IT'S A CLEAR TREATMENT PATH WITH AKEEGA™, **THE ONLY FDA-APPROVED DUAL ACTION TABLET FOR *BRCA*+ mCRPC**

This guide contains important information about AKEEGA™ safety, tolerability, and dosing that may be helpful for managing patients with *BRCA*+ mCRPC.

INDICATION

AKEEGA™ (niraparib and abiraterone acetate film-coated tablets) with prednisone is indicated for the treatment of adult patients with deleterious or suspected deleterious *BRCA*-mutated (*BRCA*m) metastatic castration-resistant prostate cancer (mCRPC). Select patients for therapy based on an FDA-approved test for AKEEGA™.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

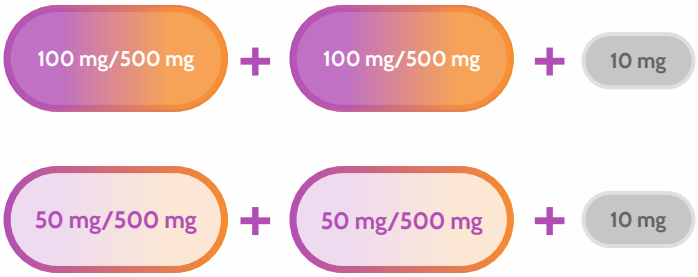
The safety population described in the WARNINGS and PRECAUTIONS reflect exposure to AKEEGA™ in combination with prednisone in *BRCA*m patients in Cohort 1 (N=113) of MAGNITUDE.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

ONCE-DAILY Akeega™
(niraparib/abiraterone acetate)
100mg/500mg tablets • 50mg/500mg tablets

AKEEGA™ is the only FDA-approved medication that combines PARPi/NHT into a single dual action tablet

Once-daily AKEEGA™* is offered in two strengths for dosing flexibility and adjustments as needed



AKEEGA™ RECOMMENDED DOSE

200 mg/1,000 mg (niraparib/abiraterone acetate) orally once daily with 10 mg of prednisone daily

AKEEGA™ REDUCED DOSE†

100 mg/1,000 mg (niraparib/abiraterone acetate) orally once daily with 10 mg of prednisone daily

Tablets shown are not actual size.
*AKEEGA™ is indicated with prednisone.
†Please see full **Prescribing Information** for dose modification recommendations.

Patients receiving AKEEGA™ should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.

Administering AKEEGA™

AKEEGA™ tablets must be taken orally as a single dose once a day on an empty stomach

Patients should not eat food for at least 2 hours before and for at least 1 hour after taking AKEEGA™

The tablets must be swallowed whole with water. Advise patients not to crush or chew tablets

If a dose of AKEEGA™ or prednisone is missed, instruct patients to take the dose as soon as possible on the same day and return to the normal schedule the following day

Extra tablets must not be taken to make up for the missed dose

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Myelodysplastic Syndrome/Acute Myeloid Leukemia
AKEEGA™ may cause myelodysplastic syndrome/acute myeloid leukemia (MDS/AML).

MDS/AML, including cases with fatal outcome, has been observed in patients treated with niraparib, a component of AKEEGA™.

All patients treated with niraparib who developed secondary MDS/cancer-therapy-related AML had received previous chemotherapy with platinum agents and/or other DNA-damaging agents, including radiotherapy.

For suspected MDS/AML or prolonged hematological toxicities, refer the patient to a hematologist for further evaluation. Discontinue AKEEGA™ if MDS/AML is confirmed.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

AKEEGA™ offers a manageable safety profile that is consistent with the known safety profile for each therapy

Most adverse events were mild or moderate (Grade 1 or 2) and manageable

3 out of 10 patients experienced Grade 3+ anemia

CASES OF MDS/AML HAVE NOT BEEN OBSERVED IN THE NIRAPARIB + AAP ARM OF MAGNITUDE*

*One case of MDS/AML occurred in the placebo + AAP group. MDS/AML, including cases with fatal outcome, has been observed in patients treated with niraparib, a component of AKEEGA™. See **Prescribing Information** for niraparib for information on MDS/AML when used as a single agent in other indications.

