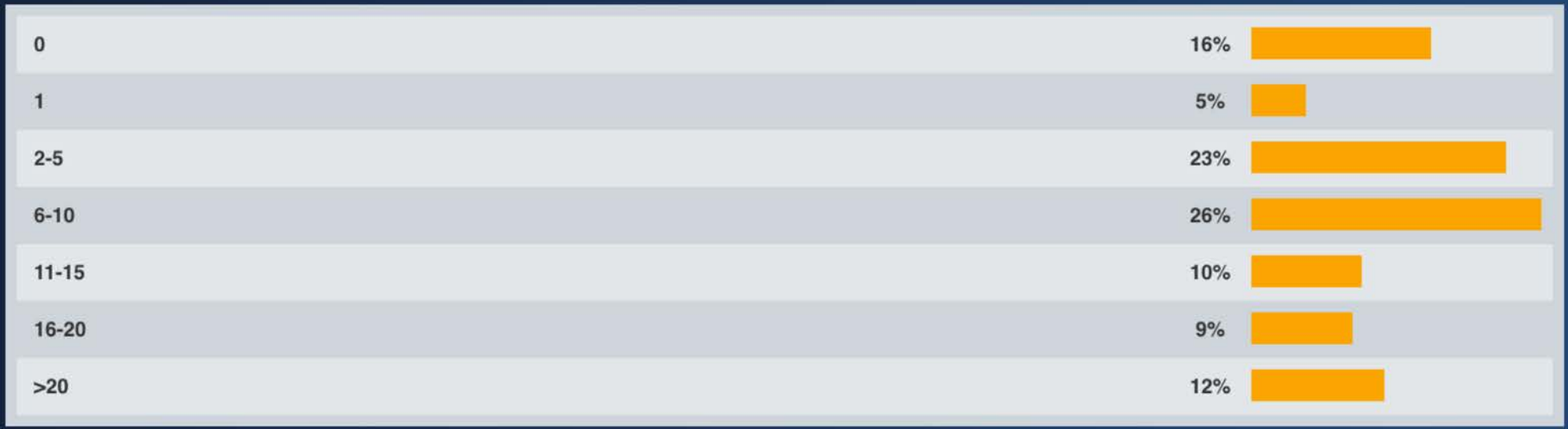
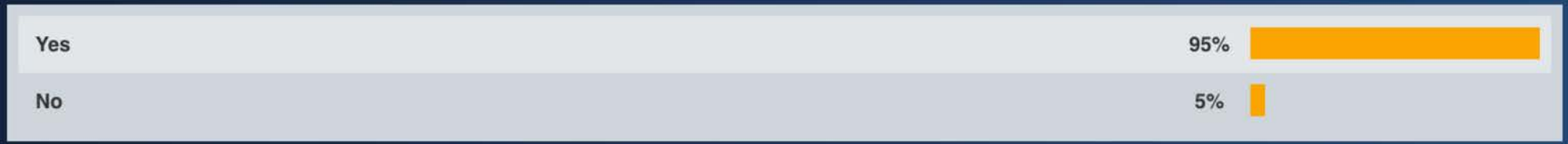
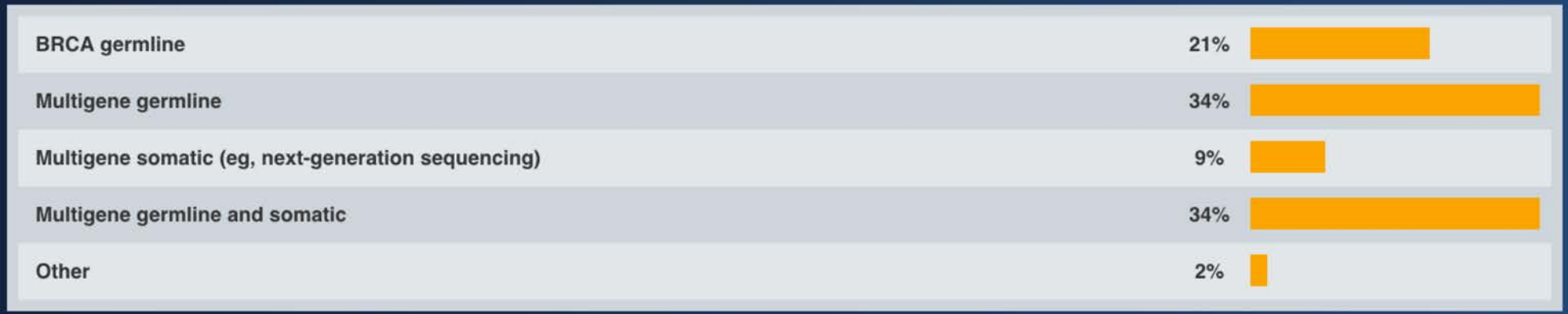
To approximately how many patients with ovarian cancer have you administered a PARP inhibitor?



