Exclusion Criteria:

. Any unresolved toxicity National Cancer Institute Common Terminology Criteria for Adverse Event (NCI CTCAE version 5.0) Grade ≥2 from previous anticancer therapy with the exception of alopecia, vitiligo, and the laboratory values defined in the inclusion criteria. Note:

- Patients with Grade ≥2 neuropathy may be included only after consultation with the study physician.

- Patients with irreversible toxicity not reasonably expected to be exacerbated by treatment with durvalumab or olaparib may be included only after consultation with the study physician.

2. Major surgical procedure (as defined by the investigator) within 2 weeks of starting study treatment and patients must have recovered from any effects of any major surgery. Note: Local surgery of isolated lesions for palliative intent is acceptable or diagnostic staging.

3. History of allogenic organ transplantation.

4. Previous allogenic bone marrow transplant or double umbilical cord blood transplantation.

5. Active or prior documented autoimmune or inflammatory disorders (including inflammatory bowel disease [eg, colitis or Crohn's disease], diverticulitis [with the exception of diverticulosis], systemic lupus erythematosus, Sarcoidosis syndrome, or Wegener syndrome [granulomatosis with polyangiitis, Graves' disease, rheumatoid arthritis, hypophysitis, uveitis, etc]). The following are exceptions to this criterion:

- Patients with vitiligo or alopecia

- Patients with hypothyroidism (eg, following Hashimoto syndrome) stable on hormone replacement

- Any chronic skin condition that does not require systemic therapy

- Patients without active disease in the last 5 years may be included but only after consultation with the study physician

- Patients with coeliac disease controlled by diet alone.

6. Uncontrolled intercurrent illness, including but not limited to, ongoing or active infection, symptomatic congestive heart failure, uncontrolled hypertension (systolic blood pressure >160 mmHg; diastolic blood pressure >100 mmHg), unstable angina pectoris, cardiac arrhythmia, interstitial lung disease (ILD), serious chronic gastrointestinal conditions associated with diarrhoea, or psychiatric illness/social situations that would limit compliance with study requirement, substantially increase risk of incurring AEs or compromise the ability of the patient to give written informed consent.

7. History of another primary malignancy except for:

- Malignancy treated with curative intent and with no known active disease ≥5 years before the first dose of IP and of low potential risk for recurrence

- Adequately treated non-melanoma skin cancer or lentigo maligna without evidence of disease

- Adequately treated carcinoma in situ without evidence of disease.

8. History of leptomeningeal carcinomatosis.

9. Brain metastases or spinal cord compression. Patients with suspected brain metastases at screening should have a magnetic resonance imaging (MRI) (preferred) or computed tomography (CT) each preferably with IV contrast of the brain prior to study entry.

10. Resting ECG indicating uncontrolled, potentially reversible cardiac conditions, as judged by the investigator (eg, unstable ischaemia, uncontrolled symptomatic arrhythmia, congestive heart failure, QTcF prolongation ≥500 ms, electrolyte disturbances, etc.), or patients with congenital long QT syndrome.

11. History of active primary immunodeficiency.

12. Active infection including tuberculosis (clinical evaluation that includes clinical history, physical examination and radiographic findings, and tuberculosis testing in line with local practice), hepatitis B (known positive HBV surface antigen [HbsAg] result), hepatitis C, or human immunodeficiency virus (positive HIV 1/2 antibodies). Patients with a past or resolved HBV infection (defined as the presence of hepatitis B core antibody [anti-HBc] and absence of HbsAg) are eligible. Patients positive for hepatitis C (HCV) antibody are eligible only if polymerase chain reaction is negative for HCV RNA.

13. Myelodysplastic syndrome (MDS)/acute myeloid leukaemia (AML) or with features suggestive of MDS/AML.

14. Radiotherapy treatment to more than 30% of the bone marrow or with a wide field of radiation within 4 weeks of the first dose of study drug.

15. Prior treatment with PARP inhibitors.

16. Prior immune checkpoint inhibitors or prior treatment with an agent directed to a stimulatory or co-inhibitor T-cell receptor other than anti-PD-1, anti-PD-L1, or anti PD L2 agent.

17. Any concurrent chemotherapy, IP, biologic, or hormonal therapy for cancer treatment. Concurrent use of hormonal therapy for non-cancer-related conditions (eg, hormone replacement therapy) is acceptable. Prior hormonal therapy for cancer treatment must be stopped at least 7 days prior to first dose of study treatment.

18. Current or prior use of immunosuppressive medication within 14 days before the first dose of durvalumab. The following are exceptions to this criterion:

- Intranasal, inhaled, topical steroids, or local steroid injections (eg, intra articular injection)

- Systemic corticosteroids at physiologic doses not to exceed 10 mg/day of prednisone or its equivalent

- Steroids as premedication for hypersensitivity reactions (eg, CT scan premedication).

19. Receipt of live attenuated vaccine within 30 days prior to the first dose of IP. Note: Patients, if enrolled, should not receive live vaccine whilst receiving IP and up to 30 days after the last dose of IP.

20. Concomitant use of known strong CYP3A inhibitors (eg, itraconazole, telithromycin, clarithromycin, protease inhibitors boosted with ritonavir or cobicistat, indinavir, saquinavir, nelfinavir, boceprevir, telaprevir) or moderate CYP3A inhibitors (eg, ciprofloxacin, erythromycin, diltiazem, fluconazole, verapamil). The required washout period prior to starting study treatment is 2 weeks.

21. Concomitant use of known strong (eg, phenobarbital, enzalutamide, phenytoin, rifampicin, rifabutin, rifapentine, carbamazepine, nevirapine and St John's Wort) or moderate CYP3A inducers (eg, bosentan, efavirenz, modafinil). The required washout period prior to starting study treatment is 5 weeks for enzalutamide or phenobarbital and 3 weeks for other agents.

22. Involvement in the planning and/or conduct of the study (applies to both AstraZeneca staff and/or staff at the study site).

23. Previous IP assignment in the present study.

24. Concurrent enrolment in another clinical study, unless it is an observational (non interventional) clinical study or during the follow-up period of an interventional study.

25. Known allergy or hypersensitivity to any of the study drugs or any of the study drug excipients.

26. Unable to swallow orally administered medication.

27. Any gastrointestinal disorder likely to interfere with absorption of the study medication.

28. Pregnant or breastfeeding.

29. Patients of reproductive potential who are not willing to employ effective birth control from screening to 90 days after the last dose of study treatment.

30. Judgment by the investigator that the patient is unsuitable to participate in the study and the patient is unlikely to comply with study pro