Select laboratory abnormalities (>10%) occurring in *BRCA*+ mCRPC patients receiving AKEEGA™

Laboratory Abnormality	AKEEGA™ + P (n=113)†		Placebo + AAP (n=112)†	
	All Grades %	Grade 3-4 %	All Grades %	Grade 3-4 %
Hematology				
Hemoglobin decreased	67	26	53	7
Lymphocyte decreased	55	22	32	13
WBC decreased	48	6	18	0.9
Platelets decreased	37	8	22	1.8
Neutrophils decreased	32	7	16	2.7
Chemistry				
ALP increased	34	1.8	29	1.8
Creatinine increased	30	0	13	1.8
Potassium increased	25	0.9	21	3.6
Potassium decreased	20	5	20	5
AST increased	20	1.8	25	2.7
ALT increased	18	0.9	17	4.5
Bilirubin increased	12	0	10	0.9

†The denominator used to calculate the rate varied from 111 to 112 for placebo + AAP and 113 for AKEEGA™ + prednisone based on the number of patients with a baseline value and at least one post-treatment value.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

Adverse reactions in >10% of *BRCA*+ mCRPC patients receiving AKEEGA™*

	AKEEGA™ + P (n=113)		Placebo + AAP (n=112)	
Adverse Reaction	**All Grades %**	**Grade 3-4 %**	**All Grades %**	**Grade 3-4 %**
Musculoskeletal pain†	44	4	42	5
Fatigue†	43	5	30	4
Constipation	34	1	20	0
Hypertension†	33	14	27	17
Nausea	33	1	21	0
Edema†	17	0	9	0
Dyspnea†	15	1	8	3
Decreased appetite	15	2	8	0
Vomiting	15	0	7	1
Dizziness†	14	0	10	0
COVID-19†	13	7	9	4
Abdominal pain†	12	2	12	1
Hemorrhage†	12	2	8	1
Headache	12	1	9	0
Urinary tract infection†	12	3	9	1
Cough†	12	0	6	0
Insomnia	12	0	4	0
Weight decreased	10	1	4	1
Arrhythmia†	10	2	4	1
Fall	10	1	13	4
Pyrexia†	10	2	6	0

*The AE profile is consistent with these products used individually. No new safety signals were identified for AKEEGA™.
†Includes multiple similar terms.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Myelosuppression

AKEEGA™ may cause myelosuppression (anemia, thrombocytopenia, or neutropenia).

In MAGNITUDE Cohort 1, Grade 3-4 anemia, thrombocytopenia, and neutropenia were reported, respectively in 28%, 8%, and 7% of patients receiving AKEEGA™. Overall, 27% of patients required a red blood cell transfusion, including 11% who required multiple transfusions. Discontinuation due to anemia occurred in 3% of patients.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

Patient monitoring with AKEEGA™

Myelosuppression*

Measure complete blood counts:
- Weekly for the first month
- Every two weeks for the next two months
- Monthly for the remainder of the first year
- Every other month beyond first year

Hepatotoxicity*

Measure ALT/AST and bilirubin levels:
- Prior to starting treatment
- Every two weeks for the first three months
- Monthly for the remainder of treatment

Hypokalemia, fluid retention, and cardiovascular adverse reactions*

Monitor patients:
- At least weekly for the first two months
- Monthly for the remainder of treatment

*AKEEGA™ may cause myelodysplastic syndrome/acute myeloid leukemia (MDS/AML), myelosuppression (anemia, thrombocytopenia, or neutropenia), hypokalemia and fluid retention as a consequence of increased mineralocorticoid levels resulting from CYP17 inhibition, hepatotoxicity, adrenocortical insufficiency, hypoglycemia, increased fractures and mortality in combination with radium 223 dichloride, posterior reversible encephalopathy syndrome (PRES), and embryo-fetal toxicity.

85% OF *BRCA*+ mCRPC PATIENTS REMAINED ON AKEEGA™ WITHOUT DISCONTINUING DUE TO TEAEs

72% of *BRCA*+ mCRPC patients did not require a dose reduction of AKEEGA™

50% of *BRCA*+ mCRPC patients remained on AKEEGA™ without interruption due to TEAEs

Adverse reactions which resulted in permanent discontinuation of AKEEGA™ in >2% of patients included COVID-19 (4.4%), anemia (2.7%), asthenia (2.7%), and vomiting (2.7%).