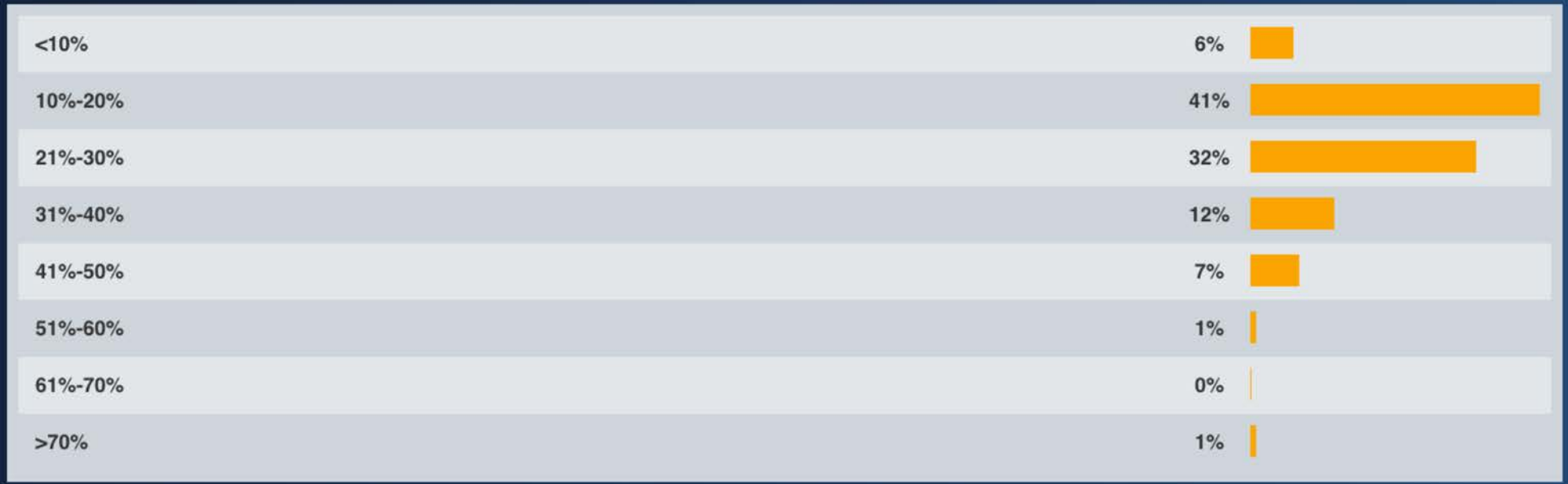
Should BRCA mutation testing be ordered for all patients at initial diagnosis of ovarian cancer regardless of family history?



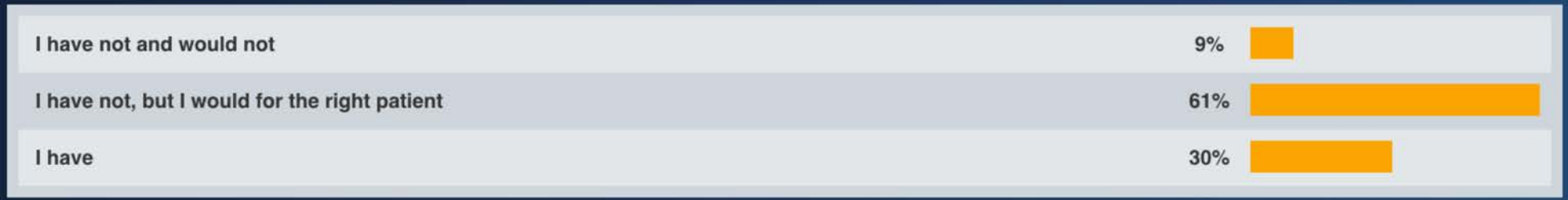
What type of mutation testing do you generally order for patients with ovarian cancer?



