

Olaparib as Adjuvant Treatment in Patients With Germline BRCA Mutated High Risk HER2 Negative Primary Breast Cancer (Olympia)

This study is currently recruiting participants. (see [Contacts and Locations](#))

Verified March 2015 by AstraZeneca

Sponsor:
AstraZeneca

Collaborators:
Breast International Group
Frontier Science & Technology Research Foundation, Inc.
NRG Oncology
Myriad Genetics - BRCAAnalysis test for FDA Premarket Approval (PMA)

Information provided by (Responsible Party):
AstraZeneca

ClinicalTrials.gov Identifier:
NCT02032823

First received: January 3, 2014
Last updated: March 30, 2015
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[History of Changes](#)

- [Full Text View](#) | [Tabular View](#) | [No Study Results Posted](#) | [Disclaimer](#) | [How to Read a Study Record](#)

Purpose

Olaparib treatment in patients with germline BRCA 1/2 mutations and high risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy

Condition	Intervention	Phase
Breast Cancer	Drug: Olaparib Drug: Placebo	Phase 3

Study Type: Interventional
Study Design: Allocation: Randomized
Endpoint Classification: Safety/Efficacy Study
Intervention Model: Parallel Assignment
Masking: Double Blind (Subject, Caregiver, Investigator)
Primary Purpose: Prevention

Official Title: A Randomised, Double-blind, Parallel Group, Placebo-controlled Multi-centre Phase III Study to Assess the Efficacy and Safety of Olaparib Versus Placebo as Adjuvant Treatment in Patients With Germline BRCA 1/2 Mutations and High Risk HER2 Negative Primary Breast Cancer Who Have Completed Definitive Local Treatment and Neoadjuvant or Adjuvant Chemotherapy

Resource links provided by NLM:

[Genetics Home Reference](#) related topics: [breast cancer](#)

[MedlinePlus](#) related topics: [Breast Cancer](#) [Cancer](#)

[Drug Information](#) available for: [Olaparib](#)

[U.S. FDA Resources](#)

Further study details as provided by AstraZeneca:

Primary Outcome Measures:

- Efficacy of adjuvant treatment with olaparib on Invasive Disease Free Survival (IDFS). [Time Frame: Patients will be followed for disease recurrence and new cancers for approximately 10 years follow ing randomisation] [Designated as safety issue: No]
Recurrence assessments on a 3 monthly basis during the first 2 years and on a 6 monthly basis in year 3, 4, 5 and annually from year 6 to 10. Mammogram/breast MRI performed every 12 months beginning 6 months after randomization

Secondary Outcome Measures:

- Efficacy of adjuvant treatment with olaparib on overall survival (OS). [Time Frame: Overall Survival (OS) follow up will be done every 12 months follow ing completion of 10 year new cancer/recurrence follow up.] [Designated as safety issue: Yes]
- Efficacy of adjuvant treatment with olaparib on Distant Disease Free Survival (DDFS) [Time Frame: Physical examination will be performed at weeks 12, 24, 38, 52. In follow-up period in year 2 every 3 months, in year 3, 4, 5 every 6 months and year 6 to 10 every 12 months. Mammogram/ breast MRI to be performed every 12 months after the 6 months scan.] [Designated as safety issue: No]
- Efficacy of adjuvant treatment with olaparib on the incidence of new invasive breast primary cancer and/or new epithelial ovarian cancer. [Time Frame: New cancer assessments will be performed at day 1, weeks 12, 24, 38, 52. In follow-up period in year 2 every 3 months, in year 3, 4, 5 every 6 months and year 6 to 10 every 12 months. Mammogram/MRI to be performed every 12 months after the 6 months scan.] [Designated as safety issue: No]
- Efficacy of olaparib on patient reported outcomes using the FACIT fatigue scale and EORTC QLQ-C30 QoL scale. [Time Frame: Baseline assessmnet prior to day 1 and then at week 24, 52 and month 18 and 24 follow ing randomisation.] [Designated as safety issue: No]
- Efficacy of olaparib in patients identified as having a deleterious or suspected deleterious variant in either of the BRCA genes using variants identified with current and future BRCA mutation assays (gene sequencing and large rearrangement analysis). [Time Frame: Within 15 years from last subject last visit.] [Designated as safety issue: No]

Estimated Enrollment: 1320
Study Start Date: April 2014
Estimated Study Completion Date: February 2028
Estimated Primary Completion Date: March 2020 (Final data collection date for primary outcome measure)

Arms	Assigned Interventions
Experimental: Olaparib Olaparib tablets 300mg b.i.d. p.o.	Drug: Olaparib Patients will be administred olaparib orally twice daily (b.i.d.) at 300 mg. Tw o (2) x 150 mg olaparib tablets should be taken at the same times each morning and evening of each day, approximately 12 hours apart with approximately 240 ml of water.
Placebo Comparator: Placebo Placebo tablets b.i.d. p.o.	Drug: Placebo Patients will be administred matching placebo. Tw o (2) tablets should be taken at the same times each morning and evening of each day, approximately 12 hours apart with approximately 240 ml of water.