Adverse reactions which required dosage interruption in >2% of patients included anemia (23%), thrombocytopenia (12%), neutropenia (7%), COVID-19 (6%), fatigue (3.5%), asthenia (3.5%), nausea (3.5%), pneumonia (2.7%), hematuria (2.7%), and vomiting (2.7%).

Adverse reactions which required dose reductions in >2% of patients included anemia (12%), thrombocytopenia (4.4%), and fatigue (2.7%).

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Myelosuppression (Cont'd)
Monitor complete blood counts weekly during the first month of AKEEGA™ treatment, every two weeks for the next two months, monthly for the remainder of the first year and then every other month, and as clinically indicated. Do not start AKEEGA™ until patients have adequately recovered from hematologic toxicity caused by previous therapy. If hematologic toxicities do not resolve within 28 days following interruption, discontinue AKEEGA™ and refer the patient to a hematologist for further investigations, including bone marrow analysis and blood sample for cytogenetics.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

ONCE-DAILY Akeega™
(niraparib/abiraterone acetate)
100mg/500mg tablets • 50mg/500mg tablets

Dosing modifications for adverse reactions

Adverse Reaction	Severity	Dosage Modification
Myelosuppression	Hemoglobin <8 g/dL	• Withhold AKEEGA™ and monitor blood counts weekly. • When hemoglobin returns to ≥9 g/dL, resume at the reduced dose of AKEEGA™ 100 mg/1,000 mg once daily and monitor blood counts weekly for 28 days and as clinically indicated. • Permanently discontinue AKEEGA™ if hemoglobin has not returned to acceptable levels within 28 days of the dose interruption period or if the patient has already undergone dose reduction to 100 mg/1,000 mg once daily.*
	Platelet count <100,000/mcL	**First occurrence:** • Withhold AKEEGA™ for a maximum of 28 days and monitor blood counts weekly until platelet counts return to ≥100,000/mcL. • Resume AKEEGA™ at the same or the reduced dose of 100 mg/1,000 mg once daily. • If platelet count is <75,000/mcL, resume at the reduced dose of AKEEGA™ 100 mg/1,000 mg once daily. **Second occurrence:** • Withhold AKEEGA™ for a maximum of 28 days and monitor blood counts weekly until platelet counts return to ≥100,000/mcL. • Resume at the reduced dose of AKEEGA™ 100 mg/1,000 mg once daily. • Permanently discontinue AKEEGA™ if the platelet count has not returned to acceptable levels within 28 days of the dose interruption period or if the patient has already undergone dose reduction to 100 mg/1,000 mg once daily.*
	Neutrophil <1,000/mcL	• Withhold AKEEGA™ and monitor blood counts weekly. • When neutrophil counts return to ≥1,500/mcL, resume at the reduced dose of AKEEGA™ 100 mg/1,000 mg once daily and monitor blood counts weekly for 28 days and as clinically indicated. • Permanently discontinue AKEEGA™ if neutrophils have not returned to acceptable levels within 28 days of the dose interruption period or if the patient has already undergone dose reduction to 100 mg/1,000 mg once daily.*
	Hematologic adverse reaction requiring transfusion	• Consider platelet transfusion for patients with platelet count ≤10,000/mcL. If there are other risk factors such as coadministration of anticoagulation or antiplatelet drugs, consider interrupting these drugs and/or transfusion at a higher platelet count. • Resume at the reduced dose of AKEEGA™ 100 mg/1,000 mg once daily.

*If myelodysplastic syndrome or acute myeloid leukemia (MDS/AML) is confirmed, discontinue AKEEGA™.

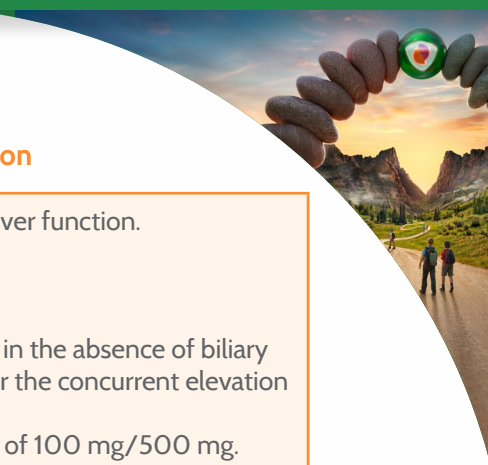
IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hypokalemia, Fluid Retention, and Cardiovascular Adverse Reactions

AKEEGA™ may cause hypokalemia and fluid retention as a consequence of increased mineralocorticoid levels resulting from CYP17 inhibition. In post-marketing experience, QT prolongation and Torsades de Pointes have been observed in patients who develop hypokalemia while taking abiraterone acetate, a component of AKEEGA™. Hypertension and hypertensive crisis have also been reported in patients treated with niraparib, a component of AKEEGA™.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.