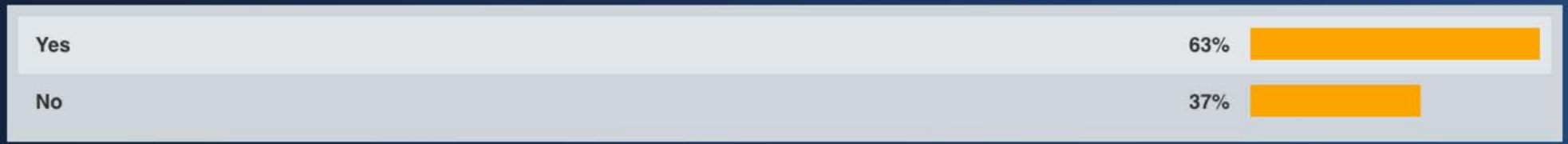
What proportion of patients with high-grade serous ovarian cancer and no family history have a somatic or germline mutation that would result in an increased likelihood of response to a PARP inhibitor?



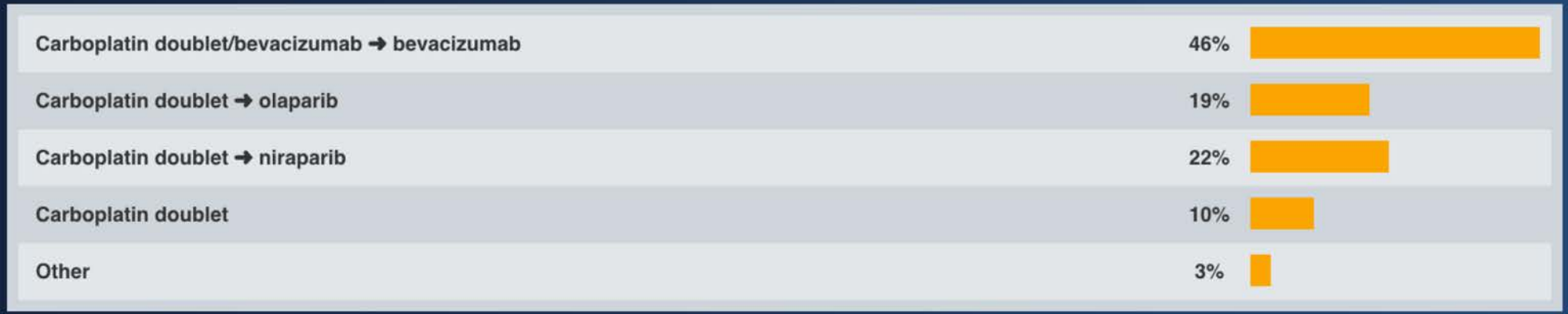
Regulatory and reimbursement issues aside, have you or would you try to access a PARP inhibitor for other germline mutations beyond BRCA1/2 (eg, RAD51C, PALB2)?



