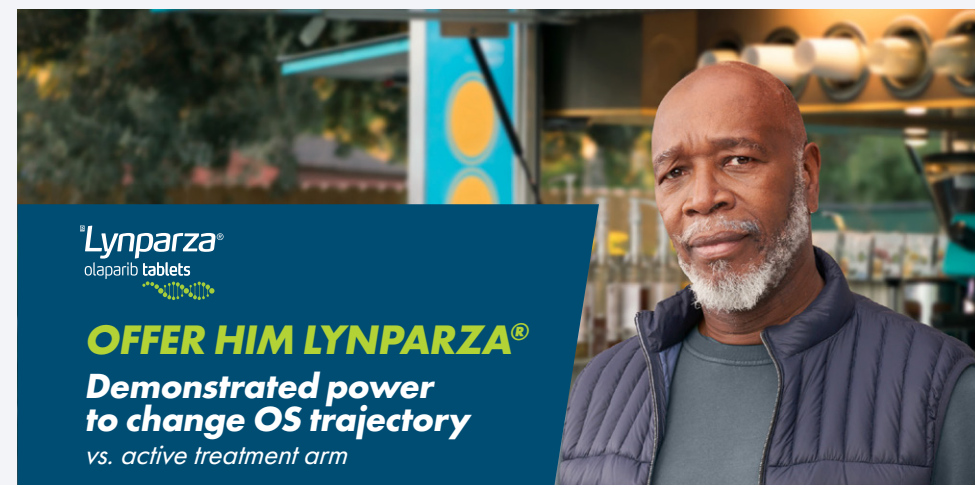
LYNPARZA[®] may also be considered as monotherapy for the treatment of adult patients with deleterious or suspected deleterious germline and/or somatic *BRCA* or *ATM* mutated mCRPC who have progressed following prior treatment with a new hormonal agent. *BRCA* or *ATM* mutations must be confirmed before LYNPARZA[®] treatment is initiated.²

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SEE THE OS DATA >

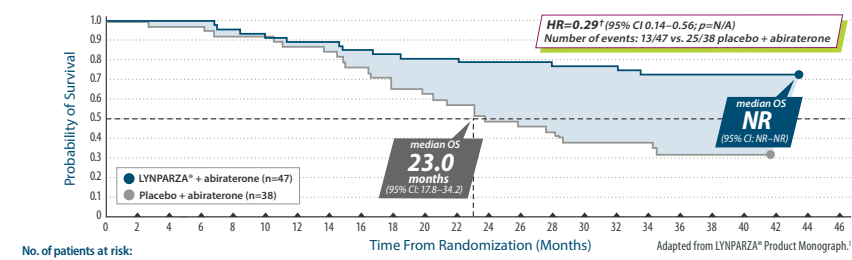
OS=overall survival.

BANNER ADS



Demonstrated efficacy in OS in BRCAm mCRPC patients with and without prior NHA exposure in PROfound (monotherapy) and PROpel (combination therapy) studies, respectively¹

Combination Therapy (PROpel Study)¹
Secondary Endpoint: Overall Survival (48% maturity, BRCAm subgroup)^{1*}



Monotherapy (PROfound Study)¹
Secondary Endpoint: Final Overall Survival Analysis (Cohort A, 60% maturity)^{1†}

31% reduction in instantaneous risk of death vs. investigator's choice of NHA
HR=0.69 (95% CI 0.50-0.97; p=0.0175 (2-sided)^{1†})
Number of events: 91/162 vs. 57/83 investigator's choice of NHA

* Data cut-off (OS): October 12, 2022.
† Subgroup analyses were performed using a Cox proportional hazards model that contained a term for treatment, factor (BRCA status) and treatment by factor interaction. HR CI 95%
LYNPARZA 150 mg BID.
† Data cut-off (OS): March 28, 2020.
† Tested and controlled for multiplicity. The multiplicity strategy for key secondary endpoints was that upon achieving statistical significance on the primary endpoint (PFS in Cohort A, testing of each of the secondary endpoints, Objective Response Rate (ORR) (Cohort A), PFS (Cohort A + B), Time To Pain Progression (TPPP) (Cohort A) and OS (Cohort A) were performed sequentially.

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LYNPARZA[®] is indicated as monotherapy for the treatment of adult patients with deleterious or suspected deleterious germline and/or somatic *BRCA* or *ATM* mutated metastatic castration-resistant prostate cancer (mCRPC) who have progressed following prior treatment with a new hormonal agent. *BRCA* or *ATM* mutations must be confirmed before LYNPARZA[®] treatment is initiated.²

PROpel is a randomized, double-blind, placebo-controlled, multicentre phase III trial comparing LYNPARZA[®] 300 mg twice daily in combination with abiraterone 1000 mg once daily vs. placebo plus abiraterone for treatment of patients with BRCAm mCRPC. Patients in both arms also received prednisone or prednisolone 5 mg twice daily. N=796 (LYNPARZA + abiraterone [n=399]; placebo + abiraterone [n=397]).
PROfound is a randomized, open-label, multicentre phase III trial of LYNPARZA[®] 150 mg twice daily monotherapy in patients with HRBR mutated (germline and/or somatic) mCRPC who had progressed on a prior NHA. N=387 (LYNPARZA[®] [n=256]; Investigator's Choice of NHA [n=131]). Patients were divided into 2 cohorts: Cohort A (mutations in BRCA or ATM; n=245 (LYNPARZA[®] [n=162]; Investigator's Choice of NHA [n=83])) and Cohort B (patients with mutations among 12 other genes involved in HRB pathway; n=142 (LYNPARZA[®] [n=94]; Investigator's Choice of NHA [n=48])).