Adverse Reaction	Severity	Dosage Modification
Hepatotoxicity	ALT and/or AST greater than 5 X ULN or total bilirubin greater than 3 X ULN	• Withhold AKEEGA™ and closely monitor liver function. • Permanently discontinue AKEEGA™ if: ALT or AST ≥20 times the ULN **OR** ALT >3 X ULN and total bilirubin >2 X ULN in the absence of biliary obstruction or other causes responsible for the concurrent elevation **OR** Hepatotoxicity recurs at the reduced dose of 100 mg/500 mg. • When AST and ALT resolves to ≤2.5 X ULN and total bilirubin ≤1.5 X ULN, AKEEGA™ may be resumed at the reduced dose of 100 mg/500 mg once daily. When resumed, monitor serum transaminases every two weeks for three months, monthly thereafter, and as clinically indicated.
Other non-hematological adverse reactions that persist despite medical management	Grade 3 or 4*	• Withhold AKEEGA™ until resolution of adverse reaction or for a maximum of 28 days. • If resolves in 28 days or less, AKEEGA™ may be resumed at the reduced dose. • Permanently discontinue AKEEGA™ if adverse reaction(s) has not resolved after 28 days or Grade 3 or 4 adverse reaction reoccurs after dose reduction.

*Discontinue AKEEGA™ in patients who develop hypertensive crisis or other severe cardiovascular adverse reaction.

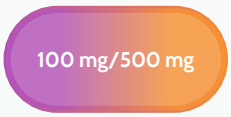
Dose Adjustments for Niraparib/Abiraterone Acetate Dual Action Tablet

The recommended dose of AKEEGA™ is 200 mg/1,000 mg once daily (two 100 mg/500 mg tablets) with 10 mg of prednisone. Treatment with AKEEGA™ should not be reinitiated until toxicity has resolved to Grade 1 or baseline.†

Patients may need a dose reduction† depending on the toxicity

They may receive:

2 lower-strength‡ (50 mg/500 mg) niraparib/abiraterone acetate combination tablets once daily



1 regular-strength‡ (100 mg/500 mg) niraparib/abiraterone acetate combination tablet once daily

Tablets shown are not actual size.

Please see the full **Prescribing Information** for dose modification recommendations.

†In accordance with the **Prescribing Information**, if the toxicity is attributed to one component of AKEEGA™, the other component of AKEEGA™ may be continued as a single agent at the current dose until the adverse reaction resolves and AKEEGA™ can be resumed.
‡AKEEGA™ is indicated with 10 mg prednisone daily.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hypokalemia, Fluid Retention, and Cardiovascular Adverse Reactions (Cont'd)
In MAGNITUDE Cohort 1, which used prednisone 10 mg daily in combination with AKEEGA™, Grades 3-4 hypokalemia was detected in 2.7% of patients on the AKEEGA™ arm and Grades 3-4 hypertension were observed in 14% of patients on the AKEEGA™ arm.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

ONCE-DAILY Akeega™
(niraparib/abiraterone acetate)
100mg/500mg tablets • 50mg/500mg tablets

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Hypokalemia, Fluid Retention, and Cardiovascular Adverse Reactions (Cont'd)
The safety of AKEEGA™ in patients with New York Heart Association (NYHA) Class II to IV heart failure has not been established because these patients were excluded from MAGNITUDE.

Monitor patients for hypertension, hypokalemia, and fluid retention at least weekly for the first two months, then once a month. Closely monitor patients whose underlying medical conditions might be compromised by increases in blood pressure, hypokalemia, or fluid retention, such as those with heart failure, recent myocardial infarction, cardiovascular disease, or ventricular arrhythmia. Control hypertension and correct hypokalemia before and during treatment with AKEEGA™.

Discontinue AKEEGA™ in patients who develop hypertensive crisis or other severe cardiovascular adverse reactions.

Hepatotoxicity
AKEEGA™ may cause hepatotoxicity.