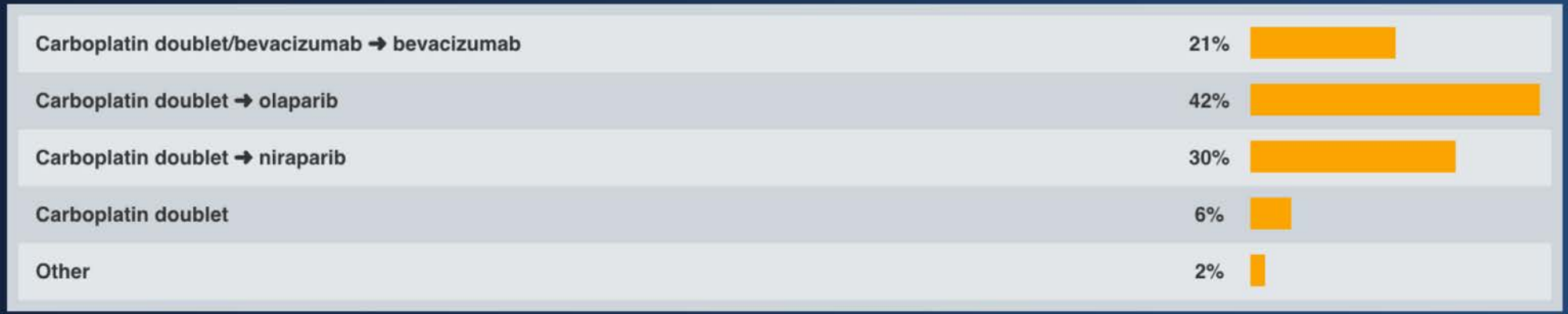
Regulatory and reimbursement issues aside, would you offer a PARP inhibitor at some point to a patient with platinum-resistant ovarian cancer that is BRCA wild type?



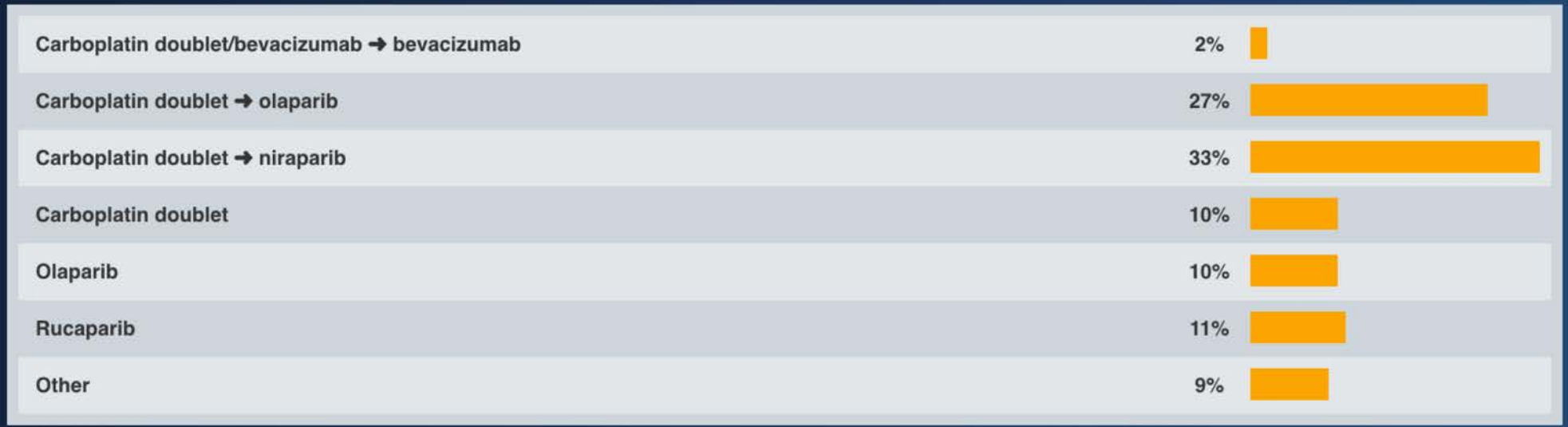
In general, what treatment would you recommend for a patient (BRCA wild type) with ovarian cancer who experiences disease relapse 12 months after receiving adjuvant carboplatin/paclitaxel after debulking surgery?



