Rubraca® (rucaparib) is now reimbursed in France as a first-line maintenance treatment for all eligible women with advanced ovarian cancer

Intended for the Media

Vienna, Austria, October 16, 2024 – pharmaand GmbH (pharma&) announced today that Rubraca® (rucaparib) has been granted reimbursement in France as a monotherapy for the maintenance treatment of all women with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

"Today's reimbursement of rucaparib by the French authorities marks another step forward for the treatment of advanced ovarian cancer," said Frank Rotmann, Founder and Managing Director, pharma&. "This significant milestone means many more eligible women in France will have the option to receive this essential medicine earlier, potentially extending the time they may spend without their devastating cancer progressing."

The French reimbursement announcement follows the European Commission (EC) marketing authorization for rucaparib as a first-line maintenance treatment in November 2023. The authorization was granted based on the results from the ATHENA-MONO comparison within the phase 3 randomized, double-blind ATHENA study (GOG 3020/ENGOT-ov45) (NCT03522246), which demonstrated that rucaparib significantly improved investigator-assessed progression-free survival compared with placebo in women, regardless of their *BRCA* mutation status. The safety profile observed in the ATHENA-MONO trial is consistent with all prior rucaparib studies.

"In the ATHENA-MONO trial, rucaparib increased the progression-free survival of patients, regardless of the BRCA mutational status and the homologous recombination deficiency (HRD) status. The recent European approval and the French coverage of rucaparib offer an additional active therapeutic option in first-line setting ovarian cancer, and therefore represent progress for this population of patients," said Pr. Benoit You, Medical Oncologist at Lyon University Hospital and GINECO.

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Rucaparib European Union (EU), including Northern Ireland, authorized use and Important Safety Information

Rubraca is indicated as monotherapy for the maintenance treatment of adult patients with advanced (FIGO Stages III and IV) high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.

Rucaparib is indicated as monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum- based chemotherapy.

Efficacy of rucaparib as treatment for relapsed or progressive epithelial ovarian cancer (EOC), fallopian tube cancer (FTC), or primary peritoneal cancer (PPC) has not been investigated in patients who have received prior treatment with a PARP inhibitor. Therefore, use in this patient population is not recommended.

Summary warnings and precautions:

Hematological toxicity

During treatment with rucaparib, events of myelosuppression (anemia, neutropenia, thrombocytopenia) may be observed and are typically first observed after 8–10 weeks of treatment with rucaparib. These reactions are manageable with routine medical treatment and/or dose adjustment for more severe cases. Complete blood count testing prior to starting treatment with rucaparib and monthly thereafter is advised. Patients should not start rucaparib treatment until they have recovered from hematological toxicities caused by previous chemotherapy (< CTCAE grade 1).

Supportive care and institutional guidelines should be implemented for the management of low blood counts for the treatment of anemia and neutropenia. Rucaparib should be interrupted, or dose reduced according to Table 1 (see Posology and Method of Administration [4.2] of the Summary of Product Characteristics [SmPC]), and blood counts monitored weekly until recovery. If the levels have not recovered to CTCAE grade 1 or better after four weeks, the patient should be referred to a hematologist for further investigations.

MDS/AML

MDS/AML, including cases with fatal outcomes, have been reported in patients who received rucaparib. The duration of therapy with rucaparib in patients who developed MDS/AML varied from less than 2 months to approximately 6 years.

If MDS/AML is suspected, the patient should be referred to a hematologist for further investigations, including bone marrow analysis and blood sampling for cytogenetics. If, following investigation for prolonged hematological toxicity, MDS/AML is confirmed, rucaparib should be discontinued.

Photosensitivity

Photosensitivity has been observed in patients treated with rucaparib. Patients should avoid spending time in direct sunlight because they may burn more easily during rucaparib treatment; when outdoors, patients should wear a hat and protective clothing and use sunscreen and lip balm with sun protection factor of 50 or greater.

Gastrointestinal toxicities

Gastrointestinal toxicities (nausea and vomiting) are frequently reported with rucaparib and are generally low grade (CTCAE grade 1 or 2) and may be managed with dose reduction (refer to Posology and Method of Administration [4.2], Table 1 of the SmPC) or interruption. Antiemetics, such as 5-HT3 antagonists, dexamethasone, aprepitant, and fosaprepitant, can be used as treatment for nausea/vomiting and may also be considered for prophylactic (i.e., preventative) use prior to starting rucaparib. It is important to proactively manage these events to avoid prolonged or more severe events of nausea/vomiting, which have the potential to lead to complications such as dehydration or hospitalization.