Important Safety Information for LYNPARZA[®] Tablets
Clinical use:
• There are limited clinical data in patients aged 75 and older. No adjustment in starting dose is required for elderly patients.
• Not authorized for pediatric use.
Contraindications:
• Hypersensitivity to LYNPARZA[®] or any ingredient in the formulation or component of the container.
Most serious warnings and precautions:
• **Physician monitoring:** Treatment should be initiated and supervised by a physician experienced in the use of anti-cancer medicinal products.
• **Myelodysplastic syndrome/acute Myeloid Leukemia (MDS/AML)** has been reported in patients exposed to LYNPARZA[®]. The majority of the reports have been fatal.
• **Pneumonitis:** Pneumonitis has been reported in a small number of patients receiving LYNPARZA[®], and some reports have been fatal.
• **Pregnancy:** LYNPARZA[®] could cause fetal harm when administered to a pregnant woman.
Other relevant warnings and precautions:
• Co-administration with strong or moderate CYP3A inducers or inhibitors is not recommended.
• Venous thromboembolic events (VTE). Monitor for clinical signs and symptoms of venous thrombosis and pulmonary embolism.
• Risk of asthenia, fatigue or dizziness. Use caution when driving or operating machines.

See more information:
Please consult the Product Monograph at lynparza-en.azim.ca for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling us at 1-800-668-6000.
ABPI—androgen receptor pathway inhibitor; CI—confidence interval; HR—hazard ratio; mCRPC—metastatic castration resistant prostate cancer; NHA—new hormonal agent (also referred to as HAI or ARPI; HR—not included; OS—overall survival).
References: 1. LYNPARZA[®] Product Monograph. AstraZeneca Canada, September 27, 2024. 2. Canadian Urological Association. CUA Tool Card & Treatment Algorithm for the Treatment of Metastatic Castration-Resistant Prostate Cancer (mCRPC). Updated August 10, 2023.

CUA Recommendations: Patients with HRR Mutated mCRPC
• **If no prior ARPE:** The CUA recommendation of olaparib + abiraterone + prednisone as a first-line treatment option in patients with BRCA1-mutated metastatic castration-resistant prostate cancer (mCRPC) was assigned strong recommendation; Level 1 evidence.
• **If prior ARPE:** The CUA recommendation of olaparib monotherapy as a first-line treatment option in patients with BRCA1-mutated mCRPC who have received a prior ARPE was assigned expert opinion³

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lynparza.ca
<https://www.lynparza.ca/>

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Explore Information Resulting From The LYNPARZA[®] Clinical Trial Program.
Access Resources to Help Support Your LYNPARZA[®] Patients.

GOOGLE SEARCH AD

PRINT JOURNAL AD

IMD

This message is brought to you in partnership with AstraZeneca Canada Inc. and Merck & Co., Inc.
Message en français à suivre.

In 1st line BRCAm mCRPC Weigh your options¹

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The FIRST and ONLY PARP inhibitor indicated as combination therapy and monotherapy for BRCAm mCRPC^{1†}

Overall survival (OS) has been assessed in two pivotal LYNPARZA[®] trials in mCRPC patients with BRCA mutation – with and without prior NHA exposure in the PROfound (monotherapy) and PROpel (combination therapy) studies, respectively.

Combination Therapy (PROpel Study)¹
Secondary Endpoint: Overall Survival (48% maturity, BRCAm subgroup)^{1*}

Overall survival showed an improvement for LYNPARZA[®] + abiraterone vs. placebo + abiraterone in mCRPC patients with a BRCA mutation
HR=0.29* (95% CI 0.14-0.56; p<N/A)
Number of events: 13/47 vs. 25/38 placebo + abiraterone

Monotherapy (PROfound Study)¹
Secondary Endpoint: Final Overall Survival Analysis (Cohort A, 60% Maturity)^{1†}

31% reduction in instantaneous risk of death
HR=0.69 (95% CI 0.50-0.97; p=0.0175 (2-sided)^{1†})
Number of events: 91/162 vs. 57/83 investigator's choice of NHA

Download the OS Leave Behind for more information on the overall survival data

LYNPARZA[®] Monotherapy is publicly funded in AB, BC, MB, NB, NL, NS, ON, PEI, QC and SK and by the NHA for eligible mCRPC patients (refer to respective provincial formularies for full coverage details and restrictions)^{3††}

LYNPARZA[®], in combination with abiraterone and prednisone/prednisolone, is now publicly funded in AB, BC, MB, NB, NL, NS, ON, QC and SK and by the NHA for eligible mCRPC patients (refer to respective provincial formularies for full coverage details and restrictions)^{3††}

PAAB **AstraZeneca** **Merck** **Lynparza**

IMDH NEWSLETTER

Services Offered

- Visit website for overall survival data results (lynparza.ca)

Challenges

- Few targeted media options (Oncology HCPs)
- Restrictive PAAB guidelines, limited space

KPIs and Results

3 Months (May-Jul 2025):

- **83,364** Impressions
- **647** Website visits
- **676** Clicks registered
- **59%** Open rate