Reimbursement and regulatory issues aside, which treatment regimen is optimal for a patient (BRCA wild type) with ovarian cancer who experiences disease relapse 12 months after receiving adjuvant carboplatin/paclitaxel after debulking surgery?

Carboplatin doublet/bevacizumab → bevacizumab	56%
Carboplatin doublet → olaparib	22%
Carboplatin doublet → niraparib	3%
Carboplatin doublet → rucaparib	3%
Carboplatin doublet	14%
Other	3%

Reimbursement and regulatory issues aside, which treatment regimen is optimal for a patient with ovarian cancer and a <u>BRCA germline mutation</u> who experiences disease relapse 12 months after receiving adjuvant carboplatin/paclitaxel after debulking surgery?

Carboplatin doublet/bevacizumab → bevacizumab	8%
Carboplatin doublet → olaparib	67%
Carboplatin doublet → niraparib	8%
Carboplatin doublet → rucaparib	14%
Carboplatin doublet	0%
Other	3%

How would you indirectly compare olaparib, niraparib and rucaparib in terms of their efficacy?

They are equivalent in efficacy	71%
Olaparib is superior in efficacy	6%
Rucaparib is superior in efficacy	9%
Niraparib is superior in efficacy	3%
Other	11%

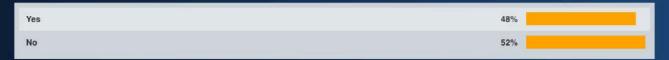
How would you indirectly compare olaparib, niraparib and rucaparib in terms of their general toxicity/tolerability?

They are equivalent in toxicity	29%
Olaparib is less toxic	40%
Rucaparib is less toxic	6%
Niraparib is less toxic	11%
Other	14%

Regulatory and reimbursement issues aside, do you believe it is reasonable to offer a PARP inhibitor to a patient with a <u>BRCA</u> germline mutation who is s/p debulking surgery and at very high risk for recurrence (ie, persistent tumor marker elevation, suboptimal debulking)?



Regulatory and reimbursement issues aside, do you believe it is reasonable to administer a PARP inhibitor in combination with bevacizumab as maintenance therapy for a patient with advanced ovarian cancer?



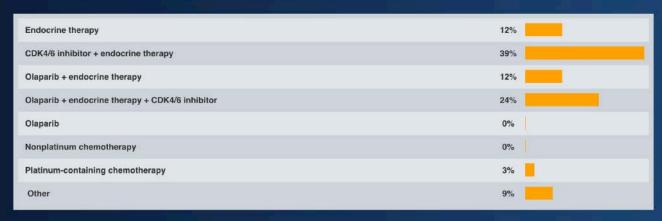
Reimbursement and regulatory issues aside, what would be the optimal treatment approach for a patient with de novo metastatic triple-negative breast cancer (TNBC) and a BRCA germline mutation?

Nonplatinum chemotherapy	15%
Platinum-containing chemotherapy	29%
Olaparib	15%
Chemotherapy followed by olaparib maintenance	21%
Chemotherapy combined with olaparib	18%
Other	3%

Reimbursement and regulatory issues aside, what would be the optimal treatment approach for a patient with TNBC and a BRCA germline mutation with metastatic minimally symptomatic disease recurrence 8 months after receiving adjuvant anthracycline/taxane?

Nonplatinum chemotherapy	6%
Platinum-containing chemotherapy	29%
Olaparib	21%
Chemotherapy followed by olaparib maintenance	32%
Chemotherapy combined with olaparib	6%
Other	6%

Reimbursement and regulatory issues aside, what would be the optimal treatment approach for an asymptomatic woman presenting de novo with metastatic <u>ER-positive</u>, <u>HER2-negative</u> breast cancer and a BRCA germline mutation?



In general, what is the optimal approach to mutation testing for a patient with ovarian cancer who has just undergone initial debulking surgery and has no family history of breast or ovarian cancer?

BRCA germline	40%
Multigene germline panel	13%
Multigene somatic (eg, next-generation sequencing)	10%
Multigene germline and somatic	33%
Other	3%