pharma& Highlights First Subsequent Therapy Regimens that Included a PARP Inhibitor in Patients with Advanced Ovarian Cancer in the ATHENA Clinical Trial

- *Regardless of the timing of progression on rucaparib, patients in this subset who received a subsequent PARPi achieved longer median PFS2 than those who did not, suggesting PARPi after PARPi may benefit some patients*[1]
- *Median time to second disease progression (PFS2) was longer for those who progressed after rucaparib in ATHENA-MONO compared with those who progressed while on rucaparib in this subset, independent of first subsequent therapy received*[1]
- *In this subset of patients treated with a PARPi in their first subsequent treatment following ATHENA-MONO, most patients in both arms received platinum chemotherapy and PARPi maintenance.*[1]

Intended for the Healthcare Media

Vienna, Austria, October 26, 2026 - pharmaand GmbH (pharma&) announced today that an exploratory analysis was presented 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 display session at the European Society for Medical Oncology (ESMO) Congress 2026 being held in Madrid, Spain.

Prof. Toon Van Gorp, MD, PhD, University Hospitals Leuven, Leuven, Belgium, and Chair, Belgium and Luxembourg Gynecological Oncology Group (BGOG), on behalf of lead author Prof. Tugan Beşe, MD, Istanbul University-Cerrahpaşa, and ATHENA investigators, presented "Patients from ATHENA-MONO/GOG-3020/ENGOT-ov45 with Newly Diagnosed Advanced Ovarian Cancer Treated with a PARPi as Part of their First Subsequent Anti-Cancer Therapy."

"This presentation showed individual patient data for a subset of patients who received a PARPi after a PARPi, exploring if there were any differences for those who progressed during or after rucaparib," said Prof. Toon Van Gorp, MD, PhD, University Hospitals Leuven, Leuven, Belgium, and Chair, Belgium and Luxembourg Gynecological Oncology Group (BGOG)."Regardless of the timing of progression, these data found that patients who received a subsequent PARPi following rucaparib treatment had a longer median time to second disease progression (PFS2) than those who did not receive a subsequent PARPi. PFS2 was longer for those who progressed after rucaparib than for those who progressed during rucaparib, independent of the treatment."

PARPi as Part of First Subsequent Treatment

Most patients in the ATHENA-MONO arm of the ATHENA (NCT03522246) clinical trial received at least one subsequent therapy.[2] Among this small subset of patients who received a PARPi as part of their first subsequent treatment regimen, most patients in both the rucaparib monotherapy and placebo arms received platinum chemotherapy followed by PARPi maintenance.[1]

Of those who received at least 1 subsequent therapy, 37 patients in the rucaparib arm and 27 patients in the placebo arm received a PARPi as part of their first subsequent treatment.[1] In the rucaparib arm, 70% received platinum chemotherapy of which 51% included PARPi maintenance; 19% received PARPi monotherapy without platinum chemotherapy.[1] In the placebo arm, 100% received platinum chemotherapy of which 63% included PARPi maintenance; no one received PARPi monotherapy without platinum chemotherapy.[1] In this small subset of patients, there were no discernible patterns based on HRD status, presence or absence of residual disease, timing of surgery, and response to prior chemotherapy.[1]

"In this poster at ESMO, we document efficacy and the subsequent treatment journey for a subset of patients receiving rucaparib in the ATHENA-MONO Clinical Trial," said Elmar Zagler, Co-CEO, pharma&. "We thank all the patients, their families, and caregivers who took part in this trial. pharma& remains committed to breathing new life into proven medicines, to ensure no patient is left behind."

Footnotes

- This post hoc exploratory analysis describes a subset of patients in ATHENA-MONO who received a PARPi as part of their first subsequent therapy after rucaparib 1LM treatment.[1]
- The baseline characteristic analyses were only conducted at the start of the study and not at additional timepoints, and there may be imbalances in baseline characteristics between the groups.[1]
- Subsequent therapy was not randomly assigned, and comparisons between patients receiving versus not receiving a subsequent PARPi are subject to potential selection and time-dependent biases.[1]
- Any conclusions should only be considered as hypothesis-generating due to the small number of patients in this subgroup.[1]

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 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) 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.

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.

# # #

pharma& Media Contact:
media@pharmaand.com

References

1. Beşe T, Chambers S K, Kim B-G, et al. Patients from ATHENA-MONO/GOG-3020/ENGOT-ov45 with Newly Diagnosed Advanced Ovarian Cancer Treated with a PARPi as Part of Their First Subsequent Anti-Cancer Therapy. Presented at the European Society for Medical Oncology (ESMO) Congress 2026, 26 October, Madrid, Spain.

2. Prendergast E, Salutari V, Ciuleanu TE, et al. Subsequent anti-cancer therapy of patients with newly diagnosed advanced ovarian cancer in ATHENA-MONO/GOG-3020/ENGOT-ov45. Presented at ESMO Gynecological Cancers Annual Congress 2026, 17 June, Copenhagen, Denmark.