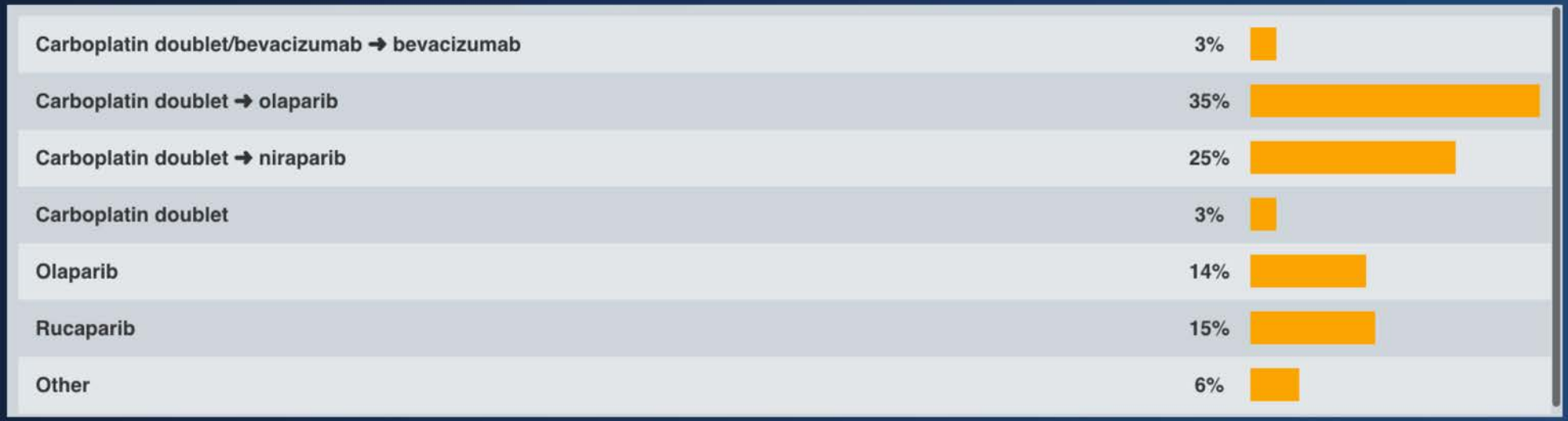
In general, what treatment would you recommend for a patient with ovarian cancer and a BRCA germline mutation who experiences disease relapse 12 months after receiving adjuvant carboplatin/paclitaxel after debulking surgery?



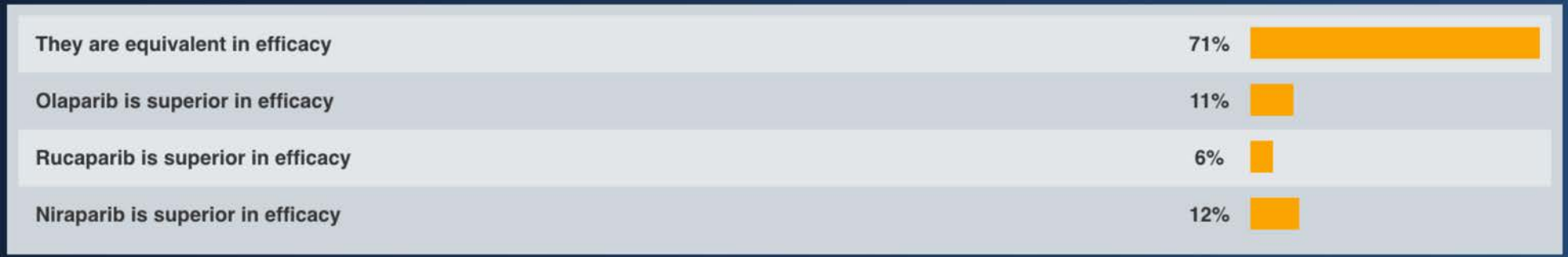
A 60-year-old woman (BRCA wild type) is s/p optimal debulking surgery and adjuvant chemotherapy with carboplatin/paclitaxel but experiences disease progression 1 year after adjuvant therapy. She receives carboplatin/paclitaxel/bevacizumab followed by bevacizumab maintenance and develops disease progression after 9 months of maintenance therapy. What is your most likely systemic treatment recommendation?