Intestinal obstruction

Cases of intestinal obstruction have been observed in ovarian cancer patients treated with rucaparib in clinical trials; 3.5% of patients treated with rucaparib experienced a serious event of intestinal obstruction, with a fatal outcome in 1 rucaparib treated patient (less than 0.1%). The underlying disease may play a role in the development of intestinal obstruction in patients with ovarian cancer. In the event of suspected intestinal

obstruction, a prompt diagnostic evaluation should be conducted, and the patient should be treated appropriately.

Embryofetal toxicity

Rucaparib can cause fetal harm when administered to a pregnant woman based on its mechanism of action and findings from animal studies. In an animal reproduction study, administration of rucaparib to pregnant rats during the period of organogenesis resulted in embryo-fetal toxicity at exposures below those in patients receiving the recommended human dose of 600 mg twice daily (see Preclinical Safety Data [5.3] of the SmPC).

Pregnancy/contraception

Pregnant women should be informed of the potential risk to a fetus. Women of reproductive potential should be advised to use effective contraception during treatment and for six months following the last dose of rucaparib (see section 4.6 of the SmPC). A pregnancy test before initiating treatment is recommended in women of reproductive potential.

Excipients
This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say, essentially 'sodium-free.'

Click here to access the current EU SmPC (including for Northern Ireland).

Healthcare professionals should report any suspected adverse reactions via their national reporting systems. For medical information inquiries outside of the U.S., contact pharma& at medinfo@pharmaand.com.

About the ATHENA Clinical Trial

ATHENA (GOG 3020/ENGOT-ov45) (NCT03522246) is an international, randomized, double-blind, phase III trial consisting of two separate and fully independently powered study comparisons evaluating rucaparib monotherapy (ATHENA-MONO) and rucaparib in combination with nivolumab (ATHENA-COMBO) as maintenance treatment for patients with newly diagnosed advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer. ATHENA enrolled approximately 1000 patients across 24 countries, all women with newly diagnosed ovarian cancer who responded to their first-line

chemotherapy. The trial completed accrual in 2020 and was conducted in association with the GOG Foundation, Inc. (GOG-F) in the U.S. and the European Network of Gynaecological Oncological Trial groups (ENGOT) in Europe. GOG-F and ENGOT are the two largest cooperative groups in the U.S. and Europe dedicated to the treatment of gynecological cancers.

ATHENA-MONO is evaluating the benefit of rucaparib monotherapy versus placebo in 538 women in this patient population. The primary efficacy analysis evaluated two prospectively defined molecular sub-groups in a step-down manner: 1) HRD-positive (inclusive of BRCA mutant) tumors, and 2) the intent-to-treat population, or all patients treated in ATHENA-MONO.

The ATHENA-COMBO portion of the trial is evaluating the magnitude of benefit of adding nivolumab to rucaparib monotherapy in the ovarian cancer first-line maintenance treatment setting.

About Ovarian Cancer

In 2022, the Global Cancer Observatory (GLOBOCAN) estimated that over 69,000 women in Europe are diagnosed each year with ovarian cancer[1], and ovarian cancer is among those cancers with the highest rate of deaths. [2] In France, it is estimated that over 5,300 women were diagnosed with ovarian cancer,[3] and approximately 3,500 women died from ovarian cancer.[4]

Despite recent advances in the therapeutic landscape of newly diagnosed ovarian cancer, advanced ovarian cancer is still considered incurable for the majority of patients, and the optimal treatment strategy has yet to be determined.[5] Currently, more than 75% of women are diagnosed with ovarian cancer at an advanced stage,[6] and even though most respond initially to treatment, 80% of patients will have a recurrence and require subsequent therapies.[7]

About pharma&

pharmaand GmbH (pharma&), a privately owned global company, aspires to breathe new life into proven medicines. The Company is dedicated to preserving the availability and fostering the further development of essential medicines worldwide to leave no patient behind. Over the past five years, pharma& has acquired and integrated 10+ medicines, expanding its portfolio across a wide range of therapy areas, with an increasing focus on hematology and oncology treatments. The Company's unique

synthesis of subsidiaries, joint ventures, and partners enables pharma& to provide its portfolio of medicines to eligible patients worldwide by spanning the continuum of development, product and API manufacturing, partner distribution, healthcare provider engagement, distribution and services to patients.

pharma& cautions that any forward-looking statements or projections made, including those made in this announcement, are subject to risks and uncertainties that may cause actual results to differ materially from those projected. pharma& does not undertake to update or revise any forward-looking statements.

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pharma& Media Contact:
media@pharmaand.com

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