Detailed Description:

Patients will be randomised in 1:1 ratio to either olaparib or placebo. Randomisation will be stratified by prior neoadjuvant versus adjuvant chemotherapy and prior platinum use for breast cancer. Randomised patients will receive study treatment for up to a maximum of 12 months. All patients will have safety assessments every 2 weeks during the first month, every 4 weeks for the follow ing 5 months and 3 monthly for the remaining 6 months of study treatment plus 30 days after its discontinuation. Follow ing randomisation, all patients will be assessed regularly for signs, symptoms and evidence of disease recurrence by taking medical history, physical examination and mammogram/breast MRI. Efficacy assessments will be performed on a 3 monthly basis during the first 2 years, followed by 6 monthly assessments for years 3, 4 and 5 and annually thereafter. All patients (except those with bilateral mastectomy) will have mammogram/ breast MRI annually for 10 years beginning 6 months after randomisation. All randomised patients will have clinical assessment visits for 10 years follow ing their randomisation into the study. Once a patient completes 10 years of clinical assessment they will enter the survival follow up phase of the trial which will continue until 10 years after the last patient is randomised.

Eligibility

Ages Eligible for Study: 18 Years and older
Genders Eligible for Study: Both

Accepts Healthy Volunteers: No

Criteria

Inclusion Criteria:

- Histologically confirmed non-metastatic primary triple negative invasive adenocarcinoma of the breast. •Invasive Triple Negative Breast Cancer
- Documented mutation in BRCA1 or BRCA2 that is predicted to be deleterious or suspected deleterious (known or predicted to be detrimental/lead to loss of function).
- Completed adequate breast and axilla surgery.
- Completed at least 6 cycles neoadjuvant or adjuvant chemotherapy containing anthracyclines, taxanes or the combination of both. Prior platinum as potentially curative treatment for prior cancer (e.g. ovarian) or as adjuvant or neoadjuvant treatment for breast cancer is allowed.
- ECOG 0-1.

Exclusion criteria:

- Any previous treatment with a PARP inhibitor, including olaparib and/or known hypersensitivity to any of the excipients of study treatment.
- Patients with second primary cancer, EXCEPTIONS: adequately treated non-melanoma skin cancer, curatively treated in situ cancer of the cervix, Ductal Carcinoma in situ (DCIS) of the breast, stage 1 grade 1 endometrial carcinoma, or other solid tumours including lymphomas (without bone marrow involvement) curatively treated with no evidence of disease for ≥ 5 years prior to randomization. More than one course of chemotherapy for previous malignancies.
- Resting ECG with QTc > 470 msec detected on 2 or more time points within a 24 hour period or family history of long QT syndrome. If ECG demonstrates QTc > 470 msec, patient will be eligible only if repeat ECG demonstrates QTc ≤ 470 msec.
- Concomitant use of known potent CYP3A4 inhibitors such as ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, telithromycin, clarithromycin and nefinavir.
- Whole blood transfusions in the last 120 days prior to entry to the study which may interfere with gBRCA testing

▶ Contacts and Locations

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies](#).

Please refer to this study by its ClinicalTrials.gov identifier: NCT02032823

Contacts

Contact: AstraZeneca Clinical Study Information Center 1-877-240-9479 information.center@astrazeneca.com

[Show 375 Study Locations](#)

Sponsors and Collaborators

AstraZeneca

Breast International Group

Frontier Science & Technology Research Foundation, Inc.

NRG Oncology

Myriad Genetics - BRCAanalysis test for FDA Premarket Approval (PMA)

Investigators

Principal Investigator: Andrew Tutt, Doctor of Medicine Integrated Cancer Centre Guy's Hospital, King's College, London School of Medicine, London, UK

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Principal Investigator: Charles Geyer, Doctor of Medicine Virginia Commonwealth University Massey Cancer Center, McGlathlin Medical Education Center, Room 12-217, 1201 East Marshall St., PO Box 980070, Richmond, VA 23298-0070, USA

▶ More Information

No publications provided

Responsible Party: AstraZeneca

ClinicalTrials.gov Identifier: [NCT02032823](#) [History of Changes](#)

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Study First Received: January 3, 2014

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Health Authority: United States: Food and Drug Administration
China: Food and Drug Administration
China: Ethics Committee
Japan: Ministry of Health, Labor and Welfare
European Union: European Medicines Agency
Israel: Ethics Commission

Keywords provided by AstraZeneca:

Breast Cancer

Adjuvant

Olaparib

BRCA 1/2

HER2

Additional relevant MeSH terms:

Breast Neoplasms

Breast Diseases

Neoplasms

Neoplasms by Site

Skin Diseases

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