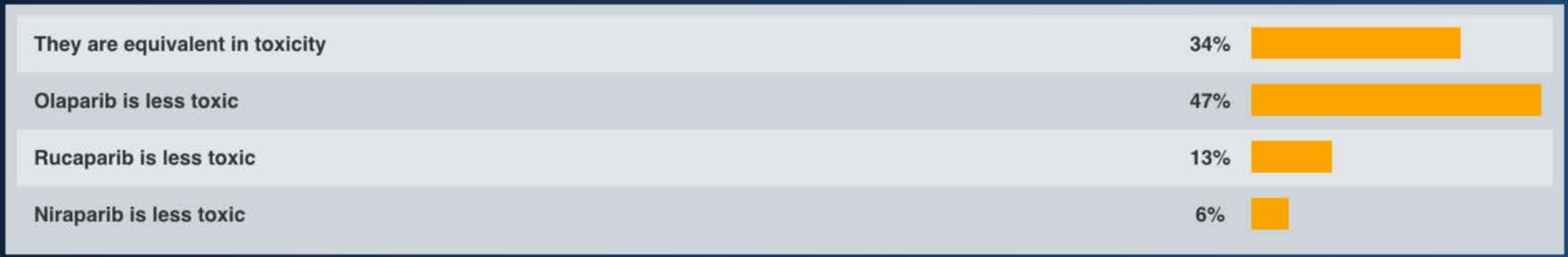
A 60-year-old woman with a BRCA germline mutation is s/p optimal debulking surgery and adjuvant chemotherapy with carboplatin/paclitaxel but experiences disease progression 1 year after adjuvant therapy. She receives carboplatin/paclitaxel and bevacizumab followed by bevacizumab maintenance and develops disease progression after 9 months of maintenance therapy. What is your most likely systemic treatment recommendation?



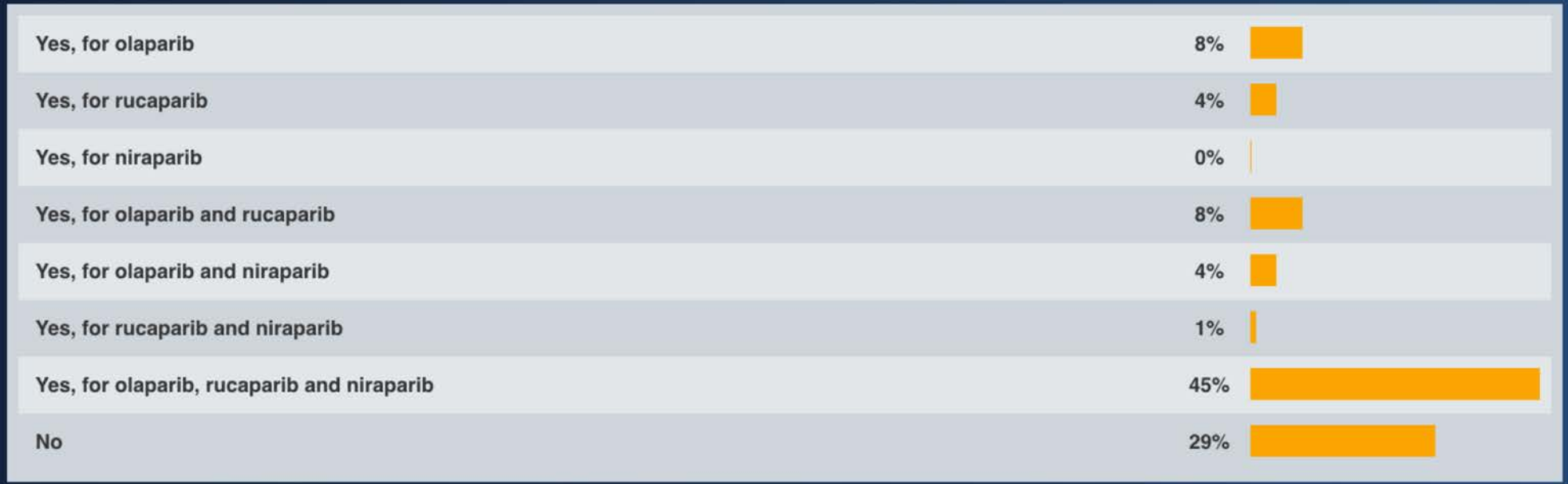
How would you indirectly compare olaparib, niraparib and rucaparib in terms of their efficacy?



