



pharma&'s Rubraca® (rucaparib) Can Prolong Time to First and Second Subsequent Therapy for Eligible Patients with Advanced Ovarian Cancer, Regardless of HRD Status

- *A lower percentage of patients receiving rucaparib than placebo were administered subsequent therapies in both HRD subgroups¹*
- *For both HRD subgroups, most patients in both arms received platinum-based chemotherapy as part of their first subsequent therapy regimen¹*
- *Rucaparib prolonged the median time to first and second subsequent therapy for 6-16 months longer than placebo, regardless of HRD status¹*

Intended for the Healthcare Media

Vienna, Austria, October 1, 2026 - pharmaand GmbH (pharma&) announced today data that will be presented on October 3 from the randomized, Phase 3, company-sponsored ATHENA trial investigating rucaparib monotherapy versus placebo as first-line maintenance therapy in advanced ovarian cancer (ATHENA-MONO) during a Poster Round with the Professors at the International Gynecologic Cancer Society (IGCS) 2026 Annual Global Meeting being held in Montreal, Quebec.

Prof. Diane Provencher, MD, FRCSC, FACOG, University of Montreal, Montreal, Quebec, will present "Patients with Newly Diagnosed Advanced Ovarian Cancer in ATHENA-MONO/GOG-3020/ENGOT-OV45: Subsequent Anti-Cancer Therapy by HRD Status."

"This presentation provides clinicians greater understanding of treatment sequencing by evaluating what was received as subsequent therapy in ATHENA-MONO based on HRD status, a predictive biomarker for PARPi therapy in advanced ovarian cancer," said Prof. Diane Provencher, MD, FRCSC, FACOG, University of Montreal, Montreal, Quebec. "These data suggest that the benefit of first-line rucaparib maintenance may continue beyond first progression and may delay the need for further chemotherapy across HRD subgroups in eligible patients with advanced ovarian cancer."

Subsequent therapy regimens by HRD status: rucaparib versus placebo

After inclusion in the ATHENA-MONO arm of the ATHENA ([NCT03522246](#)) clinical trial, most patients in the rucaparib and placebo arms received at least one subsequent therapy¹.

In the HRD-positive subgroup, a lower percentage of patients receiving rucaparib (56%) than placebo (67%) were administered subsequent therapies¹. In the HRD-negative subgroup, a lower percentage of patients receiving rucaparib (69%) than placebo (84%) were administered subsequent therapies¹.

For both HRD subgroups, most patients in both arms received platinum-based chemotherapy as part of their first subsequent therapy regimen¹.

	HRD-positive		HRD-negative	
n, (%)	Rucaparib (n=185)	Placebo (n=49)	Rucaparib (n=189)	Placebo (n=49)
≥1 subsequent therapy regimen	104 (56)	33 (67)	131 (69)	41 (84)
Had PARPi as part of the first subsequent therapy regimen^a	21 (20)	13 (39)	14 (11)	12 (29)
First subsequent therapy regimen^a				
Platinum-based chemotherapy regimen	88 (85)	24 (73)	96 (73)	26 (63)
With maintenance PARPi ^b	15 (17)	13 (54)	9 (9)	12 (46)
Non-platinum-based chemotherapy regimen ^c	7 (7)	8 (24)	21 (16)	14 (34)
Bevacizumab alone	0	1 (3)	1 (1)	0
PARPi monotherapy	6 (6)	0	5 (4)	0
Other	3 (3)	0	8 (6)	1 (2)
≥2 subsequent therapy regimens	61 (33)	21 (43)	86 (46)	28 (57)

^a Denominator includes patients with ≥1 subsequent therapy regimen.

^b Denominator is the number of patients with platinum-based chemotherapy as part of their first subsequent treatment regimen.

^c Regimens may include maintenance therapy, such as bevacizumab or PARPi.

