
1 DAILY DOSE
Zejula
niraparib
tablets 100 mg
Zejula is One!*
*Refers to the time from which the indication for Zejula was approved by HSA in Singapore

1 DAILY DOSE

Zejula niraparib tablets 100 mg

# Thank you for 1 Year of Support

It has been a year since Zejula (niraparib) was made available in Singapore for women with advanced ovarian cancer.

In the past year, Zejula has touched the lives of many women and we look forward to the continued partnership with you.

STAY CONNECTED

## ZEJULA IS THE ONLY MONOTHERAPY

PARP inhibitor approved for women with advanced ovarian cancer in response to first-line platinum-based chemotherapy, regardless of biomarker status[1,2]

## ZEJULA OFFERS:

**1** **Durable, consistent PFS benefit in HRd patients[3]**
ZEJULA more than doubled 4-year PFS rates observed in HRd pati ents, vs placebo by IA.*[3]

HRd

**2** **Flexible and convenient dosing for your patients**
ZEJULA is a once-daily monotherapy maintenance treatment.[1]

1X DAILY

**3** **Established safety profile and tolerable AEs**
AEs consistent with the primary analysis and the known safety p rofile.[3]
Discontinuation rate (14.3%) was sustained with 3.5-year foll ow-up.*[3]

*Ad hoc PFS and safety data from the PRIMA double-blind, placebo-controlled phase 3 trial. Patients were randomized 2:1 to receive niraparib or placebo. N=728. PFS analysis included 373 patients.

## ZEJULA is indicated:[1]

- As monotherapy for the maintenance treatment of adult patients with advanced epithelial (FIGO stages III and IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy
- As monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy. The overall survival benefit in patients without germline BRCA mutation ovarian cancer has not been demonstrated.

**Zejula Succinct Safety Information**[1]

**Contraindications:** Hypersensitivity to niraparib or to any of the excipients. Breast-feeding.

**Warnings & Precautions:** Hematologic adverse events: If a patient develops severe persistent hematological toxicity including pancytopenia that does not resolve within 28 days following interruption, ZEJULA should be discontinued. Due to the risk of thrombocytopenia, anticoagulants and medicinal products known to reduce the thrombocyte count should be used with caution. Other precautions include Myelodysplastic syndrome/acute myeloid leukemia, Hypertension, Posterior Reversible Encephalopathy Syndrome and Pregnancy.

**Adverse reactions:** Very common - urinary tract infection, thrombocytopenia, anemia, neutropenia, leukopenia, decreased appetite, insomnia, headache, dizziness, palpitations, hypertension, dyspnoea, cough, nasopharyngitis, nausea, constipation, vomiting, abdominal pain, diarrhea, dyspepsia, back pain, arthralgia, fatigue, asthenia. Common - Myelodysplastic syndrome/ acute myeloid leukaemia, hypokalemia, anxiety, depression, cognitive impairment, dysgeusia, tachycardia, epistaxis, dry mouth, mucositis, stomatitis, photosensitivity, rash, myalgia, oedema peripheral, gamma-glutamyl transferase increased, AST increased, blood creatinine increased, ALT increased, blood alkaline phosphatase increased, weight decreased.

## Abbreviations:

**AE**, adverse event; **HRd**, homologous recombination deficient; IA, investigator-assessment; **PFS**, progression-free survival.

## References:


1. ZEJULA (niraparib) Singapore Prescribing Information.
2. LYNPARZA (olaparib) Singapore Prescribing Information.
3. González -Martín A, Pothuri B, Vergote I, et al. Updated Long -term PFS and Safety: PRIMA/ENGOT -OV26/GOG -3012 Study. Poster presented at the European Society for Medical Oncology (ESMO) Congress; 9 –13 September 2022. Poster 530.


GSK



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