Hepatotoxicity in patients receiving abiraterone acetate, a component of AKEEGA™, has been reported in clinical trials. In post-marketing experience, there have been abiraterone acetate-associated severe hepatic toxicity, including fulminant hepatitis, acute liver failure, and deaths.

In MAGNITUDE Cohort 1, Grade 3-4 ALT or AST increases (at least 5 x ULN) were reported in 1.8% of patients. The safety of AKEEGA™ in patients with moderate or severe hepatic impairment has not been established as these patients were excluded from MAGNITUDE.

Measure serum transaminases (ALT and AST) and bilirubin levels prior to starting treatment with AKEEGA™, every two weeks for the first three months of treatment and monthly thereafter. Promptly measure serum total bilirubin, AST, and ALT if clinical symptoms or signs suggestive of hepatotoxicity develop. Elevations of AST, ALT, or bilirubin from the patient's baseline should prompt more frequent monitoring and may require dosage modifications.

Permanently discontinue AKEEGA™ for patients who develop a concurrent elevation of ALT greater than 3 x ULN and total bilirubin greater than 2 x ULN in the absence of biliary obstruction or other causes responsible for the concurrent elevation, or in patients who develop ALT or AST ≥20 x ULN at any time after receiving AKEEGA™.

Adrenocortical Insufficiency
AKEEGA™ may cause adrenal insufficiency.

Adrenocortical insufficiency has been reported in clinical trials in patients receiving abiraterone acetate, a component of AKEEGA™, in combination with prednisone, following interruption of daily steroids and/or with concurrent infection or stress. Monitor patients for symptoms and signs of adrenocortical insufficiency, particularly if patients are withdrawn from prednisone, have prednisone dose reductions, or experience unusual stress. Symptoms and signs of adrenocortical insufficiency may be masked by adverse reactions associated with mineralocorticoid excess seen in patients treated with abiraterone acetate. If clinically indicated, perform appropriate tests to confirm the diagnosis of adrenocortical insufficiency. Increased doses of corticosteroids may be indicated before, during, and after stressful situations.

Hypoglycemia
AKEEGA™ may cause hypoglycemia in patients being treated with other medications for diabetes.

Severe hypoglycemia has been reported when abiraterone acetate, a component of AKEEGA™, was administered to patients receiving medications containing thiazolidinediones (including pioglitazone) or repaglinide.

Monitor blood glucose in patients with diabetes during and after discontinuation of treatment with AKEEGA™. Assess if antidiabetic drug dosage needs to be adjusted to minimize the risk of hypoglycemia.

Increased Fractures and Mortality in Combination with Radium 223 Dichloride
AKEEGA™ with prednisone is not recommended for use in combination with Ra-223 dichloride outside of clinical trials.

The clinical efficacy and safety of concurrent initiation of abiraterone acetate plus prednisone/prednisolone and radium Ra 223 dichloride was assessed in a randomized, placebo-controlled multicenter study (ERA-223 trial) in 806 patients with asymptomatic or mildly symptomatic castration-resistant prostate cancer with bone metastases. The study was unblinded early based on an Independent Data Monitoring Committee recommendation.

At the primary analysis, increased incidences of fractures (29% vs 11%) and deaths (39% vs 36%) have been observed in patients who received abiraterone acetate plus prednisone/prednisolone in combination with radium Ra 223 dichloride compared to patients who received placebo in combination with abiraterone acetate plus prednisone.

It is recommended that subsequent treatment with Ra-223 not be initiated for at least five days after the last administration of AKEEGA™, in combination with prednisone.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Posterior Reversible Encephalopathy Syndrome
AKEEGA™ may cause Posterior Reversible Encephalopathy Syndrome (PRES).

PRES has been observed in patients treated with niraparib as a single agent at higher than the recommended dose of niraparib included in AKEEGA™.

Monitor all patients treated with AKEEGA™ for signs and symptoms of PRES. If PRES is suspected, promptly discontinue AKEEGA™ and administer appropriate treatment. The safety of reinitiating AKEEGA™ in patients previously experiencing PRES is not known.

Embryo-Fetal Toxicity
The safety and efficacy of AKEEGA™ have not been established in females. Based on animal reproductive studies and mechanism of action, AKEEGA™ can cause fetal harm and loss of pregnancy when administered to a pregnant female.