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

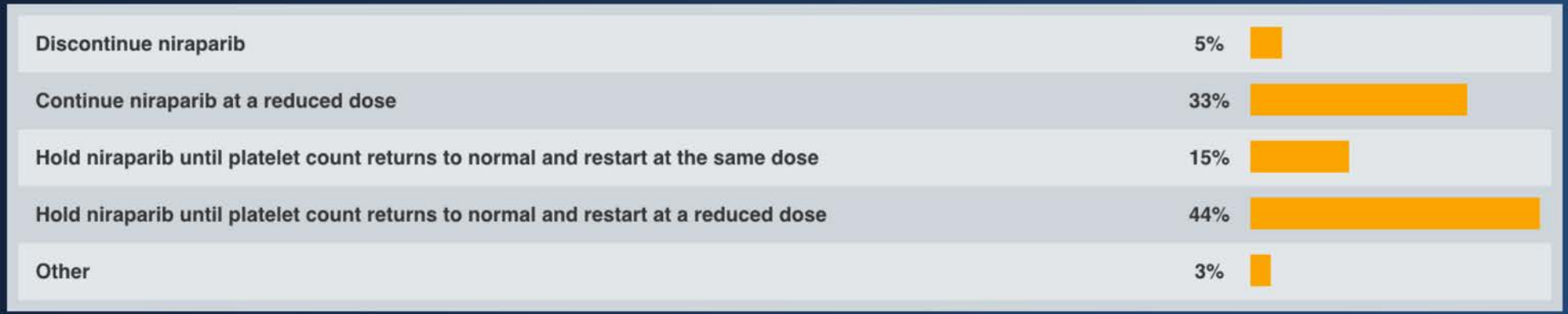


In general, when you administer a PARP inhibitor, do you initiate preemptive medication for nausea and vomiting?



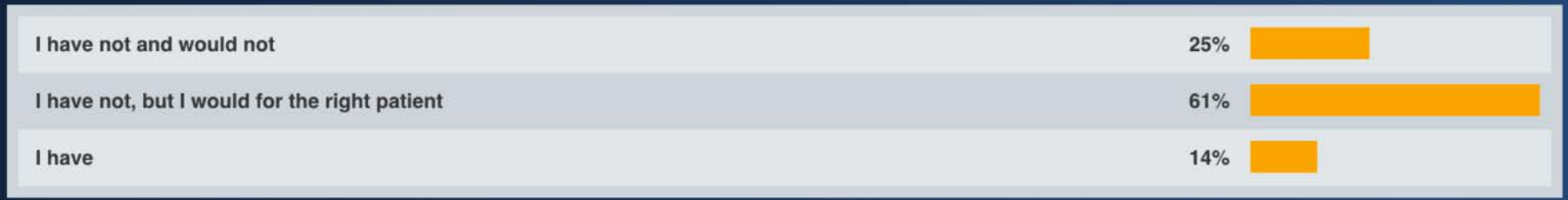
A 60-year-old woman with a BRCA germline mutation is started on olaparib, and after 6 weeks her hemoglobin has dropped from 11.0 to 8.8 g/dL with no evidence of hemolysis or bleeding. CA125 has decreased from 350 to 150. What would be your most likely initial management approach?

A 65-year-old woman with advanced ovarian cancer is started on standard-dose niraparib. Her pretreatment platelet count is 220,000 but drops to 90,000 after 10 days of treatment. What would be your most likely approach?



A 60-year-old woman with recurrent high-grade serous ovarian cancer is started on rucaparib (600 mg BID). During the second cycle, serum creatinine increases from 0.8 mg/dL to 1.83 mg/dL. What would be your most likely approach?

Regulatory and reimbursement issues aside, have you or would you offer a PARP inhibitor to a patient with a BRCA germline mutation who is s/p debulking surgery and at very high risk for recurrence (ie, persistent tumor marker elevation, suboptimal debulking)?



Have you or would you administer a PARP inhibitor in combination with bevacizumab as maintenance therapy for a patient with advanced ovarian cancer?