OlympiA Inclusion & Exclusion Criteria Reference Guide

**Inclusion criteria:**

1. **About BRCA:**
   - Documented germline 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).
     - Local BRCA testing results, if available, will be used for establishing eligibility.
     - If local BRCA testing results are not available, central testing will be provided for those patients who otherwise appear to be eligible (see Protocol section 6.2.1).

2. **About the Tumour**
   - Histologically confirmed non-metastatic primary invasive adenocarcinoma of the breast that is one of the two following phenotypes:
     - Triple Negative, OR
     - ER and/or PgR positive, HER2 negative breast cancer defined as:
       - Patients with multifocal or multicentric invasive disease are eligible as long as all the lesions for which HER2 characterization is available are HER2 negative.
       - Patients with synchronous bilateral invasive disease are eligible as long as all the lesions assessed for HER2 on both sides are negative.
       - In both the above cases the lesion considered at highest risk for recurrence based on the investigator’s discretion will be used for eligibility determination.

3. **About Surgery**
   - Completed adequate breast surgery defined as:
     - The inked margins of breast conservation surgery or mastectomy must be histologically free of invasive breast cancer and ductal carcinoma in situ with the exception of the posterior margin if this margin is the pectoralis major fascia or the anterior margin if this is the dermis. Patients with resection margins positive for lobular carcinoma in situ are eligible.
     - Patients with breast conservation must have adjuvant radiotherapy.
   - Completed adequate axilla surgery defined as:
     - Sentinel lymph node biopsy followed by axillary nodal dissection or radiotherapy as per local guidelines.
     - Axillary dissection
     - Sentinel lymph node biopsy performed before neoadjuvant chemotherapy
     - Sentinel lymph node biopsy performed after neoadjuvant chemotherapy
     - Axillary dissection

4. **About Timing:**
   - Patient should be randomised in the trial ideally within a maximum of 8 weeks of completion of their last treatment (surgery, chemotherapy or radiotherapy), but in no case longer than 12 weeks

5. **About Previous Treatments:**
   - For patients who underwent initial surgery and received adjuvant chemotherapy:
     - TNBC patients must have been axillary node-positive (2pN1, any tumour size) or axillary node-negative (pN0) with invasive primary tumour pathological size > 2 cm (≥2pT2)
     - ER and/or PgR positive/HER2 negative patients must have had ≥ 4 pathologically confirmed positive lymph nodes
   - For patients who underwent neoadjuvant chemotherapy followed by surgery:
     - TNBC patients must have residual invasive breast cancer in the breast and/or resected lymph nodes (non pCR)
     - ER and/or PgR positive/HER2 negative patients must have residual invasive cancer in the breast and/or the resected lymph nodes (non pCR) AND a CPS&EG score ≥ 3.
   - Completed at least 6 cycles of 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. (For neoadjuvant patients all chemotherapy should be delivered prior to surgery. No further cycles of chemotherapy post surgery are allowed.)
   - Patients with breast conservation must have adjuvant radiotherapy. Patients having mastectomy may have adjuvant radiotherapy according to local policy and/or international guidelines.
Exclusion criteria

1. About BRCA
   - Patients who do not have deleterious or suspected deleterious gBRCA1 and/or 2 mutations but only have BRCA1 and/or BRCA2 mutations that are considered to be non detrimental (e.g., “Variants of uncertain clinical significance” or “Variant of unknown significance” or “Variant, favour polymorphism” or “benign polymorphism” etc.)

2. About the Tumour
   - Evidence of metastatic breast cancer. Patient considered at high risk of having disseminated disease (i.e. those with locally advanced disease, clinical N2-3 or pathological N1-3 with the exception of pN1a in adjuvant patients) should have a adequate staging

3. About previous or concomitant treatments:
   - Exposure to an investigational product within 30 days or five half lives (whichever is the longer) prior to randomisation.
   - Any previous treatment with a PARP inhibitor, including olaparib and/or known hypersensitivity to any of the excipients of study treatment.
   - Patients receiving systemic chemotherapy within 3 weeks prior to randomisation.
   - Patients receiving adjuvant radiotherapy within 2 weeks prior to randomisation.
   - Concomitant use of known potent CYP3A inhibitors such as ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, telithromycin, clarithromycin and nelfinavir. For further details and the minimum washout period prior to starting olaparib refer to Protocol Appendix I.
   - Major surgery within 2 weeks prior to randomisation: patients must have recovered from any effects of any major surgery.

4. About Previous Illnesses:
   - Patients with second primary malignancy. EXCEPTIONS are:
     - 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 - other solid tumours and lymphomas (without bone marrow involvement) diagnosed ≥ 5 years prior to randomisation and treated with no evidence of disease recurrence and for whom no more than one line of chemotherapy was applied
   - Patients with myelodysplastic syndrome (MDS)/ acute myeloid leukaemia (AML) or with features suggestive of MDS/AML
   - Patients with known active Hepatitis B or C or HIV