Niraparib has the potential to cause teratogenicity and/or embryo-fetal death since niraparib is genotoxic and targets actively dividing cells in animals and patients (e.g., bone marrow).

In animal reproduction studies, oral administration of abiraterone acetate to pregnant rats during organogenesis caused adverse developmental effects at maternal exposures approximately ≥ 0.03 times the human exposure (AUC) at the recommended dose.

Advise males with female partners of reproductive potential to use effective contraception during treatment and for 4 months after the last dose of AKEEGA™. Females who are or may become pregnant should handle AKEEGA™ with protection, e.g., gloves.

Based on animal studies, AKEEGA™ may impair fertility in males of reproductive potential.

ADVERSE REACTIONS

The safety of AKEEGA™ in patients with *BRCA*m mCRPC was evaluated in Cohort 1 of MAGNITUDE.

The most common adverse reactions (≥10%), including laboratory abnormalities, are decreased hemoglobin, decreased lymphocytes, decreased white blood cells, musculoskeletal pain, fatigue, decreased platelets, increased alkaline phosphatase, constipation, hypertension, nausea, decreased neutrophils, increased creatinine, increased potassium, decreased potassium, increased AST, increased ALT, edema, dyspnea, decreased appetite, vomiting, dizziness, COVID-19, headache, abdominal pain, hemorrhage, urinary tract infection, cough, insomnia, increased bilirubin, weight decreased, arrhythmia, fall, and pyrexia.

Serious adverse reactions reported in >2% of patients included COVID-19 (7%), anemia (4.4%), pneumonia (3.5%), and hemorrhage (3.5%). Fatal adverse reactions occurred in 9% of patients who received AKEEGA™, including COVID-19 (5%), cardiopulmonary arrest (1%), dyspnea (1%), pneumonia (1%), and septic shock (1%).

DRUG INTERACTIONS

Effect of Other Drugs on AKEEGA™

Avoid coadministration with strong CYP3A4 inducers.

Abiraterone is a substrate of CYP3A4. Strong CYP3A4 inducers may decrease abiraterone concentrations, which may reduce the effectiveness of abiraterone.

Effects of AKEEGA™ on Other Drugs

Avoid coadministration unless otherwise recommended in the Prescribing Information for CYP2D6 substrates for which minimal changes in concentration may lead to serious toxicities. If alternative treatments cannot be used, consider a dose reduction of the concomitant CYP2D6 substrate drug.

Abiraterone is a CYP2D6 moderate inhibitor. AKEEGA™ increases the concentration of CYP2D6 substrates, which may increase the risk of adverse reactions related to these substrates.

Monitor patients for signs of toxicity related to a CYP2C8 substrate for which a minimal change in plasma concentration may lead to serious or life-threatening adverse reactions.

Abiraterone is a CYP2C8 inhibitor. AKEEGA™ increases the concentration of CYP2C8 substrates, which may increase the risk of adverse reactions related to these substrates.

Please see the full Prescribing Information for AKEEGA™.

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ONCE-DAILY
Akeega™
(niraparib/abiraterone acetate)
100mg/500mg tablets • 50mg/500mg tablets

AKEEGA™ offers simplified dosing in a dual action tablet

AKEEGA™ is the only FDA-approved PARPi/NHT dual action tablet for *BRCA*+ mCRPC patients

AKEEGA™ delivers 2 drugs* under 1 co-pay in a dual action tablet

AKEEGA™ is taken as 2 pills,* once daily, and is offered in 2 strengths for dosing flexibility

For further dosing support for AKEEGA™, visit janssenscience.com

*AKEEGA™ is indicated with 10 mg prednisone daily.

AAP = abiraterone acetate (AA) + prednisone (P); AE = adverse event; ALT = alanine transaminase; AML = acute myeloid leukemia; AST = aspartate transaminase; *BRCA*+ = *BRCA* gene-mutated; mCRPC = metastatic castration-resistant prostate cancer; MDS = myelodysplastic syndrome; NHT = novel hormonal therapy; PARPi = poly (ADP-ribose) polymerase (PARP) inhibitor; TEAEs = treatment-emergent adverse events; ULN = upper limit of normal.

Reference: AKEEGA™ [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.

Please see Important Safety Information throughout and see the full Prescribing Information for AKEEGA™.

Janssen Oncology

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