Regardless of HRD status, rucaparib prolonged the median time to first and second subsequent therapy versus placebo¹. In patients with HRD-positive tumors, rucaparib extended the median time to first subsequent therapy (TFST) and time to second subsequent therapy (TSST) by 16.6 months (32.7 vs 16.1; HR 0.59, 95% CI 0.40–0.86) and 15.2 months (55.9 vs 40.7; HR 0.76, 95% CI 0.49–1.18), respectively. In patients with HRD-negative tumors, rucaparib extended the median TFST and TSST by 5.8 months (16.2 vs 10.4; HR 0.60, 95% CI 0.42–0.84) and 7.5 months (28.9 vs 21.4; HR 0.63, 95% CI 0.44–0.90), respectively¹.

"The data presented at IGCS describes the treatments patients received after having rucaparib, which is based on the decisions made by the patients and clinicians after the patients progressed," said Elmar Zagler, Co-CEO, pharma&. "We thank all patients, their families and caregivers who participated in this trial. pharma& remains committed to breathing new life into proven medicines, to ensure no patient is left behind."

In February 2026, Health Canada accepted the new drug submission (NDS) for Rubraca® (rucaparib) for review. The acceptance indicates that Health Canada considers the submission complete enough to commence scientific evaluation. The application is currently under standard review to assess whether the product meets all requirements for safety, efficacy, and quality under the Food and Drug Regulations.

About the ATHENA Clinical Trial

ATHENA (GOG 3020/ENGOT-ov45) ([NCT03522246](https://clinicaltrials.gov/ct2/show/study/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 with advanced high-grade ovarian cancer. 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.

About the GOG Foundation, Inc. (www.gog.org)

The GOG Foundation, Inc. is a not-for-profit organization with the purpose of promoting excellence in the quality and integrity of clinical and translational scientific research in the field of gynecologic malignancies. The GOG Foundation is committed to maintaining the highest standards in clinical trials development, execution, analysis, and distribution of results. The GOG Foundation is the only clinical trialist group in the United States that focuses its research on patients with pelvic malignancies, such as cancer of the ovary (including surface peritoneal malignancies), uterus (including endometrium, soft tissue sarcoma, and gestational trophoblastic neoplasia), cervix, and vulva. The GOG Foundation is multi-disciplinary in its approach to clinical trials, and includes gynecologic oncologists, medical oncologists, pathologists, radiation oncologists, oncology nurses, biostatisticians (including those with expertise in bioinformatics), basic scientists, quality of life experts, data managers, and administrative personnel.

About the GOG Partners Program

Supported by industry, GOG Partners program is structured to work directly with pharmaceutical organizations and operate clinical trials outside the National Cancer Institute (NCI) framework. The GOG Partners program promotes the mission of the GOG Foundation dedicated to transforming care in Gynecologic Oncology. By providing an alternative venue for patient accrual and site infrastructure support, GOG Partners has helped provide additional trials and opportunities for patients outside the national gynecologic clinical trials network.

About ENGOT (www.engot.esgo.org)

The European Network for Gynaecological Oncological Trial (ENGOT) groups is a research network of the European Society of Gynaecological Oncology (ESGO) and was founded in Berlin in October 2007. Currently, ENGOT consists of 21 trial groups from 33 European countries

that perform cooperative clinical trials. ENGOT's ultimate goal is to bring the best treatment to gynaecological cancer patients through the best science and enabling every patient in every European country to access a clinical trial.

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

Rucaparib 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 pharma& (pharmaand.com)

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. Since its inception, 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 research and development, in-house product and active pharmaceutical ingredients (API) manufacturing, distribution via its global partner network, healthcare provider engagement, patient safety services, and patient access services through U.S. Market Access.

pharma& holds the worldwide rights for Rubraca[®].

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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References

1. Provencher D, Messing M, De Vivo R, et al. Patients with Newly Diagnosed Advanced Ovarian Cancer in ATHENA-MONO/GOG-3020/ENGOT-OV45: Subsequent Anti-Cancer Therapy by HRD Status. Presented at the International Gynecologic Cancer Society 2026 Annual Global Meeting, 3 October, Montreal, Quebec.